CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6369

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: 31

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount:

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge FIRST: Melissa MI:

NICKNAME: LAST: Goodwin SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 806 W 11th St. APT / SUITE #: CITY: STATE: ZIP CODE

Austin TX 78701

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Grant MI:

NICKNAME: LAST: Goodwin SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

Austin TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 736-4339 EXTENSION:

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: 7 / 1 / 2006 THROUGH Month Day Year: 9 / 28 / 2006

10 ELECTION

ELECTION DATE Month Day Year: 11 / 7 / 2006

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

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

12 OFFICE SOUGHT (if known): Justice of the Peace, Pct 3

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

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

COMMITTEE NAME

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	$ 375
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	$ 25330 59
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 11509 44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 13469 35
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-HOUSE
MY COMMISSION EXPIRES
February 22, 2010

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 20 day of October, 20 04, to certify which, witness my hand and seal of office.

Jodie L. Ward-House — Signature of officer administering oath
JODIE L. WARD-HOUSE — Printed name of officer administering oath
8:30 AM — 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 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#	6 Contributor address: City: State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7.8.06	Bill Warmuth & Bruce Warmuth	26 Hedgebrook Way, The Hills TX 78736	$100	

9 Principal occupation / Job title (See Instructions): retired

10 Employer (See Instructions):

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)
7.11.06	Stephen G Edwards	400 W 14th St, Suite 120, Austin TX 78701	250	

Principal occupation / Job title (See Instructions): atty

Employer (See Instructions): Self

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)
7.15.06	Lake Travis Rep. PAC	109 Morning Cloud, Austin TX 78734	2,000	

Principal occupation / Job title (See Instructions): —

Employer (See Instructions): —

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)
7.15.06	Lake Travis Rep PAC	109 Morning Cloud, Austin TX 78734	2,500	Database

Principal occupation / Job title (See Instructions): —

Employer (See Instructions): —

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)
7.15.06	Lake Travis Rep. PAC	109 Morning Cloud, Austin TX 78734	2,000	District Analysis

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 Schedule A: 2 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/17/06	Bill Warren Warren Law Firm 6 Contributor address: City, State, Zip Code 1011 Westlake Dr Austin TX 78746	100—	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Atty	Self

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
7/17/06	Carl Tepper Contributor address: City, State, Zip Code 3205 Skylark Dr. Austin TX 78757	100—	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Property Manager	Lucera Mgmt Inc

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
7/17/06	Ben & Wafa Rivera Contributor address: City, State, Zip Code 3608 Aspen Creek Austin TX 78749	250—	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
business owner	Self

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
7/17/06	Patrick Fagerberg Contributor address: City, State, Zip Code 508 W 14th Austin TX 7870	400—	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Atty	Self

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
7/18/06	Thomas Curran Contributor address: City, State, Zip Code 4600 View West Austin TX 78735	100—	

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 Schedule A: 3 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission Filer):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-24-06	Andarza, DeCuss & Hoffman P.C. 500 W 16th St 103 Austin Tx 78701	$500	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Law Firm	

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)
7/18/06	Kevin Waggoner 4602 View West Austin Tx 78735	100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Investment Advisor	Edward Jones

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)
7/18/06	David Miller 8200 Neely Dr. Austin Tx 78759	100	

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

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)
7/18/06	Pascual Piedfort 10105 Dobbin Dr. Austin Tx 78748	100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self

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)
7/20/06	Juan Cano 504 W. 7th St Austin Tx 78701	80	Gift Certificates

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
atty	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: 4 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/20/06	Gunter, Bennett & Dona PC 600 W. 9th Austin Tx 78701	$500	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): attorneys

10 Employer (See Instructions):

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)
7/21/06	Law Office of Ken Gibson 700 Lavaca, Ste 1010 Austin Tx 78701	$500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): attorney

Employer (See Instructions):

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)
7/21/06	Paul Williamson/Wilke-Clay-Fish 2620 S Congress Austin Tx 78704	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Funeral Director

Employer (See Instructions): Wilke Clay Fish

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)
7/20/06	John W. Harris 4029 Capital of Tx Hwy S. Ste 105 Austin Tx 78704	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): atty

Employer (See Instructions): self

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)
7/20/06	Scott Spears Barton Oaks Plaza One Ste 420 901 Mopac Expwy S. Austin Tx 78746	400	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions): Arenson & Spears

