

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

6442

The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNT # (Ethics Commission filers): **2** Total pages filed: 11

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Melissa Goodwin

**OFFICE USE ONLY**  
 Date Received  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 806 W. 11th Austin Tx 78701  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: PHONE NUMBER EXTENSION  
 (512) 736-4339

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Grant Goodwin

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 806 W. 11th St. Austin TX 78701

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: PHONE NUMBER EXTENSION  
 (512) 423-8674

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year Month Day Year  
 10 / 29 / 06 THROUGH 12 / 31 / 06

**11 ELECTION**  
 ELECTION DATE: ELECTION TYPE:  
 Month Day Year  Primary  Runoff  General  Special  
 11 / 7 / 06

**12 OFFICE**  
 OFFICE HELD (if any)  
 J.P. Pct 3, Travis Co.

**13 OFFICE SOUGHT (if known)**  
 JP, Pct 3 Travis Co.

**14 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  
 addit onal 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)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7032 <sup>40</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 55 <sup>30</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 15238 <sup>41</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 902 <sup>30</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12500 <del>00</del>

19 AFFIDAVIT

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

Melissa Goodwin  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Goodwin, this the 16 day of Jan, 20 07, to certify which, witness my hand and seal of office.

Jodie L. Ward-House  
Signature of officer administering oath

J. L. WARD-HOUSE  
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <b>3</b>	
2 FILER NAME <b>Melissa Goodwin</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/1/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jay &amp; Sheri Brummett</b>	7 Amount of contribution (\$) <b>125-</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>7604 Fireoak Dr. Austin TX 78759</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Realtors</b>		10 Employer (See Instructions)	
Date <b>11/1/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Austin Rep. Women PAC</b>	Amount of contribution (\$) <b>2500-</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>2201-B Exposition Blvd Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/1/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gary Contry</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1801 S Mopac Austin TX 78746</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions)	
Date <b>11/1/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Charlie Grant</b>	Amount of contribution (\$) <b>150-</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>600 W 13th Austin TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Homeowner</b>		Employer (See Instructions)	
Date <b>11/1/06</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andarza DeCoss &amp; Hoffmann</b>	Amount of contribution (\$) <b>250-</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>500 Wilcox St. Suite 103 Austin TX 78701</b>		(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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A: 2 of 3	
2 FILER NAME Melissa Goodwin		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/2/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Travis Co. Sheriff's Law Enforcement AS Sec & FOP Lodge 912 PAC	7 Amount of contribution (\$) 400	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8600 Ranch Road 620N Apt 2B Austin TX 78726		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Minton, Burton, Foster & Collins	Amount of contribution (\$) 350-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 Guadalupe Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) law firm		Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gretchen <del>and</del> Robert Munday	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2327 Cypress Pointe Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Ret.		Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lori Michel	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 917 West Lynn Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Att'y		Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gary Gentry	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8804 Golden Rain Cove Austin TX 78735		(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: <i>3 of 13</i>	
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/2/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bruce Remm</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>479 Moskoe Austin TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ITS</i>		10 Employer (See Instructions)	
Date <i>11-29-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stuart Koy</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1000 E. 7th St. Suite 208 Austin TX 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Atty</i>		Employer (See Instructions) <i>Self</i>	
Date <i>12-15-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barf D. Denham</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5795 Austin TX 78763</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>11-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tx Alliance For Life</i>	Amount of contribution (\$) <i>957.40</i>	In-kind contribution description (if applicable) <i>Mail</i>
Contributor address; City; State; Zip Code <i>10100X 44137 Austin TX 78765</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-6-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Trav. Co. Rep. Cmee</i>	Amount of contribution (\$) <i>1500</i>	In-kind contribution description (if applicable) <i>phone service</i>
Contributor address; City; State; Zip Code <i>7810 N. Lamar A139 Austin TX 78752</i>		(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 for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **102**

2 FILER NAME

**Melissa Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/30/06**

5 Payee name

**Paragon Printing**

7 Amount (\$)

**3432<sup>50</sup>**

6 Payee address; City; State; Zip Code

**10423 McKella Pl.  
Austin TX 78758**

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

**printing**

(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

**10/30/06**

Payee name

**U.S.PS**

Amount (\$)

**2509<sup>29</sup>**

Payee address; City; State; Zip Code

**1701 Bnarchiff  
Austin TX 78723**

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

**10/31/06**

Payee name

**Westlake Picayune**

Amount (\$)

**224<sup>40</sup>**

Payee address; City; State; Zip Code

**303 Bee Carver Rd, Suite 102  
Austin TX 78746**

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

**corrected 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

**11/2/06**

Payee name

**Paragon Printing**

Amount (\$)

**2738<sup>76</sup>**

Payee address; City; State; Zip Code

**10423 McKella Pl.  
Austin TX 78758**

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

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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

11/2/06

5 Payee name

U.S.P.S.

7 Amount (\$)

6200<sup>48</sup>

6 Payee address: City: State: Zip Code

1701 Briar Cliff  
Austin TX 78723

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

Postage

(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

11/20/06

Payee name

Office Depot

Amount (\$)

3308

Payee address: City: State: Zip Code

5300 S. Mopac, #101  
Austin TX 78749

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

supplies for notes

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/1/06

Payee name

Oak Hill Business & Professionals

Amount (\$)

100

Payee address: City: State: Zip Code

6705 Hwy 290W, RMB141  
Austin TX 78735

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

Sponsor ship

(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

Amount (\$)

Payee address: City: State: Zip Code

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: <b>6 F 1</b>
2 FILER NAME <b>Melissa Goodwin</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: <i>2 of 1</i>
2 FILER NAME <i>Melissa Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		
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	Amount (\$)
Business address; City; State; Zip Code		
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	Amount (\$)
Business address; City; State; Zip Code		
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	Amount (\$)
Business address; City; State; Zip Code		
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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**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 files)

4 Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		

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**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: <i>1081</i>
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2 FILER NAME <i>Melissa Goodwill</i>	3 ACCOUNT # (Ethics Commission filers)
---	--

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

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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