Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5171

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Melissa | MI: V

NICKNAME | LAST: Goodwin | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 812 San Antonio, Suite 318 Austin Tx 78701

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Grant | MI

NICKNAME | LAST: Goodwin | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 812 San Antonio, Suite 318 Austin, Tx 7870

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 736.4339 EXTENSION

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 1 / 1 / 02 THROUGH Month Day Year: 6/30/02

10 ELECTION

ELECTION DATE Month Day Year: 11 / 05 / 02

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Justice of the Peace, Precinct 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Melissa Goodwin

15 ACCOUNT # (Ethics Commission filers): —

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	505-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 12972.07
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5231.97
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 4300-

19 AFFIDAVIT

KATHERINE BLISS
Notary Public, State of Texas
My Commission Expires
OCTOBER 25, 2005

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melissa Goodwin

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Goodwin, this the 15 day of July, 20 02, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Katherine Bliss Printed name of officer administering oath	Notary Public Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/10/02	Walter L. Wilson P.O. Box 141518 Austin TX 78714	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1.10.02	T. Steven Cawthorn & Nancy Webb P.O. Box 27851 Austin TX 78755	20	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1.22.02	James & Louise Foster 8006 El Dorado Dr. Austin TX 78737	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1.25.02	Arvin Harrell 4435 Frontier Tr. Austin TX 78745	200	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1.31.02	John Adair & Holly Taylor 4520 Caswell Ave Austin, TX 78757	100	

Principal occupation (Optional) | Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1: 2 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1.18.02	Jamie Baglioni 4702 Convict Hill Rd Austin Tx 78749	236.05	Stationary/Bumperstickers

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2.19.02	Gary Taylor P.O. Box 90212 Austin Tx 78709	200	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2.15.02	Betty Sweeny 8405 Old Bee Caves Rd #42 Austin Tx 78735	25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3.1.02	Ariel Payan 611 W. 15th St Austin Tx 78701	300	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3.7.02	Kyle T. Lowe 1411 West Ave 200 ~~Austin~~ Austin Tx 78701	100	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 5 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3.14.02	Jim & Louise Foster 8006 El Dorado Austin Tx 78737	$40	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3.15.02	Grant Sparks 4626 Marb Dr. Austin Tx 78723	50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3.27.02	William Hines 1307 Nueces Austin Tx 78701	250	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.3.02	Alicia & Alex Calhoun 11319 Long Branch Austin Tx 78736	250	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.6.02	Stephen Sather 8323 Doe Meadow Austin Tx 78749	100	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2 of 2

2 FILER NAME: Melissa Y Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4.11.02	Christopher & Lea Burnett 933 E 53 1/2 St Austin Tx 78757	50	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.11.02	Billie L. Passmore P.O. Box 33339 Austin Tx 78764	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.28.02	Gerald Finney ~~P.O. Box~~ 101 Hearts #312 Austin Tx 78704-42	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.30.02	Jim & Louise Foster 8006 El Dorado Austin Tx 78758	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.1.02	Kathleen & Robert Schneider	150	t-posts & yard stakes

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5 of 21

2 FILER NAME: Melissa Y. Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.7.02	Joan Heamy 7800 El Dorado Austin Tx 78737	20	

9 Principal occupation (Optional)	10 Employer (Optional)
—	—

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.7.02	Elaine Carr 7800 El Dorado Austin Tx 78737	20	

Principal occupation (Optional)	Employer (Optional)
—	—

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.7.02	Fran Colby 2403 Home Dale Cr Austin Tx 78704	100	

Principal occupation (Optional)	Employer (Optional)
—	—

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.8.02	Tim & Summer Whitten 316 W. 12th, Suite 311 Austin Tx 78701	100	

Principal occupation (Optional)	Employer (Optional)
—	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.9.02	Ned Granger 605 W 10th Austin Tx 78701	250	

Principal occupation (Optional)	Employer (Optional)
—	

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SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.10.02	LTRPAC, Lou Suffrendini treas. P.O. Box 340033 Austin Tx 78734	140	walk list, desk & labels