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 5 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7.24.06	Grant Goodwin 806 W 11th Austin Tx 78701	215.00	Hole in One Insurance
9 Principal occupation / Job title (See Instructions): Atty	10 Employer (See Instructions): Self	(If travel outside of Texas, complete Schedule T)	

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)
7.27.06	Juan Meza 2300 E Cesar Chavez Austin Tx 78702	100	
Principal occupation / Job title (See Instructions): Restrauteur	Employer (See Instructions): Juan in a Million	(If travel outside of Texas, complete Schedule T)	

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)
7.25.06	Judy Roach 1115 San Jacinto Austin Tx 78779	100	
Principal occupation / Job title (See Instructions): Consultant	Employer (See Instructions): Self	(If travel outside of Texas, complete Schedule T)	

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)
7/20/06	Juan M. Cano 504 W 7th St Austin Tx 78701	200	
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	(If travel outside of Texas, complete Schedule T)	

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)
7/26/06	MTec International 1715 Idle-Hour Cove Lakeway Tx 78734	250	
Principal occupation / Job title (See Instructions): Sales	Employer (See Instructions):	(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 6 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/27/06	Lopez & Umutia LLP 801 W Olhorf St Austin Tx 78704	300-	
Principal occupation / Job title (See Instructions): law firm	Employer (See Instructions):		
Date	Full name of contributor (☐ out-of-state PAC (ID#____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-25-06	~~Hall~~ Harrell Funeral Homo 4435 Frontier Tr Austin Tx 78745	100	
Principal occupation / Job title (See Instructions): Funeral directors	Employer (See Instructions):		
Date	Full name of contributor (☐ out-of-state PAC (ID#____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-23-06	Bill Warmuth 26 Hazelbrook Way The Hills Tx 78738	125-	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): —		
Date	Full name of contributor (☐ out-of-state PAC (ID#____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/26/06	Shannon McClendon 1302 Overland Stage Rd Dripping Springs Tx 78620	584	golf certificates
Principal occupation / Job title (See Instructions): Atty	Employer (See Instructions): Self		
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)
7/26/06	Shannon McClendon 1302 Overland Stage Rd Dripping Springs, Tx 78620	176.28	wine
Principal occupation / Job title (See Instructions): Atty	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: 7 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/28/06	Jack Bacon 1505 W Koenig Ln Austin Tx 78756	215-	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Atty

10 Employer (See Instructions)

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)
7/28/06	Ramiro Lopez 2005 Travis Heights Austin Tx 78704	45	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions)

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)
7/28/06	David A. Cavr 3669 Hunters Cliff San Antonio Tx 78230	20-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions)

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)
7/28/06	Rich Phillips 9214 Colberg Dr Austin Tx 78749	110-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)
7/28/06	Gerald Daugherty 1403 Club Ridge ~~Dr~~ Cove Austin Tx 78701	105-	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

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: 8 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/28/06	Bill Austin 11310 W Hwy 290 Austin TX 78737	$15 cash 100	Golf Lessons Certificates

9 Principal occupation (Optional)	10 Employer (Optional)
Golf instructor	

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)
7/28/06	Marty Young 402 Prize Oak Cedar Park, TX 78613	245	

Principal occupation (Optional)	Employer (Optional)
	Leander ISD

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)
7/28/06	B & R Home Improvements P.O. Box 162091 Austin TX 78716	500—	

Principal occupation (Optional)	Employer (Optional)
Homebuilder	

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)
7/28/06	Duke Hildreth 806 W 11th St Austin TX 78701	125	

Principal occupation (Optional)	Employer (Optional)
Atty	Self

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)
7/28/06	Law Office of Arthur Troilo, III 700 E 11th Ste 103 Austin TX 78701	100	

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/28/06	Robert R. Kamm 1304 Guadalupe Austin TX 78701	115—	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): lobbyist

10 Employer (See Instructions):

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)
7/28/06	William Welch 10720 River Plantation Dr Austin TX 78747	250—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
7/28/06	Hill Country Pourgetters 319 Meadow lakes Marble Falls TX 78654	100—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
7/28/06	Clarke Straughan 8504 Young Ln Austin TX 78737	25—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
7/28/06	Gerald Smith 2101 S IH 35 #C402 Austin Tx 78741	115—	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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: 10 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/28/06	Law Office of Ron DeLa Rosa 1106 San Antonio Austin TX 78701	100—	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Atty

10 Employer (See Instructions): Self

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)
7/28/06	Cliff Brown 52 The Hills Dr Austin TX 78736	110	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions): Self

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)
7/28/06	Ben Castorena 1902 Breaux Ln Round Rock Tx 78664	100—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
7/28/06	Lloyd Troeltzsch 8 Sparrow Glen Ln Austin TX 78738	115—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

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)
7/28/06	Johnny Urrutia 4315 So. 1st St. Suite H Austin TX 78745	100—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 10 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/28/06	Rick Hoffman 500 W 16th St. 103 Austin Tx 7870	15	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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)
7/28/06	Ivan Andarza 800 W 16th St. 103 Austin Tx 78701	15	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)
7/28/06	J.D. Martinez 505 W. 15th Austin, Tx 78701	125	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)
7/28/06	Bill Warmuth 26 Hedgebrook Way The Hills Tx 78738	15	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)
7/28/06	Cindy Young 9856 Weir Loop Austin Tx 78736	107.38	trophies

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
7/28/06	Juan Cano 504 W 7th St Austin Tx 78701	75	door prizes	attorney	

(If travel outside of Texas, complete Schedule T)

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 / Job title (See Instructions)	Employer (See Instructions)
7/28/06	Juan Meza 2300 E Cesar Chavez Austin Tx 78702	80	Dinner certificates	Restaurant owner	

(If travel outside of Texas, complete Schedule T)

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 / Job title (See Instructions)	Employer (See Instructions)
7/28/06	Grant Goodwin 806 W 11th Austin Tx 78701	275	beverages	attorney	

(If travel outside of Texas, complete Schedule T)

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 / Job title (See Instructions)	Employer (See Instructions)
7/25/06	John & Stacey Laney 7720 Hwy 71 West Austin Tx 78735	100—	gift certificates	Restaurant owners	

(If travel outside of Texas, complete Schedule T)

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 / Job title (See Instructions)	Employer (See Instructions)
8/1/06	Betty Sweeny 8405 Old BeeCaves Rd Austin Tx 78735	25		ret.	

(If travel outside of Texas, complete Schedule T)

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If contributor is out-of-state PAC, please see instruction guide foradditional 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: 13 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/2/06	C. Dean Goodnight 2405 Apple Valley Cir Austin Tx 78747	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): real estate

10 Employer (See Instructions):

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)
8/8/06	Marlene Warner 7001 Midwood Pkwy Austin Tx 78736	25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ret.

Employer (See Instructions):

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)
9/6/06	Thomas C Fagerberg 1004 West Ave Austin Tx 78701	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): attorney

Employer (See Instructions):

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)
9/6/06	Mark Wells PO Box 27123 Austin Tx 78755	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): real estate

Employer (See Instructions):

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)
9/7/06	Jody Sims 812 San Antonio Austin Tx 78701	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): attorney

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/7/06	Robert T. Harris 2402 Bluffview Dr Austin Tx 78704	50—	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): attorney

10 Employer (See Instructions):

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)
8/1/06	Am Pro Productions/Hank Burbridge 7202 Smokey Hill Rd Austin Tx 78736	232.70	signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Sign printer

Employer (See Instructions):

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)
9/8/06	Ross Baldwin 7609 Islander Austin Tx 78749	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Cosmetology school owner

Employer (See Instructions):

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)
9/12	Lake Travis Rep. Women PAC 7[illegible] Mulabar Lakeway TX 78734	500—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
9/13	Gordon Granger 1005 W Stassney Ln #245 Austin TX 78745	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): real estate

Employer (See Instructions):

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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: 15 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/14/06	Robert Kleeman 9607 Dawning Ct Austin Tx 78736	250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Atty

10 Employer (See Instructions):

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)
9/14/06	Gerald Daugherty 1403 Club Ridge Austin Tx 78735	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Commissioner

Employer (See Instructions):

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)
9/15/06	Grant Goodwin 806 W 11th Austin Tx 78701	376.01	Supplies & postage

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Atty

Employer (See Instructions):

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)
9/18/06	Cindy Young 9854 Weir Loop Austin, Tx 78736	72	postage

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions):

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)
9/18/06	Cindy Young 9854 Weir Loop Austin Tx 78736	195.69	supplies & invitations.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 16 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/19/06	Jim Foster 8006 El Dorado Austin Tx 78737	50	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Ret

10 Employer (See Instructions):

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)
9/19/06	Wayne & Judy Burgess 11217 Native Texan Tr. Austin Tx 78735	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Ret

Employer (See Instructions):

