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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6387

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: 29

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 | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 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: Austin | STATE: TX | ZIP CODE: 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: 9 / 29 / 06 THROUGH Month Day Year: 10 / 28 / 06

10 ELECTION

ELECTION DATE Month Day Year: 11 / 7 / 06

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	$ 395-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,331.38
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 583
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 8766.34
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1133.13
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 20th day of Oct, 20 06, to certify which, witness my hand and seal of office.

JODIE L. WARD-HOUSE
MY COMMISSION EXPIRES
February 22, 2010

Jodie L. Ward-House — Signature of officer administering oath
JODIE L. WARD-HOUSE — Printed name of officer administering oath
Title of officer administering oath

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: 1 of 18

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)
10/1/06	Johnnie B. Rodgers 11003 Union Creek Ct Austin TX 78749	200	

(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)
10/1/06	Richard & Karen Phillips 5811 Van Winkle Ln Austin TX 78739	$40	

(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)
10/1/06	Richard & Karen Phillips 5811 Van Winkle Ln Austin TX 78739	50	gift basket

(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)
10/1/06	Sylvester & Ingrid Ruffin 1606 Viki Lynn Ct Pflugerville TX 78660	75	

(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)
10/1/06	Jay & Sheri Brunnett 7604 Firecrest Dr Austin TX 78759	100	

(If travel outside of Texas, complete Schedule T)

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

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: 2 of 18

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)
10/1/06	Bill Roland 808 W 10th St Austin Tx 78701	100—	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Real Estate	

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)
10/1/06	Max Blankenzee 1715 Idlehour Cove ~~Ao~~ Lakeway Tx 78734	100—	(If travel outside of Texas, complete Schedule T)

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

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)
10/1/06	Kenneth & Claudia Lauber 5809 Van Winkle Austin Tx 78739	80—	(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)
10/1/06	Jon Evans 37 Lovegrass Sunset Valley Tx 78745	50—	(If travel outside of Texas, complete Schedule T)

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

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)
10/1/06	Kim McGregor 9304 Mosswood Cir Austin Tx 78748	50—	(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 3 of 18

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)
10/1/06	Alex & Alicia Calhoun PO Box 91825 Austin Tx 78709-1825	250		Atty - Auditor	
10/1/06	Caterina / Robert DeCesare 2514 McGregor Dr. Austin Tx 78745	55		Ret	
10/1/06	Stacy & Steve Bray 812 Sunrish St Lakeway Tx 78745	50		Mortgage Brokers	
10/1/06	Ruth Liebrand 11219 Taylor Draper Ln #216 Austin Tx 78759	31		Ret	
10/1/06	Cindy Young 9854 Weir Loop Austin Tx 78736	320		Retired	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 4 of 18

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)
10/1/06	Deborah King 402 Eddie Park Cak ~~Austin~~ TX 78613	300—	

(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)
10/1/06	Paka Goodwin 319 Meadow Lakes Marble Falls TX 78654	50—	

(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)
10/1/06	Mistie Davis 6201 Colina Ln Austin Tx 78759	30—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ~~Ex~~ Exec. Director

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)
10/1/06	Belilla Lammert & Cowboy Haines 7306 Eganhill Dr Austin Tx 78745	50—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Statcot tx —

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)
10/1/06	Ken Gibson 100 Lavaca Ste, Ste 1010 Austin Tx 7870	300—	

(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: 5 of 18

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)
10/1/06	Lt. Col. Ret. Richard & Gail Suttle 2602 Foxglenn Dr. Austin Tx 78704	250	

(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)
10/1/06	Gail Suttle 2602 Foxglenn Dr Austin Tx 78704	30	gift basket

(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)
10/1/06	Richard & Tina Meacham 13437 Onion Creek Dr. Manchaca Tx 78652	300	

(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)
10/1/06	Constable Bob & Becky Vann 800 Sykes Ct. Pflugerville Tx 78660	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Constable / 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)
10/1/06	Paul Blanke 6721 Valburn Dr. Austin TX 78731	50	

(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

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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

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)
10/1/06	Margaret Price 5004 Crystal Water Dr Austin TX 78735	75	Cash & Giftbasket

(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)
10/1/06	Tina Cano 9808 Dexecho Bend Austin TX 78737	60	

(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)
10/1/06	Jim Rikathy Fields 7609 Escala Dr Austin, Tx 78735	60	

(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)
10/1/06	Dr. James McGuffee 509 Ft. Drum Dr. Austin TX 78745	30	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) ACC

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)
10/1/06	Richard & Tina Meacham 13437 Onion Creek Manchaca TX 78652	50	

(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

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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: 7 ~~8~~ 18

