

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5220

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:

16

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Melissa Y
NICKNAME LAST SUFFIX
Goodwin

OFFICE USE ONLY

Date Received

02 OCT -7

Date Hand-delivered or Date Postmarked

NOV 3 11

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
812 San Antonio, Suite 313
Austin TX 78701

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Grant
NICKNAME LAST SUFFIX
Goodwin

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
812 San Antonio, Suite 313
Austin TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 736-4339

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 THROUGH Month Day Year
7/01/02 THROUGH 9/24/02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/05/02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

-

12 OFFICE SOUGHT (if known)

J.P. Pct 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

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)
 additional pages

.. 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. ..

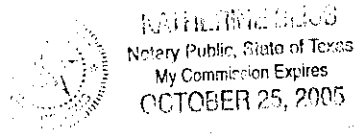
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 369-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8653-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8051.97
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,200-

19 AFFIDAVIT

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 7th day of October, 2002, to certify which, witness my hand and seal of office.

Katherine Biss
Signature of officer administering oath

KATHERINE BISS
Printed name of officer administering oath

Title of officer administering oath

**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 in this Schedule A1:

10 of 17

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

7.3.02

5 Full name of contributor out-of-state PAC (ID# _____)

Scott Spears

6 Contributor address: City, State, Zip Code

901 S. MO-PAC Expy
Austin TX 78746

7 Amount of contribution (\$)

50-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7.13.02

Full name of contributor out-of-state PAC (ID# _____)

LTR PAC

Contributor address: City, State, Zip Code

P.O. BOX 310033
Austin TX 78734

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7.13.02

Full name of contributor out-of-state PAC (ID# _____)

LTRPAC

Contributor address: City, State, Zip Code

P.O. BOX 310033
Austin TX 78734

Amount of contribution (\$)

2175

In-kind contribution description (if applicable)

District Database

Principal occupation (Optional)

Employer (Optional)

Date

7.13.02

Full name of contributor out-of-state PAC (ID# _____)

LTRPAC

Contributor address: City, State, Zip Code

P.O. BOX 310033
Austin TX 78734

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Precinct Targeting Analysis

Principal occupation (Optional)

Employer (Optional)

Date

7.29.02

Full name of contributor out-of-state PAC (ID# _____)

Brewster & Mindy M^cCracken

Contributor address: City, State, Zip Code

7613 Rockpoint Dr
Austin TX 78731

Amount of contribution (\$)

205-

In-kind contribution description (if applicable)

t. posts

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 7

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

7.29.02

5 Full name of contributor out-of-state PAC (ID# _____)

Mike Stauffacher

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6504 J Gregg Cv.
Austin TX 78759

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8.13.02

Full name of contributor out-of-state PAC (ID# _____)

Jim & Carol Stauffacher

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10 Sparrowglen Ln
Austin TX 78738

Principal occupation (Optional)

Employer (Optional)

Date

8.15.02

Full name of contributor out-of-state PAC (ID# _____)

David Stike

Amount of contribution (\$)

50-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

16906 Isle of Man Rd
Pflugerville, TX 78660

Principal occupation (Optional)

Employer (Optional)

Date

8.17.02

Full name of contributor out-of-state PAC (ID# _____)

Moton Crocket

Amount of contribution (\$)

200-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 2066
Austin TX 78768

Principal occupation (Optional)

Employer (Optional)

Date

8.20.02

Full name of contributor out-of-state PAC (ID# _____)

Craig Lusk

Amount of contribution (\$)

125-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

812 San Antonio, Suite 318
Austin TX 78701

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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:

3 of 7

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-21-02

5 Full name of contributor out-of-state PAC (ID#)

RPT

7 Amount of contribution (\$)

400

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

211 East 7th St. Suite 620
AUSTIN TX 78701

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-22-02

Full name of contributor out-of-state PAC (ID#)

EANILESE PARCADO

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1803 ST. ALBANS
AUSTIN TX 78745

Principal occupation (Optional)

Employer (Optional)

Date

8-22-02

Full name of contributor out-of-state PAC (ID#)

DAVID TODD

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

316 WIZM Suite 310
AUSTIN TX 78701

Principal occupation (Optional)

Employer (Optional)

Date

8-22-02

Full name of contributor out-of-state PAC (ID#)

Harold Dargatzis

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1403 Club Ridge Cove
AUSTIN TX 78735

Principal occupation (Optional)

Employer (Optional)

Date

8-22-02

Full name of contributor out-of-state PAC (ID#)

Patricia Lutzberg

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

50 W 10th St
AUSTIN TX 78701

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:

4 of 7

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.22.02

5 Full name of contributor out-of-state PAC (ID# _____)

Robert Mayfield

6 Contributor address: City: State: Zip Code

11309 Pickelaw
Austin Tx 78750

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8.22.02

Full name of contributor out-of-state PAC (ID# _____)

Scott Smith

Contributor address: City: State: Zip Code

2120 Barton Hills Dr
Austin Tx 78724

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.22.02

Full name of contributor out-of-state PAC (ID# _____)

Kuss Sablatura

Contributor address: City: State: Zip Code

13706 Research Blvd Suite 308
Austin Tx 78750

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.22.01

Full name of contributor out-of-state PAC (ID# _____)

Jim & Melissa Barringer

Contributor address: City: State: Zip Code

812 San Antonio, Suite 617
Austin Tx 78701

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(\$100.00
Copies &
\$100 contrib.)