9 Principal occupation (Optional)	10 Employer (Optional)
—	—

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.15.02	David O. Chambers 1104 Nueces Austin Tx 78701	250	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.17.02	Austin Rep. Women PAC 1907 Big Canyon Austin Tx 78746	1,000	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.20.02	Jeff Casey & Lisa Casey Needham Ln Austin Tx 787	299.02	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.20.02	Bob & Becky Vann 10801 Rush Road Austin, Tx 78732	100	

Principal occupation (Optional)	Employer (Optional)
Constable, Pct 2	

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 70 of 81

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5-24-02	Carol & Jim Lyle 2477 Waymaker Way Austin Tx 78746	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-24-02	Suzy Morrison 100 Lido Ct. B-1 Austin Tx 78734	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-24-02	Margaret Price 5004 Crystal Water Dr Austin Tx 78735	75	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-24-02	Ken & Kim Gibson 812 San Antonio Suite 105 Austin Tx 78701	250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-24-02	William F. Aldridge 1701 Apricot Glen Dr. Austin Tx 78746	25	

Principal occupation (Optional) | Employer (Optional)

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SCHEDULE A1
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1 Total pages this Schedule A1: 8 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.28.02	Alan Daves 6501 Orchard Hill Austin Tx 78739	50	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Robert Kleeman 1515 S. Capitol of Texas Hwy Suite 415 Austin Tx 78746	200	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Ray Longona 8700 Honeysuckle Tr Austin Tx 78759	25	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Robert Osborn 3400 Misty Creek Dr. Austin Tx 78735	500	
Principal occupation (Optional):	Employer (Optional):		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Wayne Thorburn 8717 Wildridge Austin Tx 78759	25	
Principal occupation (Optional):	Employer (Optional):		

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.28.02	Major Lois Tiley (Ret) 1908 Cliff St Austin Tx 78705	25	

9 Principal occupation (Optional): (Ret)

10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Summer & Tim Whitten 316 W 12th Suite 311 Austin Tx 78701	50	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.28.02	Classic Typesetting & Design 702 Convict Hill Rd Austin Tx 78749	147	Graphic service (typesetting)

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.29.02	Richard & Tina Nicacham 13451 Onion Creek Manchaca Tx 78652	50	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.29.02	Erma Carpenter 6100 Skahan Ln Austin Tx 78739	75	

Principal occupation (Optional):

Employer (Optional):

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SCHEDULE A1
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1 Total pages this Schedule A1: 10 of 31

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.29.02	Jerald Finney 101 Hergotz Ln #312 Austin Tx 78742	25	

9 Principal occupation (Optional): attorney

10 Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.29.02	Duane McNeill 715 E 6th St. Austin Tx 78701	25	

Principal occupation (Optional): APD

Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.29.02	Hon Sharon Keller P.O. Box 1344 Austin Tx 78767	25	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.29.02	Joe R & Sarah Anderson 1707 Stamford Ln Austin Tx 78703	250	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Tom Miller Jr 2806 Stratford Dr. Austin Tx ~~2870~~ 78746	50	

Principal occupation (Optional):

Employer (Optional):

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1 Total pages this Schedule A1: 21 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.2.02	Deborah King & Martin Young 402 Prize Oak Cedar Park 78613	1000	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Bill & Rowena Mass P.O. Box 162091 Austin TX 78716	400	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Paka Robert Goodwin 1612 W Lake Dr. Austin TX 78647	200	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Drew & Elaine McAnger 9204 Elm Creek Cove Austin TX 78736	125	
Principal occupation (Optional): Constable		Employer (Optional)	

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Alex & Alicia Calhoun 11319 Long Branch Austin TX 78736	100	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 12 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.30.02	Carla & Charlie Eldred 10703 Ankara River Dr Austin TX 78748	150	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Danny Adcock & Cindy Ymnp 9854 Weir Loop Austin TX 78736	250	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Walter L. Wilson P.O. Box 141518 Austin TX 78714	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Howard & Donna Chalkin 8110 Red Willow Dr. Austin TX 78736	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Jon & Angelica Evans 6404 Farndale Ln Austin TX 78749	50	

