P.O. Box 12070

		OFFICEHOLDEI		6686	FORM C/OH COVER SHEET PG 1
TI	RE C/OH INSTRUCTION GUID	explains how to complete th	is form. (I	ACCOUNT # Ethics Commission filers) 00000001	2 PAGE# 1 of 23
3	CANDIDATE / OFFICEHOLDER		त्रइम inda	WI	OFFICE USE ONLY
	NAME	, , , , , , , , , , , , , , , , , , ,		SUFFIX	Date Received 7800 11 11 11 11 11 11 11 11 11 11 11 11 1
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 301839 Austin, TX 78703	E#; CITY;	STATE; ZIP COD	Date Hand-delivered or Date Postmarked
	Change of Address				% 10 CD
		MS/MRS/MR FIR	RST	MI	Receipt # Amount
5	CAMPAIGN TREASURER		iBen	141	Date Processed
	NAME	NICKNAME LA	st	SUFFIX	Date Imaged
			•		
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEA) 1707 Elton Lane Austin, TX 78703	SE); APT / SU!TE #;	CITY; STATE;	ZIP CODE .
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (512) 472-4483	MBER	EXTENSION	
8	REPORT TYPE		h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15 8th	day before election	Exceeded \$500 lin	hit Final report (Attach C/OH - FR)
9	PERIOD COVERED	Month Day Year	THROUGH	Month 40/0	Day Year
		12/19/2007		12/3	1/2007
10	ELECTION	ELECTION DATE Month Day Year 03/04/2008	ELECTION TYPE X Primary	Runoff	General Special
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (If District Attorney	known) /
13	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Candidates are required to disclose			the candidate's prior consent or approval. le direct campaign expenditure.
	BY OTHER INDIVIDUALS	Name	<u></u>		
	add.bonal pages	Address/PO Box; Apt. / Suite #; (City: State; Zip Cod	de	
			GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mont	ford, Melinda (Ms.)		15 ACCOUNT # 00000001	(Ethics Commission filers)		
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to suppo out the candidate's or officeholder's knowledge or consent. y receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>			
			·			
17 CONTRIBUTION TOTALS	THAN MIZED \$	0.00				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$	45,550.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			118.28		
	4. TOTAL	POLITICAL EXPENDITURES	\$	3,458.26		
CONTRIBUTION BALANCE	ł .	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	42,091.74		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD	OF THE \$	0.00		
18 AFFIDAVIT	SUSAN C. HAR Notary Public, State o My Commission Ex May 11, 2011	is true and correct and in me under Title 15, Election	penalty of perjury, that the notudes all information requion Code.	uired to be reported by		

AFFIX NOTARY STAMP / SEAL ABOVE

, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath (

Title of officer administering oath

Signature of Candidate or Officeholder

	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 1/	16_Repo	rt: <u>3/23</u>	
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor [Alexander, Clyde (Mr.)	out-of-state PAC(ID#)			Amount of antribution (\$)	
	12/20/2007	6 Contributor address; C 828 lvy Lane San Antonio, TX 78209-2831					\$500.00	
8	Principal occup Investor	ation / Job title (See Instructions)	9 Employer (See In Self- employed	structions)	,		
10	0 In-kind contribution			11 In-kind description	n (if applicable)			
		n-kind contribution for travel outs boxes 12-18. Otherwise, comple						
12	_ 	<u></u>		ttach additional pages	if necessary)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city /	ture city / location 14 Departure date 15 Destination city / location			ocation		16 Arrival date	
17 Means of transportation				18 Purpose of travel				
					Amount of ontribution (\$)			
	12/31/2007	6 Contributor address; C 6208 Highland Hills Drive Austin, TX 78731	City; State; Zip Code				\$250.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)				
10	In-kind contribu	tion		11 In-kind description	n (if applicable)			
	complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 if applicable.					
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	ocation	_	16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				