Principal occupation (Optional)

Employer (Optional)

Date

8.22.01

Full name of contributor out-of-state PAC (ID# _____)

Bill Brown

Contributor address: City: State: Zip Code

811 Nueces
Austin Tx 78701

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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: <i>5 of 1</i>	
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8.25.02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ARW PAC</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1907 Berg Canyon Austin TX 78746</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>8.22.02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Grant Goodwin</i>	Amount of contribution (\$) <i>88</i>	In-kind contribution description (if applicable) <i>food @ fundraiser</i>
Contributor address; City; State; Zip Code <i>812 San Antonio Suite 318 Austin TX 78701</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>8.25.02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ivan Andarza</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 E. 4th, Suite 218 Austin TX 78701</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>8.28.02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sheri Brunnett</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7604 Fire oak Dr Austin TX 78759</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>8.30.02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Janice Baglion</i>	Amount of contribution (\$) <i>325</i>	In-kind contribution description (if applicable) <i>printing background, cards & ads</i>
Contributor address; City; State; Zip Code <i>4102 Convict Hill Austin TX 78749</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

6403

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):

6 of 7

2 FILER NAME
Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date
9.3.02

5 Full name of contributor out-of-state PAC (ID# _____)
James Bourque

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
902 Rambling Tr.
Cedar Park, TX 78613

50

9 Principal occupation (Optional)

10 Employer (Optional)

Date
9.17.02

Full name of contributor out-of-state PAC (ID# _____)
Bull & Rowena Maas

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 162091
Austin TX 78716

400-

Principal occupation (Optional)

Employer (Optional)

Date
9.02

Full name of contributor out-of-state PAC (ID# _____)
Forest Cook

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 1482
Austin TX 78767-1482

250

Principal occupation (Optional)

Employer (Optional)

Date
9.17.02

Full name of contributor out-of-state PAC (ID# _____)
Cindy Young & George Adcock

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9854 Weir Loop Cir
Austin TX 78736

500-

Principal occupation (Optional)

Employer (Optional)

Date
9.29.02

Full name of contributor out-of-state PAC (ID# _____)
Ereater Oak Hill Area PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9123 Granada Hills Dr.
Austin TX 78737

100-

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule A1: **7 of 7**

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/02

5 Full name of contributor out-of-state PAC (ID# _____)

Janice Boyette / Custom Typesetting

6 Contributor address; City; State; Zip Code

**4752 Convict Hill Rd
Austin TX 78749**

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

graphics/design for newspaper ads

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED 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 Godwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 10f - 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers) -

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

\$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#.....)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
---	---	---------------------------

17 Principal Occupation 18 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#.....)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	---	------------------------

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1083**

2 FILER NAME

Melissa Goodman

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Banner Signs

7 Amount (\$)

7.15.02

6 Payee address: City, State, Zip Code

*630 Canyon St.
Austin TX 78752*

\$1840-

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

4x8 signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Gill Studios

Amount (\$)

8.1.02

Payee address: City, State, Zip Code

*PO Box 2909
Shawnee Mission KS 66201*

\$961²¹

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

yard signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Home Depot

Amount (\$)

8.3.02

Payee address: City, State, Zip Code

*3600 FM 620 St.
Bee Cave TX 78738*

\$150³⁵

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

umber

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

LTRPAC

Amount (\$)

7.20.02

Payee address: City, State, Zip Code

*P.O. Box 340033
Austin TX 78734*

\$200

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

Golf tournament sponsor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2 of 3**

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.12.02

5 Payee name

Office Depot

7 Amount (\$)

12.97

6 Payee address; City; State; Zip Code

**5300 So. Moore #101
Austin Tx 78749**

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

Badge

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

Date

8.12.02

Payee name

Book People

Amount (\$)

41.03

Payee address; City; State; Zip Code

**603 N. Lamar Blvd
Austin Tx 78703**

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

Books for Book Drive

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

Date

8.12.02

Payee name

The Tavern

Amount (\$)

250-

Payee address; City; State; Zip Code

**922 W 11th St
Austin Tx 78703**

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

deposit

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

Date

8.14.02

Payee name

Rep. Liberty Caucus

Amount (\$)

25-

Payee address; City; State; Zip Code

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

Rep dues

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 of 3**

2 FILER NAME

Melissa Godwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

8.30.02

5 Payee name

Classic Typesetting

6 Payee address: City: State: Zip Code

*4702 Convid the Rd
Austin TX 78749*

7 Amount (\$)

22913

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

printing 40,000 post cards

9 **** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

9.18.02

Payee name

Austin American Statesman

Payee address: City: State: Zip Code

*305 South Congress
Austin, TX 78704*

Amount (\$)

3253.00

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

~~Advertising~~ *Advertisements*

**** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1081

2 FILER NAME

Melissa Gordon

3 ACCOUNT # (Ethics Commission filers)

4 Date

7.2.02

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

*5300 MOPAC Expw #101
Austin TX 78749*

8 Amount (\$)

30.75

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

9.29.02

Payee name

Home Depot

Payee address; City; State; Zip Code

*3600 FM 620 So.
Bee Cave TX 78738*

Amount (\$)

67.93

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

tools, fasteners & tacks

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED