

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT:# (Ethics Commission filers)</p>	<p>2 Total pages filed.</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: _____ FIRST: <u>Melissa</u> MI: _____ NICKNAME: _____ LAST: <u>Goodwin</u> SUFFIX: _____</p>	<p>OFFICE USE ONLY</p> <p>Date Received: _____ FILED FOR RECORD</p> <p>Date Hand-delivered or Date Postmarked: _____ JAN 15 PM 4:13 CLERK: _____ TRAVIS COUNTY TEXAS</p> <p>Receipt #: _____ Amount: <u>13</u></p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address</p>	<p>ADDRESS / PG BOX: <u>806 W. 11th</u> APT / SUITE #: _____ CITY: <u>AUSTIN, TX</u> STATE: _____ ZIP CODE: <u>78701</u></p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE: <u>(512)</u> PHONE NUMBER: <u>736-4339</u> EXTENSION: _____</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: _____ FIRST: <u>Grant</u> MI: _____ NICKNAME: _____ LAST: <u>Goodwin</u> SUFFIX: _____</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): <u>806 W. 11th</u> APT / SUITE #: _____ CITY: <u>AUSTIN</u> STATE: <u>TX</u> ZIP CODE: <u>78701</u></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE: <u>(512)</u> PHONE NUMBER: <u>472-1972</u> EXTENSION: _____</p>		
<p>9 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year <u>07 / 01 / 2003</u> <u>12 / 31 / 03</u></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year <u> / / </u></p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>12 OFFICE</p>	<p>OFFICE HELD (if any): <u>Justice of the Peace #3</u> OFFICE SOUGHT (if known): _____</p>		
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p>	<p>-- 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. --</p> <p>Name: _____</p> <p>Address / PO Box: _____ Apt / Suite #: _____ City: _____ State: _____ Zip Code: _____</p>		
<p><input type="checkbox"/> additional pages</p>			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT #: (Ethics Commission Users)

17 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ —

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

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ —

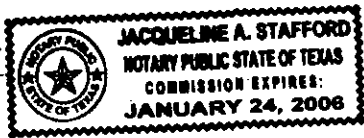
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ —

OUTSTANDING LOAN TOTALS

6. 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.

Melinda Goodwin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Goodwin, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Jacqueline A. Stafford
Signature of officer administering oath

Jacqueline A. Stafford
Printed name of officer administering oath

Legal Asst.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule A

2 FILER NAME

~~NA~~ Goodwin, Melissa

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

NA

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule B

2 FILER NAME

NA Goodwin, Melissa

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

NA

10 Principal occupation \ Job title (See Instructions)

11 Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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 \ Job title (See Instructions)

Employer (See Instructions)

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
2 FILER NAME Goodwin, Melissa		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan	7 Name of lender NA <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 <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code <i>N/A</i>	

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
---	--

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

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
---	--

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

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
---	--

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

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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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: 1

2 FILER NAME

Goodwin, Melissa

3 ACCOUNT # (Ethics Commission filers)

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

Date	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

Date	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

Date	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

Date	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

2 FILER NAME

Goodwin, Melissa

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule I: 1

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

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: <i>N/A</i> City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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