

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6125

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Melissa Y.  
Goodwin

**OFFICE USE ONLY**

Date Received  
2006 JAN 17  
CLERK  
COUNTY CLERK  
TRAVIS CO  
AUSTIN TEXAS

Date Hand-delivered or Date Postmarked  
JAN 17 PM 3:05

Receipt # Amount

Date Processed

Date Imaged

RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
806 W 11th  
Austin TX 78701

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 736-4339

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
N. Grant  
Goodwin

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
806 W 11th Austin TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 423-8674

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1/1/05 THROUGH 12/31/05

11 ELECTION

ELECTION DATE: Month Day Year  
/ /  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Justice of the Peace, Pct 3

13 OFFICE SOUGHT (if known)  
Justice of the Peace, Pct 3 Travis Co

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  
 additional pages

\*\* 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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

\$ 50-

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

\$ 1330

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 1,500

CONTRIBUTION BALANCE

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

\$ 2280

OUTSTANDING LOAN TOTALS

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

\$ 12800-

19 AFFIDAVIT



JODIE L WARD  
NOTARY PUBLIC  
STATE OF TEXAS  
MY COMM. EXP. FEBRUARY 22, 2006

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 17 day of January, 2006, to certify which, witness my hand and seal of office.

*Jodie L Ward*  
Signature of officer administering oath

Printed 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	
2 FILER NAME Melissa Goodwin		3 ACCOUNT # (Ethics Commission files)	
4 Date 9-1-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ivan Andarza	7 Amount of contribution (\$) 80-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 W. 16th Austin Tx 78701			
9 Principal occupation / Job title (See Instructions) Atty		10 Employer (See Instructions) self	
Date 9-1-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rob Jones	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8299 Zyle Rd Austin Tx 78737			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ag. Cmn	
Date 9-1-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Browning & Virginia Greenway	Amount of contribution (\$) 100-	In-kind contribution description (if applicable) Refreshments
Contributor address; City; State; Zip Code 811 Nueces Austin Tx 78701			
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) self	
Date 11-15-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy Field	Amount of contribution (\$) 1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7609 Escala Dr. Austin Tx 78735			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 Schedule B: 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>N/A</u>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address:   City:   State:   Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address:   City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address:   City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address:   City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address:   City:   State:   Zip Code	Amount of pledge (\$)	In-kind 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.

LOANS

SCHEDULE E

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

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 7 Name of lender: N/A 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 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$) 17 Guarantor address: City: State: Zip Code not applicable

19 Principal Occupation 20 Employer

Date of loan Name of lender: 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 none

GUARANTOR INFORMATION Name of guarantor Amount: Guaranteed (\$) Guarantor address: City: State: Zip Code not applicable

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:	
2 FILER NAME Melissa Goodwin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8.4.05	5 Payee name OHAN Cruise & Blues (Oak Hill Assn. of Neighbourhoods)	7 Amount (\$) 100	
6 Payee address; City; State; Zip Code PO Box 90906 Austin TX 78759			
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship w/Cruise & Blues		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 8.1.05	Payee name Austin Am. Statesman NIE	Amount (\$) 250	
Payee address; City; State; Zip Code PO Box 670 Austin TX 78767			
Purpose of payment (See instructions regarding type of information required.) Education Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 8.1.05	Payee name Lake Travis Rep. Club PAC	Amount (\$) 150-	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) Golf Sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12.5.05	Payee name Travis County Republican Party	Amount (\$) 1000-	
Payee address; City; State; Zip Code 7801 N Lamar Blvd. Suite A-123 Austin TX 78752			
Purpose of payment (See instructions regarding type of information required.) filing fee		** 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: _____
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission files) _____
4 Date	5 Payee name <i>N/A</i>	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
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

*Melissa Goodwin*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City: State; Zip Code

*N/A*

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

*Melissa Goodwin*

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.)	
	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.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED