

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5306

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Melissa Y
NICKNAME LAST SUFFIX
Goodwin

OFFICE USE ONLY

Date Received
03 JAN 15 10:31 AM '03

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
812 San Antonio, Ste 318
& Austin TX 78736

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Grant
NICKNAME LAST SUFFIX
Goodwin

Receipt # Amount

Date Processed

Date Imaged

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 78736

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
10 / 29 / 2002 THROUGH 12 / 31 / 2002

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)

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)

•• 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 000

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 300-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 50-

4. TOTAL POLITICAL EXPENDITURES

\$ 7482.54

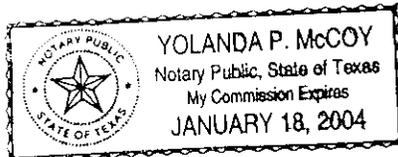
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 12800

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Melissa Goodwin
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melissa Goodwin this the 14th day of Jan, 20 03, to certify which, witness my hand and seal of office.

Yolanda P. McCoy
Signature of officer administering oath

Yolanda P. McCoy
Printed name of officer administering oath

Notary Public
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 this Schedule A1: **1 of 1**

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

11.4.02

5 Full name of contributor

Johanne Rogers

out-of-state PAC (ID#)

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**11003 Onion Creek Ct
Austin TX 78747**

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11.15.02

Full name of contributor

Bert Pence

out-of-state PAC (ID#)

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**708 Rio Grande
Austin TX 78701**

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)

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: **1 of 1**

2 FILER NAME **Melissa Goodwin** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ **5**

5 Date of loan 10-28-02	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#.....) Grant Goodwin	9 Loan Amount (\$) 2,500
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 812 San Antonio, Suite 318 Austin TX 78701	10 Interest rate —
		11 Maturity date —

12 Description of Collateral
 none

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

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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 10 of 2
2 FILER NAME Melissa Goodwin		3 ACCOUNT # (Ethics Commission filers)
4 Date 10.28.02	5 Payee name Paragon Printing	7 Amount (\$) 269131
6 Payee address; City; State; Zip Code 10423 MEKalla Pl. Austin TX 78758		
8 Purpose of payment (See instructions regarding type of information required.) printing / labeling		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10.28.02	Payee name US Postmaster	Amount (\$) 4272²³
Payee address; City; State; Zip Code 8225 Cross Park Dr Austin TX 78710-9657		
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 10.28.02	Payee name Westlake Picayenne	Amount (\$) 204⁻
Payee address; City; State; Zip Code 3103 Bee Caves Rd Austin TX 78746		
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 11.1.02	Payee name AFL CIO	Amount (\$) 65
Payee address; City; State; Zip Code PO Box 684644 Austin TX 78768-4644		
Purpose of payment (See instructions regarding type of information required.) Ad		** 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:
2 of 2

2 FILER NAME
Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date
11.5.02

5 Payee name
JC's
6 Payee address; City; State; Zip Code
*5804 N IH 35
Austin TX 78751*

7 Amount (\$)
250

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

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 (\$)

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

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: <i>1 of 1</i>
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: **1 of 1**

2 FILER NAME **Melissa Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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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