							
	The Instruction	אס Guide explains how to comp	elete this form.		1 PAGE # Schedule: 2/1	16 Report: 4/23	
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor [Botkin, Ryan (Mr.)	out-of-state PAC(ID#			7 Amount of contribution (\$)	
	12/29/2007	6 Contributor address; C 1606 Northwood Road Austin, TX 78703	City; State; Zip Code			\$100.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)			
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (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 / I	ocation	16 Arrival date	
17 Means of transportation			18 Purpose of travel				
4	Date	5 Full name of contributor [Briscoe, Dolph (Hon.)	out-of-state PAC(ID#)		7 Amount of contribution (\$)	
	12/19/2007	6 Contributor address; C Box 389 Uvalde, TX 78802-0389	City; State; Zip Code			\$10,000.00	
8	Principal occup Rancher	ation / Job title (See Instructions)	9 Employer (See Instructions) Self-employed			
10	In-kind contribu	tion n-kind contribution for travel outs	ide Teyas and	11 In-kind description	ı (if applicable)		
	complete	boxes 12-18. Otherwise, comple	te box 11 if applicable.				
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages i	f necessary)		
13	Departure city i	location	14 Departure date	15 Destination city / I	ocation	16 Arrival date	
17	17 Means of transportation			18 Purpose of travel			
		<u> </u>					

	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 3/1	6 Repo	ort: 5/23
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [Bristol, George (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (S)
	12/28/2007	6 Contributor address; C 8812 Mesa Austin, TX 78759	City; State; Zip Code	***************************************			\$1,000.00
8	Principal occup President	ation / Job title (See Instructions)	9 Employer (See In Texas Coalition	structions) for Conservation		
10	In-kind contribu	ition		11 In-kind description	n (if applicable)		
		n-kind contribution for travel outs boxes 12-18. Otherwise, comple			_		
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	3 Departure city / location 14 Departure date 15 Destination city / location				ocation		16 Arrival date
17	Means of trans	portation	18 Purpose of travel		:	<u>L</u>	
4	Date	5 Full name of contributor [Brown, Jennifer (Ms.)	out-of-state PAC(ID#)			Amount of ontribution (\$)
	12/28/2007	6 Contributor address; C 3004 Oakmont Blvd. Austin, TX 78703	City; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)			
4.5				44			
70		ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	17 Means of transportation			18 Purpose of travel			
				<u> </u>			

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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 4	/16 Repo	ort: 6/23	
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT#	(Ethics C	commission filers)	
4	Date	5 Full name of contributor [Brown, Lynda (Mrs.)	out-of-state PAC(ID#)	<u> </u>		Amount of ontribution (\$)	
	12/28/2007		City; State; Zip Code			-	\$500.00	
8	Principal occup Retired	ation / Job title (See Instructions)	9 Employer (See In	structions)		•	
10	In-kind contribu	ition		11 In-kind description	n (if applicable)			
		n-kind contribution for travel outs						
12	complete boxes 12-18. Otherwise, complete box 11 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 / I	location		16 Arrival date	
17	Means of trans	portation	18 Purpose of travel	_				
4	Date	5 Full name of contributor [Brown, Sabrina (Mrs.)	out-of-state PAC(ID#				Amount of ontribution (\$)	
	12/28/2007	6 Contributor address; 0 2603 Wooldridge Dr. Austin, TX 78703	City; State; Zip Code				\$1,500.00	
8	Principal occup Consultant	ation / Job title (See Instructions)	9 Employer (See Instructions) Self-employed				
10	In-kind contribu	ition		11 In-kind description	n (if applicable)		· · · · ·	
	Check if in complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.					
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city / I	location		16 Arrival date	
17	Means of trans	portation	L	18 Purpose of travel				
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	The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE# Schedule: 5/1	6 Repo	ort: 7/23	
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)	
4	Date	5 Full name of contributor [Byrne, Clay (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/31/2007	6 Contributor address; C 110 Squires Drive Austin, TX 78734	City; State; Zip Code				\$1,000.00	
8	Principal occup Realtor	ation / Job title (See Instructions)	9 Employer (See In The Home Tear		<u> </u>		
10		ition n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	13 Departure city / location 14 Departure date			e 15 Destination city / location 16 Arrival da				
17	Means of trans	portation	18 Purpose of travel)		
4	Date	5 Full name of contributor [Chibib, Michael (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/31/2007	6 Contributor address; C 4214 Greystone Dr. Austin, TX 78731	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$250.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)				
10		ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				
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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 6/1	6_Repo	rt: 8/23	
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT # 00000001	(Ethics C	ommission filers)	
4	Date	5 Full name of contributor [Donovan, Peter (Mr.)	out-of-state PAC(ID#				Amount of ntribution (\$)	
	12/28/2007	6 Contributor address; C 5607 Mount Bonnell Rd. Austin, TX 78731	City; State; Zip Code				\$1,000.00	
8	Principal occup Attorney	ation / Job title (See Instructions)	9 Employer (See Instructions) Self-employed				
10	In-kind contribu	ation		11 In-kind description	ı (if applicable)			
		n-kind contribution for travel outs boxes 12-18. Otherwise, comple						
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13	13 Departure city / location 14 Departure date			15 Destination city / location 16 Arrival da			16 Arrival date	
47	17 Means of transportation			18 Purpose of travel			-	
17	means of trans			16 Purpose of travel		_		
4 Date 5 Full name of contributor ☐ out-of-state PAC(ID#_ Garrapata Creek Ranch / Mark W. White Truste)			Amount of entribution (S)	
	12/21/2007	6 Contributor address; C 2708 C West Lane Houston, TX 77027-4602	City; State; Zip Code				\$1,000.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)				
10	In-kind contribu	ition		11 In-kind description	n (if applicable)			
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.					
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)		,	
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				

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	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 7/1	6 Repo	ort: 9/23	
2	FILER NAME	Montford, Melinda (Ms.)		3335	3 ACCOUNT# 00000001	(Ethics C	ommission filers)	
4	Date	5 Full name of contributor [Hinojosa, Mike (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (S)	
	12/31/2007	6 Contributor address; (5431 Hwy. 377 Aubrey, TX 76227	City; State; Zip Code				\$100.00	
8	Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Instructions)				
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description	n (if applicable)				
12	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 [Hoover, Stephanie (Ms.)	out-of-state PAC(ID#)	·		Amount of ontribution (\$)	
	12/31/2007	6 Contributor address; 0 5604 Southwest Parkway, Apt. Austin, TX 78735-6279	City; State; Zip Code				\$100.00	
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Instructions)				
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ntach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				

	The Instruction	אכ Guide explains how to comp	plete this form.		1	PAGE # Schedule: 8/	16 Re	eport: 10/23
2	FILER NAME	Montford, Melinda (Ms.)			3	ACCOUNT # 00000001	(Ethic	s Commission filers)
4	Date	5 Full name of contributor [Jackson, James (Mr.)	out-of-state PAC(ID#)			7	Amount of contribution (\$)
	12/31/2007	6 Contributor address; (1400 Winsted Lane Austin, TX 78703	City; State; Zip Code					\$200.00
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	stru	ctions)	•	
10	0 In-kind contribution			11 In-kind description	n (if	applicable)		
		ide Texas and ete box 11 if applicable.						
12		n(s) traveling on whose behalf the		Lattach additional pages	if ne	cessary)		
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13	Departure city /	Location	14 Departure date	15 Destination city /	looo	tion		16 Arrival date
	Departure dry /	Tocation	14 Departure date	15 Destriation City/	IUUa	uon		10 Allivardate
-2-				40.0				
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Kahan, Karen (Ms.)	out-of-state PAC(ID#)		_	7	Amount of contribution (\$)
	12/29/2007	6 Contributor address; 0 1707 Elton Lane Austin, TX 78703	City; State; Zip Code			••••••	1	\$300.00
8	Principal occup	ation / Job title (See Instructions	3)	9 Employer (See In	stru	ctions)		
10	In-kind contribu	ution		11 In-kind description	n (if	applicable)		
	Check if in	n-kind contribution for travel outs			ζ	,		
12		boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th		ttach additional pages	if			-
12	. Name of person	n(s) travening on whose benan th	le traver was accepted (a	macii addidonai pages	11 116	(Cessaly)		
46			144	45 5 1 1				1.72
13	Departure city /	location	14 Departure date	15 Destination city /	loca	tion		16 Arrival date
17	Means of trans	portation		18 Purpose of travel				
	<u></u>			<u> </u>		 .		
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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 9/1	16 Rep	ort: 11/23
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics C	Commission filers)
4	Date	5 Full name of contributor [Knaupe, Allison (Mrs.)	out-of-state PAC(ID#)		7 c	Amount of ontribution (\$)
	12/31/2007	6 Contributor address; 0 5204 Magdelena Austin, TX 78735-6376	City; State; Zip Code			į	\$500.00
8	Principal occup Managing Dir	ation / Job title (See Instructions ector	5)	9 Employer (See In Public Strategie			
10	In-kind contribu	ition	·	11 In-kind description	n (if applicable)		
		n-kind contribution for travel outs					
12		boxes 12-18. Otherwise, comple		stack additional page.	if necessary		
12	. Name of person	n(s) traveling on whose behalf th	e traver was accepted (a	illach additional pages	ii necessary)		
13	3 Departure city / location 14 Departure date 15 Destination city / location			location		16 Arrival date	
17 Means of transportation			18 Purpose of travel			· · · · · · · · · · · · · · · · · · ·	
4 Date 5 Full name of contributor out-of-state PAC(ID#_McNelis, Patrick (Mr.))		7	Amount of ontribution (\$)
	12/28/2007	6 Contributor address; C 5302 Valburn Circle Austin, TX 78731-1145	City; State; Zip Code				\$500.00
8	Principal occup Assistant Dist	ation / Job title (See Instructions rict Attorney)	9 Employer (See Instructions) Travis County			
10	In-kind contribu	tion		11 In-kind description	n (if applicable)	-	
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.		<u> </u>		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city /	location	 .	16 Arrival date
17	Means of trans	portation	L	18 Purpose of travel			<u> </u>
						<u> </u>	
							-