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)
10/1/06	Leslie Oglesby 8645 thuy 290 W. Austin TX 78736	30—	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Auto Mechanic

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)
10/1/06	David Reeve 4806 Summerset Dr. Austin Tx 78749	30—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Consultant

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)
10/1/06	Rebecca & Bart Sturzl 11201 Jockey Bluff Dr Austin Tx 78748	50—	

(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)
10/3/06	Ampro Productions PO Box 90157 Austin Tx 78709	200—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): printers

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)
10/4/06	Don Zimmerman 13492 Research Blvd Austin TX 78750	50—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): engineer

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 8 of 18

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)
10/4/06	Dr. James & Janetta Hansen 6709 Cultra Tr. Austin Tx 78730	150	

(If travel outside of Texas, complete Schedule T)

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

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)
10/3/06	Andy or Betty Shuvalov PO Box 738 Manor, Tx 78653	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)
10/5/06	Wafa Rivera 3208 Aspen Creek Pkwy Austin Tx 78749	250-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Cleaning svcs

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)
10/5/06	Frank & Leslie Weber 6613 Casimir Cove Austin Tx 78739	30	

(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)
10/5/06	Scott Smith 1304 Nueces Austin Tx 78701	100-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 9 of 18

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)
10/1/06	Sandy Cox 14 Sunset Trail Austin Tx 78745	100-	

(If travel outside of Texas, complete Schedule T)

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

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)
10/9/06	Bill Mange 3301 Northland #215 Austin Tx 78731	50-	

(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)
10/5/06	Barbara Wade Dody 1621 W 6th St Austin Tx 78703	50-	

(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)
10/5/06	Susanna Gallun 6023 Bel Fay Ln Austin Tx 78749	20-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): 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)
10/9/06	Ken & Natalie Pipes 7 Chardon Ct The Hills, Tx 78738	250-	

(If travel outside of Texas, complete Schedule T)

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

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 10 of 18

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)
10/11/06	Bert Pence 708 Rio Grande Austin Tx 78701	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)
10/10/06	Robert Morrow 2901 Riva Ridge Austin Tx 78746	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)
10/9/06	Dawn Richardson 8601 Crest View Austin Tx 78737	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): 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)
10/11/06	Dave & Carolyn Roberts 33 Carriage House Lane Austin Tx 78737	50—	

(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)
10/12/06	Grant Goodwin 806 W. 11th St Austin Tx 78701	135'7	printing & supplies

(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: 11 of 18

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)
10/2/06	Cindy Young 9854 Weir Loop Austin Tx 78736	91.21	printer cartridges

(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)
10/12/06	Republican Club of Austin PAC 401 W. 15th St, Suite 850 Austin, Tx 78701	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)
10/15/06	Robert & Burris Flagg 22207 Moulin Dr. Briarcliff Tx 78669	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)
10/17/06	K.P.T. Candidate Res. Cmte 900 Congress Ave, Suite 300 Austin Tx 78701	800	

(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)
10/17/06	Loun O'Leary 1300 Ruth Ave Austin, Tx 78757	25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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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 18

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)
10/17/06	Fitzgerald & Meissner, P.C. 812 San Antonio, Suite 400 Austin Tx 78701	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): law firm

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)
10/17/06	Jack & Ann Wilhelm 6211 Indian Canyon Dr Austin Tx 78746	100	

(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)
10/18/06	Granger & Mueller P.C. 605 W 10th St Austin, Tx 78701	250	

(If travel outside of Texas, complete Schedule T)

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)
10/19/06	Bill Browning 1200 Barton Hills #13 Austin Tx 78701	400	

(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)
10/19/06	Patrick Fagerberg	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

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 18

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)
10/19/06	Chamber B. Assoc. 1104 Nueces Suite 300 Austin TX 78701	200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): law firm

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)
10/19/06	Benjamin Blackburn 507 W 10th St Austin TX 78701	100	

(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)
10/19/06	Robert Mayfield 11309 Pickfair Austin TX 78750	1000	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Restaurant 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)
10/19/06	Josh Saegart 8005 Logwood Austin TX 78757	100	

(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)
10/19/06	David Raesz 1801 S Mopac Suite Austin TX 78746	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Realtor

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: 14 of 18

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)
10/19/06	Gary Kaese 7500 Hwy 71W Ste. 111 Austin TX 78735	100—	(If travel outside of Texas, complete Schedule T)

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

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)
10/19/06	Madeline Connor 6304 Whitemarsh Valley Walk Austin TX 78746	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)
10/19/06	Paul & Julie Montes 1400 Fenchia Pass Austin TX 78749	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)
10/19/06	Bekki Lammert & Gordon Hines 7306 Eagan Hill Austin TX 78745	50	(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)
10/19/06	Bob Nance 2510 McCreary Austin TX 78745	50—	(If travel outside of Texas, complete Schedule T)