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1: 13 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1.30.02	Barbara Wills P.O. Box 14881 Austin Tx 78761	50	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.20.02	Christopher & Lea Burnett 933 E 53½ Austin TX 78751.1729	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Chad & Susanna Gallun 6023 Bel Fay Ln Austin TX 78749	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5 30.02	Jim & Louise Foster 8006 El Durado Dr. Austin TX 78737	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Lois & Robert Chambers 8300 Zyler Rd Austin TX 78737	50	

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1: 14 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.30.02	Vance & Donna Brown 6403 Lakewood Dr. Austin Tx 78731	50	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Paul & Julie Yiontas 4201 Monterray Oaks #718 Austin TX 78749	50	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Fran & Jack Colby 2403 Homedale Cir Austin TX 78704	50	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	David Puryear 11800 Silkwood Cove Austin TX 78739	50	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Jay & Sherri Brummett 7604 Fireoak Dr Austin Tx 78759	25	

Principal occupation (Optional)

Employer (Optional)

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1 Total pages this Schedule A1: 15 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.30.02	John Burns 4029 Capitol of Tx Hwy #105 Austin TX 78704	25	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Grace Germany PO Box 2483 Austin TX 78768	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Joe & Pat Crow 9402 Granada Hills Austin TX 78737	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Scott Lovas 4701 Caprock Dr Austin TX 78705	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Kelton Dillard 1907B Kenwood Dr Austin TX 78704	25	

Principal occupation (Optional) | Employer (Optional)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 16 of 21

2 FILER NAME: Melissa Gooch

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.20.02	Jack & Rene Hightower 2719 Slaughter Austin Tx 78748	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Marty Young 402 Prize Oak Cedar Park Tx 78613	50	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Maxine Moore 6400 Needham Ln Austin Tx 78749	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Kyle McGaughy PO Box 685292 Austin Tx 787	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.30.02	Ned & Mullaney Heiser PO Box 5949 Austin Tx 78763	50	

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1: 1 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.30.02	Doug & Sheila Durking Caira Cove Austin Tx 78759	50	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.3.02	Robert Pigg 22207 Montin Dr Bvarcliff Tx 78669	25	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.3.02	Les Mathews 9206 Hunters Trace Austin Tx 78758	100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.2.02	Don Cheatham & Cindy Gardner 9225 Knoll Crest Austin Tx 78759	50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.3.02	Mike Walker 1621 W 6th Austin Tx 78703	100	

Principal occupation (Optional)	Employer (Optional)

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1 Total pages this Schedule A1: 18 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6.4.02	Dave & Carolyn Roberts 33 Carriage House Ln Austin TX 78737	100	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.4.02	Terrence L. Irion 301 Weston Ln Austin TX 78733	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.4.02	S Wagle 3500 Upper Lucarcest Austin TX 78746	25	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.6.02	Tom & Delane Weber 10006 Saber Creek Cove Austin TX 78759	100	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.10.02	LTR PAC, Lou Soffredini P.O. Box 340033 Austin TX 78734	500	

Principal occupation (Optional) | Employer (Optional)

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SCHEDULE A1
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1 Total pages this Schedule A1: 19 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6·10·02	Garline Wheatley 9222 La Sierra Bend Austin Tx 78749	50	

9 Principal occupation (Optional):
10 Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6·10·02	Gail Suttle 2602 Foxglen Dr Austin Tx 78704	25	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6·13·02	Ivan Stevens 4511 Doss Rd Austin Tx 78734	100	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6·13·02	David & Jill Sandal 6109 Sierra Leon Austin Tx 78759	50	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6·13·02	Tom & Nancy Evans 9300 Oracle Austin Tx 78749	100	

Principal occupation (Optional):
Employer (Optional):

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SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 20 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-20-02	Ross Baldwin 7609 Islander Austin Tx 78749	100	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-20-02	Austin Apt. Asso. PAC 4107 Medical Pkwy Suite 100 Austin Tx 78756	1000	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-21-02	Ken Pettirew 114 Barbie Ct Austin Tx 78734	50	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-21-02	John & Elaine Carr 7800 El Dorado Austin Tx 78737	25	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-22-02	Richard Collins 1621 W 6th St Austin Tx 78703	100	