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)
9/13/06	R.P.T, CRC Candidate Rescue Committee 900 Congress Ave Austin Tx 78701	400	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
9/25/06	Andarza, DeCoss & Hoffman, PC 500 W. 16th St.; Suite 103 Austin Tx 78701	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorneys

Employer (See Instructions):

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)
9/25/06	Billie Passmore P.O. Box 685087 Austin Tx 78768	$115	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Ret

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional 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: 17 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/21/06	Greater Oak Hill RW PAC 7202 Smokey Hill Rd Austin Tx 78736	1,000-	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

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)
9/20/06	Ms. Ruth Lubbrand 11279 Taylor Draper Ln #216 Austin Tx 78759	20-	Jewelry

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Ret

Employer (See Instructions):

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)
9/24/06	Grant Goodwin 806 W 11th St Austin Tx 7870	100.70	+ postage materials

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

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)
9/25/06	Dan & Marguerite Bjeletich 6301 Walebridge Cir Austin Tx 78739	25-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Counselors

Employer (See Instructions):

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)
9/22/06	John Lewis 1715 Sixth St., Ste 390 Austin Tx 78703	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Investor

Employer (See Instructions):

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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: 18 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/25/06	Dan & Ellen Harrison 147 Longwood Ave Austin Tx 78734	30	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Ret.

10 Employer (See Instructions):

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)
9/28/06	ACT PAC 5911 N. Capital of Texas Hwy Austin Tx 78759	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
9/14/06	Gene & Phyllis Cottle 601 E. Paschal P.O. Box 398 Troy Tx 76579	125	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Funeral directors

Employer (See Instructions):

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)
9/25/06	Lake Travis Republican PAC 109 Morning Cloud Austin Tx 78734	3000	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
9/18/06	James Bourque 507 W. 10th Austin Tx 78701	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional 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: 19 of 19

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/15/06	Richard & Tina Meacham 13937 Onion Creek Manchaca Tx 78652	92	postage

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Mechanic & home maker

10 Employer (See Instructions):

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)
9/25/06	Richard & Tina Meacham 13937 Onion Creek Manchaca 78652	50	decorations

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): mechanic & homemaker

Employer (See Instructions):

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)
9/25/06	Jamie Baglioni P.O. Box 90067 Austin Tx 78709-0067	488.75	production & design of mailer/card

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): typesetter/printer

Employer (See Instructions):

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1 of 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind 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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ 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

None

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable	14 Name of guarantor	16 Amount Guaranteed ($)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 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

Description of Collateral ☐ none

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

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: 1 of 2

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-5-06	Circle C Golf Club 7401 Hwy 45 Austin, TX 78739	1500—

8 Purpose of payment (See instructions regarding type of information required.): deposit

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 ($)
7/28/06	Circle C Golf Club 7401 Hwy 45 Austin Tx 78739	2849.28

Purpose of payment (See instructions regarding type of information required.): lunch & golf tournament/tip

•• 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 ($)
8/15/06	CHAN CRuise N. DIVES P.O Box 90906 Austin, TX 7809	350—

Purpose of payment (See instructions regarding type of information required.): Booth/Sponsorship

•• 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 ($)
8/20/06	Am Pro Productions 7202 Smokey Hill Rd Austin Tx 78736	5260.95

Purpose of payment (See instructions regarding type of information required.): 4x8's, yard sign stakes

•• 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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/20/06	AmPro Productions 7202 Smokey Hill Rd Austin TX 78736	251.90

8 Purpose of payment (See instructions regarding type of information required.): bumper stickers

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 ($)
1/2/06	Linda Breland 600 Lytton Ln Dale TX 78616	400.31

Purpose of payment (See instructions regarding type of information required.): photos & digital images

•• 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 ($)
9/10/06	LTR PAC P.O. Box 340033 Austin, TX 78734	150

Purpose of payment (See instructions regarding type of information required.): Golf Sponsor Slup

•• 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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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 1

2 FILER NAME: Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
9/12/06	Office Depot 5300 Mopac Expy So. #101 Austin Tx 78749	Supplies	9.46	☑
9/24/06	Office Depot 5300 Mopac Expy, So. #101 Austin, Tx 78749	Copies & Supplies	12.31	☑
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 / 6 Business address; City; State; Zip Code	7 Amount ($)
	None	

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 / Business 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	Business name / Business 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	Business name / Business 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1 of 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	5 None	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	5 None	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1 of 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NONE

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED