

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5999

# FORM C/OH COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b></p>
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR: <i>Melissa</i> FIRST MI: _____ NICKNAME: _____ LAST: <i>Goodwin</i> SUFFIX: _____</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received: _____</p> <p>Date Hand-delivered or Date Postmarked: _____</p> <p>Receipt #: _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p> </div>	
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: <i>806 W. 11th</i> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: <i>Austin Tx 78701</i></p>		
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE: <i>(512)</i> PHONE NUMBER: <i>736-4339</i> EXTENSION: _____</p>		
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR: <i>N. Grant</i> FIRST MI: _____ NICKNAME: _____ LAST: <i>Goodwin</i> SUFFIX: _____</p>		
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____</p>		
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE: <i>(512)</i> PHONE NUMBER: <i>736-4339</i> EXTENSION: _____</p>		
<p><b>9 REPORT TYPE</b></p>	<p> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (for holder only)  <input checked="" type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final report (Attach C/OH - PR)                 </p>		
<p><b>10 PERIOD COVERED</b></p>	<p>Month: <i>1</i> / Day: <i>1</i> / Year: <i>05</i>    THROUGH    Month: <i>6</i> / Day: <i>30</i> / Year: <i>05</i></p>		
<p><b>11 ELECTION</b></p>	<p>                     ELECTION DATE: Month: <i>/</i> / Day: <i>/</i> / Year: <i>/</i>                      ELECTION TYPE: <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special                 </p>		
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any): <i>Justice of the Peace, Dist 3</i></p>	<p><b>13 OFFICE SOUGHT (if known)</b> <i>Justice of the Peace, Pct 3</i></p>	
<p><b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages</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><b>GO TO PAGE 2</b></p>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission number)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 2585

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 506

CONTRIBUTION BALANCE

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

\$ 2420

OUTSTANDING LOAN TOTALS

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

\$ 12800

19 AFFIDAVIT

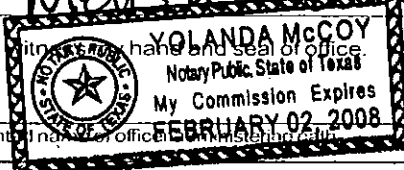
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 8<sup>th</sup> day of July, 2005, to certify which.

*Yolanda McCoy*  
Signature of officer administering oath



Print Name of officer administering oath

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 Schedule A:  
**1 of 3**

2 FILER NAME

**Melissa Goodwin**

3 ACCOUNT # (Ethics Commission files)

4 Date

**4.21.05**

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

**R. Patrick Fagerberg**

6 Contributor address: City: State: Zip Code  
**508 West 14th, Austin Tx 78701**

7 Amount of contribution (\$)

**60**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

**Attorney**

10 Employer (See Instructions)

**self**

Date

**4.21.05**

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

**Dawn Whitworth**

Contributor address: City: State: Zip Code  
**507 W. 10th St.  
Austin Tx 78701**

Amount of contribution (\$)

**50**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**self**

Date

**4.21.05**

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

**Anatole Barnstone**

Contributor address: City: State: Zip Code  
**3660 Stone Ridge Rd SEC B-102  
Austin TX 78746**

Amount of contribution (\$)

**50**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

Date

**4.21.05**

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

**Gary Mefford**

Contributor address: City: State: Zip Code  
**50 Sunrise Tr.  
Dripping Springs Tx 78620**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

**builder**

Employer (See Instructions)

Date

**4.21.05**

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

**Richard Evalene Wheeler**

Contributor address: City: State: Zip Code  
**16002 Canard Cir.  
Austin TX 78734**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

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.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Scheduled: **2 of 3**

2 FILER NAME **Melissa Goodwin**

3 ACCOUNT # (Ethics Commission file#)

4 Date **4-21-05**  
 5 Full name of contributor  out-of-state PAC (ID#) **Steve Orr**  
 6 Contributor address: City: State: Zip Code  
**804 Rio Grande St.  
 Austin TX 78701**

7 Amount of contribution (\$) **500-**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions) **Attorney**

10 Employer (See Instructions) **self**

Date **4-21-05**  
 Full name of contributor  out-of-state PAC (ID#) **Terry Irion**  
 Contributor address: City: State: Zip Code  
**3660 Stoneridge Rd  
 Austin TX 78746**

Amount of contribution (\$) **250-**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **self**

Date **4-21-05**  
 Full name of contributor  out-of-state PAC (ID#) **Stephen Fungolio**  
 Contributor address: City: State: Zip Code  
**3660 Stoneridge Ste B102  
 Austin TX 78746**

Amount of contribution (\$) **100-**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **self**

Date **4-21-05**  
 Full name of contributor  out-of-state PAC (ID#) **Beasley & Hull, PLLC**  
 Contributor address: City: State: Zip Code  
**808 W. 11th Ste 200  
 Austin TX 78701**

Amount of contribution (\$) **50-**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) **law office**

Employer (See Instructions)

Date **4-21-05**  
 Full name of contributor  out-of-state PAC (ID#) **George Slade**  
 Contributor address: City: State: Zip Code  
**3660 Stoneridge Bldg  
 Austin TX 78746**

Amount of contribution (\$) **250**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **self**

**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 A**

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME: **Melissa Goodwin**

3 ACCOUNT # (Ethics Commission files)

4 Date: **4-21-05**

5 Full name of contributor  out-of-state PAC (ID#):  
**Kevin Boyd**

7 Amount of contribution (\$):  
**500 -**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code:  
**507 W. 10th St.  
Austin TX 78701**

9 Principal occupation / Job title (See Instructions):  
**Attorney**

10 Employer (See Instructions):  
**self**

Date: **4-21-05**

Full name of contributor  out-of-state PAC (ID#):  
**Allan Williams, Steve Brittain & Associates, P.C.**

Amount of contribution (\$):  
**250 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code:  
**1100 West Ave  
Austin TX 78701**

Principal occupation / Job title (See Instructions):  
**Attorneys**

Employer (See Instructions):  
**self**

Date: **6-15-05**

Full name of contributor  out-of-state PAC (ID#):  
**Ben & Joanne Bentzen**

Amount of contribution (\$):  
**100 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code:  
**4603 Island Cir.  
Austin TX 78731**

Principal occupation / Job title (See Instructions):  
**self**

Employer (See Instructions):

Date: **6-15-05**

Full name of contributor  out-of-state PAC (ID#):  
**Chick Kohelan**

Amount of contribution (\$):  
**200 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code:  
**2913 Sparkling Brook  
Austin TX 78746**

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: **6-15-05**

Full name of contributor  out-of-state PAC (ID#):  
**Philip & Sylvia Spertus**

Amount of contribution (\$):  
**25 -**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code:  
**5300 Bee Caves Rd Bld 182200  
Austin TX 78746**

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 Schedule B: 1

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission files)

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: N/A City: State: Zip Code

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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral: <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address:    City:    State:    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME <i>Melissa Godwin</i>		3 ACCOUNT # (Ethics Commission #/ers)
4 Date <i>6-24-05</i>	5 Payee name <i>Oak Hill Gazette</i>	7 Amount (\$) <i>165-</i>
6 Payee address: <i>7200 Barton Hwy 71W Austin TX 78735</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: 1

2 FILER NAME

*Melissa Godwin*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*5.30.05*

5 Payee name

*Oakleaf Gazette*

6 Payee address: City: State: Zip Code

*1200B Hwy 71 W  
Austin TX 78735*

8 Amount (\$)

*341*

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

*Adv.*

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.)

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.)

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.)

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.)

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

Melissa Godwin

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

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# 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

*Melissa Goodwin*

3 ACCOUNT # (Ethics Commission files)

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

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*Melissa Goodwin*

3 ACCOUNT # (Ethics Commission filers:)

4 Date

5 Payor name

*N/A*

8 Amount (\$)

6 Payor address: City: State: Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address: City: State: Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED