

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Melissa Goodwin

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

\$

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

\$

5369⁵¹

EXPENDITURE TOTALS

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

\$

~~1039~~

4. TOTAL POLITICAL EXPENDITURES

\$

1039⁴⁵

CONTRIBUTION BALANCE

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

\$

6466⁷⁵

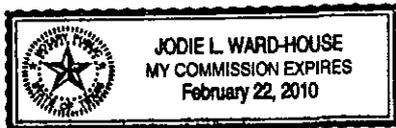
OUTSTANDING LOAN TOTALS

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

\$

12,800-

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Melissa Goodwin this the 17 day of July, 2006, to certify which, witness my hand and seal of office.

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: <i>1 of 3</i>	
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission fiers)	
4 Date <i>1/10/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Col. Jim Foster</i>	7 Amount of contribution (\$) <i>50</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>8006 Eldorado Dr Austin TX 78737</i>			
9 Principal occupation / Job title (See Instructions) <i>ret</i>		10 Employer (See Instructions)	
Date <i>1/31/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bill Browning</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>811 Nueces Austin TX 78701</i>			
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>3/31/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Richard Hoffman</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>201 East 4th St 254 Austin TX 78701</i>			
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>3/31/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shiela Dierking & Doug Dierking</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>9101 Calva Cove Austin TX 78750</i>			
Principal occupation / Job title (See Instructions) <i>prof</i>		Employer (See Instructions) <i>state / UT</i>	
Date <i>4/15/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Austin Apartment Assoc PAC</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4107 Medical Parkway, Ste 100 Austin TX 78756</i>			
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions) <i>-</i>	

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: 2 of 3	
2 FILER NAME Melissa Goodwin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/1/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andy Shivalov	7 Amount of contribution (\$) 100-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3416 Rain Forest Austin TX 78746			
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self	
Date 5/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lake Travis Republican PAC	Amount of contribution (\$) 2,000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 Morning Cloud Austin TX 78734			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James B Skaggs	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4700 Torador Dr. Austin TX 78746			
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions)	
Date 6-29-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aaron Mueller	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. 10th Austin TX 78701			
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self	
Date 6-5-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arnold Garcia	Amount of contribution (\$) 500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 W 7th Austin TX 78701			
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) self	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>5 of 3</i>	
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6-27-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grant Goodwin</i>	7 Amount of contribution (\$) <i>100-</i>	8 In-kind contribution description (if applicable) <i>postage & copies</i>
6 Contributor address; City; State; Zip Code <i>806 W 11th Austin TX 78701</i>			
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>self</i>	
Date <i>6-20-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Goodwin</i>	Amount of contribution (\$) <i>109⁵¹</i>	In-kind contribution description (if applicable) <i>supplies</i>
Contributor address; City; State; Zip Code <i>89856 B W Hwy 71 Austin TX 78735</i>			
Principal occupation / Job title (See Instructions) <i>Judge</i>		Employer (See Instructions) <i>TRAVIS Co.</i>	
Date <i>6-15-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Robert Stratton</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2232 Austin TX 78768</i>			
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
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)	
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)	

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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)

N/A

7 Pledgor address; 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)

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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: <div style="text-align: center; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Melissa Goodwin</div>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender <div style="font-size: 1.5em; font-family: cursive;">n/a</div> <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

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 <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-15-06</i>	5 Payee name <i>Level Field</i> 6 Payee address; City; State; Zip Code <i>11824 Jollyville Rd #102 Austin TX 78759</i>	7 Amount (\$) <i>541²⁵</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>website</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>6-1-06</i>	Payee name <i>Oak Hill Gazette</i> Payee address; City; State; Zip Code <i>1200-B Hwy 71 West, 1 Austin TX 78735</i>	Amount (\$) <i>172⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>ad</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>1-15-06</i>	Payee name <i>Act Pac</i> Payee address; City; State; Zip Code <i>811 North Capitol of Texas Hwy Ste 2110 Austin TX 78759-7200</i>	Amount (\$) <i>250-</i>
Purpose of payment (See instructions regarding type of information required.) <i>dinner tickets</i>	** 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:

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/25/06

5 Payee name

Postmaster General

6 Payee address; City; State; Zip Code

8 Amount (\$)

14.60

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

postage

Reimbursement from political contributions intended

Date

5/25/06

Payee name

godaddy.com

Payee address; City; State; Zip Code

*14455N Hayden Rd, Suite 219
Scottsdale AZ 85260*

Amount (\$)

61.60

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

domain name

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

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

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name <u>N/A</u>	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: <u>1</u>
2 FILER NAME <i>Melissa Goodwin</i>	3 ACCOUNT # (Ethics Commission filers)

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.)	

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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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>Melissa Goodwin</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <u>N/A</u>	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	

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