

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6686

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 23
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Melinda	MI	OFFICE USE ONLY
	NICKNAME Mindy	LAST Montford	SUFFIX	

FILED FOR RECORD  
 2009 JAN 15 FILED  
 3:19  
 COUNTY CLERK  
 TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; P.O. Box 301839 Austin, TX 78703	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Received				

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST MariBen	MI	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST Ramsey	SUFFIX	Receipt #

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 1707 Elton Lane Austin, TX 78703	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (512) 472-4483	EXTENSION
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8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month Day Year 12/19/2007	THROUGH	Month Day Year 12/31/2007
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10 ELECTION	ELECTION DATE Month Day Year 03/04/2008	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Attorney
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13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.		
	Name		
	Address/PO Box;	Apt. / Suite #;	City; State; Zip Code

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Montford, Melinda (Ms.)

15 ACCOUNT # (Ethics Commission filers)  
00000001

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	45,550.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	118.28
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4. TOTAL POLITICAL EXPENDITURES	\$	3,458.26
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CONTRIBUTION BALANCE

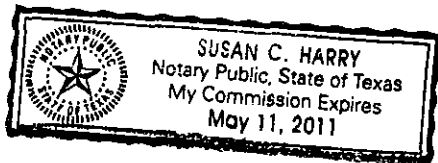
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	42,091.74
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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.



*Melinda Montford*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Montford, this the 15<sup>th</sup> day of January, 20 08, to certify which, witness my hand and seal of office.

*Susan C. Harry*  
Signature of officer administering oath

Susan C. Harry  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 1/16 Report: 3/23		
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date  12/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alexander, Clyde (Mr.)  6 Contributor address; City; State; Zip Code 828 Ivy Lane San Antonio, TX 78209-2831		7 Amount of contribution (\$)  \$500.00		
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self-employed			
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baker, Anna (Mrs.)  6 Contributor address; City; State; Zip Code 6208 Highland Hills Drive Austin, TX 78731		7 Amount of contribution (\$)  \$250.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)			
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/16 Report: 4/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 12/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Botkin, Ryan (Mr.)		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 1606 Northwood Road Austin, TX 78703					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 12/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Briscoe, Dolph (Hon.)		7 Amount of contribution (\$) \$10,000.00		
6 Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78802-0389					
8 Principal occupation / Job title (See Instructions) Rancher			9 Employer (See Instructions) Self-employed		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/16 Report: 5/23	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bristol, George (Mr.)			7 Amount of contribution (\$)  \$1,000.00	
	6 Contributor address; City; State; Zip Code 8812 Mesa Austin, TX 78759				
8 Principal occupation / Job title (See Instructions) President			9 Employer (See Instructions) Texas Coalition for Conservation		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Jennifer (Ms.)			7 Amount of contribution (\$)  \$250.00	
	6 Contributor address; City; State; Zip Code 3004 Oakmont Blvd. Austin, TX 78703				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 4/16 Report: 6/23		
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Lynda (Mrs.)	6 Contributor address; City; State; Zip Code 2201-B Exposition Blvd Austin, TX 78703		7 Amount of contribution (\$)  \$500.00	
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Sabrina (Mrs.)	6 Contributor address; City; State; Zip Code 2603 Wooldridge Dr. Austin, TX 78703		7 Amount of contribution (\$)  \$1,500.00	
8 Principal occupation / Job title (See Instructions) Consultant			9 Employer (See Instructions) Self-employed		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/16 Report: 7/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Byrne, Clay (Mr.)		6 Contributor address; City; State; Zip Code 110 Squires Drive Austin, TX 78734		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Realtor			9 Employer (See Instructions) The Home Team		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chibib, Michael (Mr.)		6 Contributor address; City; State; Zip Code 4214 Greystone Dr. Austin, TX 78731		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/16 Report: 8/23		
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Donovan, Peter (Mr.)		7 Amount of contribution (\$)  \$1,000.00		
6 Contributor address; City; State; Zip Code 5607 Mount Bonnell Rd. Austin, TX 78731					
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-employed			
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date  12/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garrapata Creek Ranch / Mark W. White Trustee		7 Amount of contribution (\$)  \$1,000.00		
6 Contributor address; City; State; Zip Code 2708 C West Lane Houston, TX 77027-4602					
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)			
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation		18 Purpose of travel			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/16 Report: 9/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hinojosa, Mike (Mr.)		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 5431 Hwy. 377 Aubrey, TX 76227					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hoover, Stephanie (Ms.)		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 5604 Southwest Parkway, Apt.3932 Austin, TX 78735-6279					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 8/16 Report: 10/23		
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date  12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jackson, James (Mr.)  6 Contributor address; City; State; Zip Code 1400 Winsted Lane Austin, TX 78703		7 Amount of contribution (\$)  \$200.00		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kahan, Karen (Ms.)  6 Contributor address; City; State; Zip Code 1707 Elton Lane Austin, TX 78703		7 Amount of contribution (\$)  \$300.00		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/16 Report: 11/23	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Knaupe, Allison (Mrs.)	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 5204 Magdalena Austin, TX 78735-6376			
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) Public Strategies	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McNelis, Patrick (Mr.)	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 5302 Valburn Circle Austin, TX 78731-1145			
8 Principal occupation / Job title (See Instructions) Assistant District Attorney		9 Employer (See Instructions) Travis County	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/16 Report: 12/23	
2 FILER NAME - Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Montford, Debbie (Mrs.)			7 Amount of contribution (\$)  \$10,000.00	
6 Contributor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257					
8 Principal occupation / Job title (See Instructions) Community Volunteer			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Montford, John (Mr.)			7 Amount of contribution (\$)  \$10,000.00	
6 Contributor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257					
8 Principal occupation / Job title (See Instructions) Senior Vice President			9 Employer (See Instructions) AT&T		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/5 Report: 21/23**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
12/27/2007	Kinko's	
<b>6</b> Payee address; City; State; Zip Code		\$38.72
3300 Bee Caves Rd Suite 715 Austin, TX 78746		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Printing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
12/27/2007	Kinko's	
<b>6</b> Payee address; City; State; Zip Code		\$268.95
3300 Bee Caves Rd Suite 715 Austin, TX 78746		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Printing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/16 Report: 14/23