Principal occupation (Optional)

Employer (Optional)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 21 of 21

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6.24.02	James & Elizabeth Cardle 104 Racebrook Ct Lakeway TX 78734	250	

9 Principal occupation (Optional):

10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6.25.02	Pat Sargent 9123 Granada Hills Austin TX 78737	25	

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional):

Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional):

Employer (Optional):

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 10-1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender N/A ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 5

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers): 7

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1.3.02	Linda Breland 1126½ 6th Austin Tx 78701	220 -

8 Purpose of payment (See instructions regarding type of information required.): photos

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1.14.02	Nelda Wells Spears 1010 Lavaca Austin, Tx 7870	25

Purpose of payment (See instructions regarding type of information required.): Maps

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1.14.02	Frost Nat'l Bank P.O. Box 1600 San Antonio, Tx 78296	13.25

Purpose of payment (See instructions regarding type of information required.): Bank fee

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1.14.02	Office Depot 5300 Mopac Expwy So. #101 Austin Tx 78749	16.13

Purpose of payment (See instructions regarding type of information required.): Nametag

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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Revised 04/04/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 5

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2.6.02	Classic Typesetting & Design 4702 Convict Hill Austin Tx 78749	427.32

8 Purpose of payment (See instructions regarding type of information required.): stationary, envelopes, bumper stickers & other printed supplies

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.27.02	Gill Studios, Inc. P.O. Box 2909 Shawnee Mission, KS 66201-1301	333.29

Purpose of payment (See instructions regarding type of information required.): printing supplies

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.9.02	Office Depot 5300 Mopac Expwy So. 101 Austin Tx 78749	14.80

Purpose of payment (See instructions regarding type of information required.): supplies

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.8.02	Office Depot 5300 Mopac Expwy So. 101 Austin Tx 78749	33.18

Purpose of payment (See instructions regarding type of information required.): supplies/labels

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 5

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5.16.02	Travis County Bar Assoc 700 Lavaca, Suite 602 Austin Tx 78701	100—

8 Purpose of payment (See instructions regarding type of information required.): mailing labels

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.17.02	US Post Office Downtown Station Austin Tx 78701-2924	300—

Purpose of payment (See instructions regarding type of information required.): Postage

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.21.02	On time Mailing 10422 Quail Ridge Austin Tx 78758	377.20

Purpose of payment (See instructions regarding type of information required.): bulk postage & sorting

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.29.02	Classic Typesetting & Design 4702 Convict Hill Rd Austin Tx 78749	1598.04

Purpose of payment (See instructions regarding type of information required.): Invitations, Envelopes, Return Cards & printing

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 5

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6.13.02	U.S. Postmaster Downtown Station Austin Tx 78701	34

8 Purpose of payment (See instructions regarding type of information required.): postage

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6.30.02	Hill's Cafe 4700 So. Congress Ave Austin Tx	119.34

Purpose of payment (See instructions regarding type of information required.): food & tip for fundraiser

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6.15.02	Comp USA 5601 S. Brodie, Ln #800 Austin Tx 78745	377.11

Purpose of payment (See instructions regarding type of information required.): Database software & programming

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6.24.02	Office Depot 5300 Mopac Expwy Ste 101 Austin Tx 78749	13.29

Purpose of payment (See instructions regarding type of information required.)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 5

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-25-02	Office Depot 5300 Mopac Expwy Ste. 1101 Austin Tx 78749	92

8 Purpose of payment (See instructions regarding type of information required.): cards

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-29-02	Office Depot 5300 Mopac Expwy Ste 101 Austin Tx 78749	30.52

Purpose of payment (See instructions regarding type of information required.): candy-for parades

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 1

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
6/5/02	US Postmaster Downtown Station Austin TX 78701 Postage for thank you notes	34 — ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1 of 1

2 FILER NAME Melissa Goodin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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