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

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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 18

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)
10/19/06	Munsch Hardt Kopf & Harr 600 Congress Ave, Suite 2900 Austin TX 78701	250	

(If travel outside of Texas, complete Schedule T)

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

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)
10/19/06	Richard Hoffman 201 East 4th St. Suite 254 Austin TX 7870	100	

(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)
10/19/06	Robert Cunhauer-Ramirez 1103 Nueces St Austin TX 78701	50	

(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)
10/19/06	Arnold Garcia 504 W. 7th St Austin TX 7870	200	

(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)
10/23/05	Shan Harris 9634 ~~Hebb~~ Rosemont Way Helotes TX 78023	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Jeweler

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: 16 of 18

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/06	Mike & Carolyn Murphy 4010 Lochwood Bend Ct Bee Cave TX 78738	250-	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Alderman & Mayor

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/06	Doug O'Connell 1023 Mesa Austin TX 78703	100-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney / Military

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/06	Frank Bryan 106 E 6th St., Suite 900 Austin TX 78701	100-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/06	William Apt 1609 Shoal Creek Blvd, Ste 300 Austin TX 78701	100-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/06	Dr. & Gina Hansen 8224 Chalk Knoll Dr. Austin TX 78736	245.24	Food & Refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Physician / Surgeon

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: 17 of 18

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)
10/24/06	Philip Vitek PO Box 684282 Austin Tx 78768	100—	

(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)
10/24/06	Barker Keith PO Box 342348 Lakeway Tx 78734	250—	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Aquatics Center 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)
10/25/06	Friends of Susan Combs Committee P.O. Box 160956 Austin Tx 78716	250	Slate Cards

(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)
10/21/06	Brian [illegible] [illegible]	[illegible]	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): [illegible]

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)
[illegible]	[illegible] [illegible]	[illegible]	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): [illegible]

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: 180-18

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)
10/20/06	Grant Goodwin 806 W. 11th Austin Tx 78701	32/79	T-Shirts

(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)
10/19/06	Grant & Melissa Goodwin 9856 Weir Loop Austin Tx 78736	700	Food/refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Attorney & Judge

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):

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 B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B: 1 of 1

2 FILER NAME Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# _____)	8 Amount of pledge ($)	9 In-kind description (if applicable)
	7 Pledgor address; City: State: Zip Code NA	(If travel outside of Texas, complete Schedule T)	
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	(If travel outside of Texas, complete Schedule T)	
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	(If travel outside of Texas, complete Schedule T)	
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	(If travel outside of Texas, complete Schedule T)	
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	(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 for additional reporting requirements.

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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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ N/A

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

NA

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
☐ 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 ☐ 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
☐ not applicable

Name of guarantor

Guarantor address: City; State. Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 ($)
10/13/06	Classic Typesetting P.O. Box 90069 Austin Tx 78709	1435.63

8 Purpose of payment (See instructions regarding type of information required.): Pre mail/push cards

(If travel outside of Texas, complete Schedule T)

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 ($)
10/13/06	U.S. Postmaster Oak Hill Station Austin Tx 78749	273

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
10/16/06	Oak Hill Gazette 7200 B Hwy 71 West Austin Tx 78735	545.70

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
10/17/06	Oak Hill Gazette 7200 B Hwy 71 West Austin Tx 78735	156

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

(If travel outside of Texas, complete Schedule T)

•• 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: Pg 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 ($)
10/24/06	[illegible] / 3103 Bee Cave Rd, Suite 102 Rollingwood 78746	[illegible]

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

(If travel outside of Texas, complete Schedule T)

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 ($)
10/20/06	Paragon Printing / 10423 McKalla Pl. Austin, Tx 78758	109.83

Purpose of payment (See instructions regarding type of information required.) printing

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
10/20/06	US P[illegible] / 701 Briar Cliff Austin Tx 78723	62.00

Purpose of payment (See instructions regarding type of information required.) postage

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

•• 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: 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	8 Amount ($)
	7 *Purpose of expenditure (See instructions regarding type of information required.)* **(If travel outside of Texas, complete Schedule T)**	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) **(If travel outside of Texas, complete Schedule T)**	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) **(If travel outside of Texas, complete Schedule T)**	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) **(If travel outside of Texas, complete Schedule T)**	☐ 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.) **(If travel outside of Texas, complete Schedule T)**	☐ Reimbursement from political contributions intended

N/A

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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 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 ($)
	N/A	

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

(If travel outside of Texas, complete Schedule T)

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.)

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
	N/A	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
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 ($)

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1 of 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 ($)
	NA	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
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: NA

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)

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