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# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor [Montford, Debbie (Mrs.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/19/2007	6 Contributor address; C 1 Buckingham Court San Antonio, TX 78257	City; State; Zip Code				\$10,000.00	
8	Principal occup Community V	ation / Job title (See Instructions olunteer)	9 Employer (See In	structions)			
10		tion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind descriptio	n (if applicable)			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13	Departure city /	Departure city / location 14 Departure date 15 Destination city / location			location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Montford, John (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/19/2007	6 Contributor address; C 1 Buckingham Court San Antonio, TX 78257	City; State; Zip Code				\$10,000.00	
8	Principal occup Senior Vice P	ation / Job title (See Instructions resident)	9 Employer (See Instructions) AT&T				
10		tion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 in-kind descriptio	n (if applicable)			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of transp	portation		18 Purpose of travel				
				<u>-,,</u> .		-		
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Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/5 Report: 21/23 2 FILER NAME Montford, Melinda (Ms.) 3 ACCOUNT# (Ethics Commission filers) 00000001 Date Payee name Amount Kinko's (\$) 12/27/2007 \$38.72 City; State; Zip Code 6 Payee address; 3300 Bee Caves Rd Suite 715 Austin, TX 78746 Purpose of payment 9 * Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Printing Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 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 Date Payee name Amount Kinko's (\$) 12/27/2007 \$268.95 City; State; Zip Code 6 Payee address; 3300 Bee Caves Rd Suite 715 Austin, TX 78746 Purpose of payment 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** (See instructions regarding type of information required.) Candidate / Officeholder name: **Printing** Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 15 Means of transportation 16 Purpose of travel

								
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# 00000001	(Ethics C	ommission filers)	
4	Date	5 Full name of contributor [Norman, M. Scott Jr. (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/31/2007	6 Contributor address; C 3605 Edgemont Dr. Austin, TX 78731	City; State; Zip Code				\$750.00	
8		ation / Job title (See Instructions nt of Government Affairs)	9 Employer (See In Texas Associat				
10	In-kind contribu	ition		11 In-kind description	n (if applicable)			
		n-kind contribution for travel outsi boxes 12-18. Otherwise, complet						
12		n(s) traveling on whose behalf the		ttach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [O'Connell, Douglas (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	12/21/2007	6 Contributor address; C 6603 Mesa Dr. Austin, TX 78731	City; State; Zip Code				\$1,000.00	
8	Principal occup General Cour	ation / Job title (See Instructions)	9 Employer (See Instructions) Texas National Guard				
10	In-kind contribu			11 In-kind description	n (if applicable)			
	Check if in complete I	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	te box 11 if applicable.				 	
12 	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				

	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 13/	16 Rep	oort: 15/23
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4	Date	5 Full name of contributor [Pate, Gardner (Mr.)	out-of-state PAC(ID#				Amount of ontribution (\$)
	12/21/2007	6 Contributor address; C 3050 Tamarron Blvd Apt. 2304 Austin, TX 78746-8018	City; State; Zip Code				\$1,000.00
8	Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See In: Locke, Lord, Bis	•		
10	n-kind contribu	ution		11 In-kind description	n (if applicable)		
		n-kind contribution for travel outsi boxes 12-18. Otherwise, comple					
12		n(s) traveling on whose behalf the		Itach additional pages	if necessary)		
13	B Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
47				12.5	 -		
77	7 Means of transp	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Phillips, David (Mr.)	_				Amount of ontribution (\$)
	12/31/2007	6 Contributor address; C 442 Champions Dr. Georgetown, TX 78628	City; State; Zip Code				\$250.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In:	structions)	-	
10	In-kind contribu	ıtion		11 In-kind description	n (if applicable)		
	complete l	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ete box 11 if applicable.				
12	! Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)		
13	B Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of transp	portation	<u> </u>	18 Purpose of travel			
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					<u>, , , , , , , , , , , , , , , , , , , </u>		
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	The Instruction	DN GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 14	/16 Rep	ort: 16/23
2	FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001		ommission filers)
4	Date	5 Full name of contributor [Poth, Gwen (Mrs.)	out-of-state PAC(ID#)	_		Amount of entribution (\$)
	12/28/2007	6 Contributor address; C 2646 Idlewood Circle Charlotte, NC 28209-1406	City; State; Zip Code				\$150.00
8	Principal occup	nation / Job title (See Instructions)	9 Employer (See In:	structions)	-	
10		ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description	n (if applicable)		
12	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	if necessary)		
13	3 Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Small, Allison (Ms.)					Amount of ontribution (\$)
	12/31/2007	6 Contributor address; C 4209 Prickly Pear Dr. Austin, TX 78731	City; State; Zip Code	. ,			\$250.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)	'	
10		ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description (if applicable)			
12	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)		
13	3 Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of transp	portation		18 Purpose of travel			
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The Instruction Guide explains how to complete this form.					1 PAGE # Schedule: 15/16 Report: 17/23			
2	FILER NAME	Montford, Melinda (Ms.)				COUNT #	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [Small, Ed (Mr.)	out-of-state PAC(ID#)	<u>. </u>			Amount of ontribution (\$)
	12/31/2007	6 Contributor address; C 100 Congress Avenue, Suite 1 Austin, TX 78701	City; State; Zip Code		• • • • • •			\$1,000.00
8	Principal occup Attorney	ation / Job title (See Instructions)	9 Employer (See In Jackson Walker		s)		
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if appli	icable)		
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necess	eary)		
13	Departure city /	location	14 Departure date	15 Destination city /	location			16 Arrival date
17 Means of transportation			<u>. </u>	18 Purpose of travel				
4	Date	5 Full name of contributor [Texas Our Texas PAC	out-of-state PAC(ID#)		=======================================		Amount of ontribution (\$)
	12/28/2007	6 Contributor address; C P.O. Box 426 Austin, TX 78767	City; State; Zip Code					\$500.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)				
10		n-kind contribution for travel outsi		11 In-kind description (if applicable)				
		boxes 12-18. Otherwise, comple						
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necess	загу)		
13	Departure city /	location	14 Departure date	15 Destination city /	location		<u> </u>	16 Arrival date
17 Means of transportation			18 Purpose of travel		<u>-</u>			
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POLITICAL CONTRIBUTIONS

	The Instruction	DN GUIDE explains how to com	plete this form.		1 PAGE#				
2	2 FILER NAME Montford, Melinda (Ms.)				Schedule: 16/16 Report: 18/23 3 ACCOUNT # (Ethics Commission filers) 00000001				
4	Date	5 Full name of contributor Todd, Bruce (Mr.)	Out-of-state PAC(ID#				mount of htribution (\$)		
	12/31/2007	6 Contributor address; 7629 Rockpoint Drive Austin, TX 78731	City; State; Zip Code				\$500.00		
8	Principal occup Consultant	pation / Job title (See Instructions	s)	9 Employer (See in Bruce Todd Put					
10		ution n-kind contribution for travel out boxes 12-18. Otherwise, comple		11 In-kind description	ı (if applicable)				
12	Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)				
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel					
			· · · · · · · · · · · · · · · · · · ·	-			-		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to compl	lete this form.	1 PAGE # Schedule: 1/5 Report: 19/23			: 19/23	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics Co	ommission filers)	
4 Date 5 Payee name AT&T/Wireless image				7	Amount (\$)	
12/29/2007 6 Payee address; Ci 4815 W. Braker Lane Austin, TX 78759	ity; State; Zip Code				\$113.64	
Purpose of payment (See instructions regarding type of information r Telephone	equired.)	9 ** Complete if direct Candidate / Officehol	t expenditure to bene lder name:	afit Candi	date/Officeholder **	
☐ 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 travely	was made (attach additi	ional pages if necess	iary)		
11 Departure city / location	11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date	
15 Means of transportation		16 Purpose of travel				
4 Date 5 Payee name GoDaddy.com		<u> </u>		7	Amount (\$)	
12/20/2007 6 Payee address; Ci 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260	ity; State; Zip Code				\$121.85	
Purpose of payment (See instructions regarding type of information r Domain Registration	equired.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
	1	Office sought:				
Payment for travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person(s) traveling on whose behalf the	expenditure for travel v	was made (attach additi	ional pages if necess	агу)		
11 Departure city / location	12 Departure date	13 Destination city / le	ocation		14 Arrival date	
15 Means of transportation		16 Purpose of travel				
		L				

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F PAGE# The Instruction Guide explains how to complete this form. Schedule: 2/5 Report: 20/23 (Ethics Commission filers) 2 FILER NAME Montford, Melinda (Ms.) 3 ACCOUNT# 0000001 Date Amount Payee name GoDaddy.com (\$) 12/23/2007 \$121.42 6 Payee address; City; State; Zip Code 14455 N. Havden Rd. Suite 219 Scottsdale, AZ 85260 Purpose of payment 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** (See instructions regarding type of information required.) Candidate / Officeholder name: Domain Registration Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 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 Date Pavee name Amount Guero's Taco Bar (\$) 12/31/2007 \$98.00 6 Payee address; City; State; Zip Code 1412 South Congress Austin, TX 78704 Purpose of payment 9 * Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: (See instructions regarding type of information required.) Meals Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 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 16 Purpose of travel 15 Means of transportation

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/5 Report: 21/23 2 FILER NAME Montford, Melinda (Ms.) 3 ACCOUNT# (Ethics Commission filers) 00000001 Date Payee name Amount Kinko's (\$) 12/27/2007 \$38.72 City; State; Zip Code 6 Payee address; 3300 Bee Caves Rd Suite 715 Austin, TX 78746 Purpose of payment 9 * Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Printing Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 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 Date Payee name Amount Kinko's (\$) 12/27/2007 \$268.95 City; State; Zip Code 6 Payee address; 3300 Bee Caves Rd Suite 715 Austin, TX 78746 Purpose of payment 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** (See instructions regarding type of information required.) Candidate / Officeholder name: **Printing** Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 15 Means of transportation 16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	ON GUIDE explains how to comp	1 PAGE # Schedule: 4/5 Report: 22/23			t: 22/23		
2 FILER NAME	Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001			ommission filers)	
4 Date	5 Payee name Travis County Democra	tic Party		· · · · · ·	7	Amount (\$)	
12/28/2007	6 Payee address; C P.O. Box 684263 Austin, TX 78768-4263	City; State; Zip Code				\$1,250.00	
8 Purpose of pay (See instruction Event Spons	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene lder name:	efit Cand	idate/Officeholder **	
			Office sought:				
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	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	5 Payee name Travis County Democra	tic Party			7	Amount (\$)	
12/28/2007 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263			, , , , , , , , , , , , , , , , , , , ,			\$1,250.00	
8 Purpose of par (See instruction Filing Fees	/ment ns regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
			Office sought:				
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	was made (attach addit	ional pages if necess	ary)			
11 Departure city / location 12 Departure date			13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel	· · · · · · · · · · · · · · · · · · ·			
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POLITICAL EXPENDITURES					S	CHEDULE F
The Instructi	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 5/5	Repor	t: 23/23
2 FILER NAME	Montford, Melinda (Ms.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4 Date	5 Payee name Travis County Elections	Division			7	Amount (\$)
12/28/2007 6 Payee address; City; State; Zip Code P.O. Box 149325 Austin, TX 78714						\$77.40
8 Purpose of pa (See instruction Data	yment ons regarding type of information	9 ' Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought:				
Payment f	or travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel			
	·					