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date 12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Norman, M. Scott Jr. (Mr.)	7 Amount of contribution (\$) \$750.00
6 Contributor address: City; State; Zip Code 3605 Edgemont Dr. Austin, TX 78731		

8 Principal occupation / Job title (See Instructions) Vice President of Government Affairs	9 Employer (See Instructions) Texas Association of Builders
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
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12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 12/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) O'Connell, Douglas (Mr.)	7 Amount of contribution (\$) \$1,000.00
6 Contributor address: City; State; Zip Code 6603 Mesa Dr. Austin, TX 78731		

8 Principal occupation / Job title (See Instructions) General Counsel	9 Employer (See Instructions) Texas National Guard
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
--	--

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/16 Report: 15/23	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pate, Gardner (Mr.)  6 Contributor address; City; State; Zip Code 3050 Tamarron Blvd ,Apt. 2304 Austin, TX 78746-8018			7 Amount of contribution (\$)  \$1,000.00	
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Locke, Lord, Bissell & Liddell		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phillips, David (Mr.)  6 Contributor address; City; State; Zip Code 442 Champions Dr. Georgetown, TX 78628			7 Amount of contribution (\$)  \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 14/16 Report: 16/23	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Poth, Gwen (Mrs.) ..... 6 Contributor address: City; State; Zip Code 2646 Idlewood Circle Charlotte, NC 28209-1406			7 Amount of contribution (\$)  \$150.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Small, Allison (Ms.) ..... 6 Contributor address: City; State; Zip Code 4209 Prickly Pear Dr. Austin, TX 78731			7 Amount of contribution (\$)  \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 17/23

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Small, Ed (Mr.)

7 Amount of contribution (\$)

12/31/2007

6 Contributor address; City; State; Zip Code  
100 Congress Avenue, Suite 1100  
Austin, TX 78701

\$1,000.00

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Jackson Walker LLP

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Texas Our Texas PAC

7 Amount of contribution (\$)

12/28/2007

6 Contributor address; City; State; Zip Code  
P.O. Box 426  
Austin, TX 78767

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 16/16 Report: 18/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Todd, Bruce (Mr.)  6 Contributor address; City; State; Zip Code 7629 Rockpoint Drive Austin, TX 78731		7 Amount of contribution (\$)  \$500.00	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Bruce Todd Public Affairs		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 1/5 Report: 19/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  12/29/2007	5 Payee name AT&T/Wireless Image ..... 6 Payee address; City; State; Zip Code 4815 W. Braker Lane Austin, TX 78759	7 Amount (\$)  \$113.64		
8 Purpose of payment (See instructions regarding type of information required.) Telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel		
4 Date  12/20/2007	5 Payee name GoDaddy.com ..... 6 Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260	7 Amount (\$)  \$121.85		
8 Purpose of payment (See instructions regarding type of information required.) Domain Registration  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/5 Report: 20/23**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  12/23/2007	<b>5</b> Payee name GoDaddy.com  <b>6</b> Payee address; City; State; Zip Code 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260	<b>7</b> Amount (\$)  \$121.42
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Domain Registration Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  12/31/2007	<b>5</b> Payee name Guero's Taco Bar  <b>6</b> Payee address; City; State; Zip Code 1412 South Congress Austin, TX 78704	<b>7</b> Amount (\$)  \$98.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Meals Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/5 Report: 21/23**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  12/27/2007	<b>5</b> Payee name Kinko's	<b>7</b> Amount (\$)  \$38.72
<b>6</b> Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Printing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  12/27/2007	<b>5</b> Payee name Kinko's	<b>7</b> Amount (\$)  \$268.95
<b>6</b> Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746		

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Printing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/5 Report: 22/23**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  12/28/2007	<b>5</b> Payee name Travis County Democratic Party  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	<b>7</b> Amount (S)  \$1,250.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Event Sponsorship Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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<b>4</b> Date  12/28/2007	<b>5</b> Payee name Travis County Democratic Party  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	<b>7</b> Amount (S)  \$1,250.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Filing Fees Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/5 Report: 23/23**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

12/28/2007

**5** Payee name  
Travis County Elections Division**6** Payee address; City; State; Zip Code  
P.O. Box 149325  
Austin, TX 78714**7** Amount  
(\$)

\$77.40

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Data Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel