

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6741

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 96
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Melinda	MI
	NICKNAME Mindy	LAST Montford	SUFFIX
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: 2008 FEB -4 PM 4:46 FILED FOR RECORD TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST MariBen	MI
	NICKNAME	LAST Ramsey	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1707 Elton Lane Austin, TX 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 472-4483	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
	01/01/2008		THROUGH 01/24/2008
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	03/04/2008		<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
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 \$ 580.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 79,492.37

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 691.51

4. TOTAL POLITICAL EXPENDITURES \$ 113,088.85

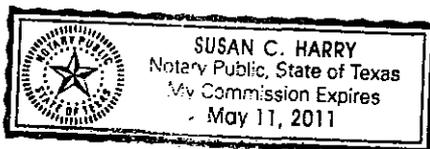
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,640.65

OUTSTANDING LOAN TOTALS

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

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 4th day of February, 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: 1/71 Report: 3/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alcorta, Victor	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 303 Vale St. Austin, TX 78746			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Thompson & Knight LLP	
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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Pamela	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 1804 Val Verde Austin, TX 78732			
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: 2/71 Report: 4/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Saundra		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 4601 Lantana Hollow Austin, TX 78731					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Armstrong, Gaylord		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 919 Congress Ave., Ste. 1300 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) McGinnis, Lochridge & Kilgore LLP		
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: 3/71 Report: 5/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold, James 6 Contributor address; City; State; Zip Code 3424 62nd Street Lubbock, TX 79413	7 Amount of contribution (\$) \$100.00	
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 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bailey, Charles 6 Contributor address; City; State; Zip Code 4208 Greystone Drive Austin, TX 78731	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	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/71 Report: 6/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic	7 Amount of contribution (\$) \$25.00	
6 Contributor address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746			
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 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic	7 Amount of contribution (\$) \$25.00	
6 Contributor address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746			
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
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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: 5/71 Report: 7/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic		7 Amount of contribution (\$) \$25.00		
6 Contributor address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746					
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 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic		7 Amount of contribution (\$) \$25.00		
6 Contributor address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746					
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		

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The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/71 Report: 8/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic		6 Contributor address; City; State; Zip Code 915Redbud Trail Austin, TX 78746		7 Amount of contribution (\$) \$25.00
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 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bain, Chic		6 Contributor address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746		7 Amount of contribution (\$) \$25.00
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
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2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ballard, Julie			7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code 3609 Dali Lane 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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barnes, Ben			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Suite 250 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) Consultant			9 Employer (See Instructions) Ben Barnes Group		
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)					
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17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baskin, Jefferson		7 Amount of contribution (\$) \$77.77		
6 Contributor address: City; State; Zip Code 1618 Waterston Ave. 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 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bates, Jan		7 Amount of contribution (\$) \$100.00		
6 Contributor address: City; State; Zip Code 4614 Bunny Run Austin, TX 78746					
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		

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/71 Report: 11/96	
2 FILER NAME Montford, Meinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Breedon, Kelly		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 6500 Lost Cove Austin, TX 78746					
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 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bremer, Brooke		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 2302 Camelback Dr San Antonio, TX 78209					
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
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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: 10/71 Report: 12/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Briscoe, Dolph Jr. (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		
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Clifford Jr.		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 52 The Hills Dr. Austin, TX 78738-1575					
8 Principal occupation / Job title (See Instructions) Office of Police Monitor			9 Employer (See Instructions) City of Austin		
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: 11/71 Report: 13/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Don W.		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 4213 Avenue F Austin, TX 78751					
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 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Fred		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code P.O. Box 2910 Austin, TX 78768					
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: 12/71 Report: 14/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Calcote, Mary Leslie	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 5710 Highland Hills Cir. Austin, TX 78731			
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 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Callaway, James	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 330 Westover Rd. San Antonio, TX 78209			
8 Principal occupation / Job title (See Instructions) Sr. Executive VP		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/71 Report: 15/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#_____) Camp, Frank Jr.		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 3209 Barnsley Austin, TX 78745					
8 Principal occupation / Job title (See Instructions) Manager			9 Employer (See Instructions) Cash America Pawn		
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 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#_____) Caperton, Kent		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code 4231 Westlake Dr. Apt. A3 Austin, TX 78746-1460					
8 Principal occupation / Job title (See Instructions) Consultant			9 Employer (See Instructions) Ben Barnes Group		
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: 14/71 Report: 16/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carlos Uresti Campaign Fund		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code P.O. Box 240431 San Antonio, TX 78224					
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 01/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Christian, Jo Ann		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 7905 Moritz Lane Austin, TX 78731					
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: 15/71 Report: 17/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Civins, Mary Emma		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 3211 Bryker Dr. 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 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cole, Scott		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1800 Logan's Hollow Austin, TX 78746					
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: 16/71 Report: 18/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cronin, Jill		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 2107 Debona Drive Austin, TX 78733					
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 01/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cunningham, William		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code P.O. Box E Austin, TX 78713					
8 Principal occupation / Job title (See Instructions) Professor			9 Employer (See Instructions) The University of Texas		
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: 17/71 Report: 19/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edgington, Bettye		7 Amount of contribution (\$) \$100.00		
6 Contributor address: City; State; Zip Code 1208 Cliffwood Road Eules, TX 76040					
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 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ellis, James		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code 223 Genesco Rd San Antonio, TX 78209					
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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 18/71 Report: 20/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ellmer, Mindy		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1611 Margaret St. Austin, TX 78704					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Epperson, Deborah		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code 103 Las Lomas Dr. West Lake Hills, TX 78746					
8 Principal occupation / Job title (See Instructions) Community Volunteer			9 Employer (See Instructions) N/A		
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: 19/71 Report: 21/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eric Wright & Associates			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 919 Congress Ave., Ste. 1155 Austin, TX 78701-2102					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Evans, Richard Jr.			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 315 Terrell Rd. San Antonio, TX 78209					
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: 20/71 Report: 22/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fainter, John Jr.		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1005 Congress Ave, Ste 600 Austin, TX 78701					
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 01/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Farabee, Ray		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 2702 Rockingham Austin, TX 78704					
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: 29/71 Report: 31/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hawn, Reed 6 Contributor address; City; State; Zip Code 3605 Steck Ave Apt 1083 Austin, TX 78759	7 Amount of contribution (\$) \$1,000.00	
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Heyer, Connie 6 Contributor address; City; State; Zip Code 3205 Greenlee Dr. 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	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22/71 Report: 24/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Franke, Wayne		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 1122 Colorado, Suite 307 Austin, TX 78701					
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 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frazell, William		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code P.O. Box 28249 Austin, TX 78755-8249					
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Frazell & Mosley PLLC		
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: 23/71 Report: 25/96	
2 FILER NAME Montford, Melinda (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fuentes, Jerry			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 54 Donore South San Antonio, TX 78229					
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 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fuller, Rex			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code P.O Box 2454 Lubbock, TX 79408					
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: 24/71 Report: 26/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Joe		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 919 Congress Ave. Suite 1500 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) Consultant			9 Employer (See Instructions) Garcia Group		
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 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Meredith		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 6419 Yaupon Dr. Austin, TX 78759-7736					
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: 25/71 Report: 27/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gourley, Kay		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 4803 Placid Place Austin, TX 78731					
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 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Grasshoff, Rita		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 3208 Doe Run Austin, TX 8/8/2115					
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: 26/71 Report: 28/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Graydon Group LLC	7 Amount of contribution (\$) \$1,113.00	
6 Contributor address; City; State; Zip Code 1001 South Congress Suite 400 Austin, TX 78701			
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) Office Space	
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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Green, Robert	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 3001 Gilbert 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: 27/71 Report: 29/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Guenther, Jack		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code 153 Treeline Park San Antonio, TX 78209					
8 Principal occupation / Job title (See Instructions) CEO			9 Employer (See Instructions) The Performance Company		
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 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Guerrero, Raphael		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 502 West 17th Street., Apt. K Austin, TX 78701					
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: 28/71 Report: 30/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gutierrez, Roland		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 1426 Napier San Antonio, TX 78214					
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 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hanna, Todd		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 3602 Bonnie Rd. 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: 29/71 Report: 31/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hawn, Reed	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 3605 Steck Ave Apt 1083 Austin, TX 78759			
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Heyer, Connie	7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code 3205 Greenlee Dr. 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: 30/71 Report: 32/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hildreth, John		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1801 Lavaca, Unit 12C Austin, TX 78701					
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 01/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hill, Donna		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 730 Belvin St. San Marcos, TX 78666					
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: 31/71 Report: 33/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hodges, Colin		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 3102 Edgewater Dr Austin, TX 78733					
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 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hooser, Mary		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 8867 Mountain Ridge Circle Austin, TX 78759					
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: 32/71 Report: 34/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Howard, Jolie M.		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 1047 Althea Drive Houston, TX 77018					
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 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hutcheson, Courtney		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 5658 Bayou Glen Road Houston, TX 77056					
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: 33/71 Report: 35/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ingersoll, Deborah C.	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 807 Brazos Suite 314 Austin, TX 78701			
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Legislative Solutions	
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) Email Service	
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 01/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jacobs, Richard	7 Amount of contribution (\$) \$2,000.00	
6 Contributor address; City; State; Zip Code 6715 Beauford Drive Austin, TX 78750			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Wilson, Grosenheider & Jacobs LLP	
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: 34/71 Report: 36/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James A. Cook 1998 Mgmt. Trust			7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City; State; Zip Code 3502 Red River Austin, TX 78705				
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnson, Jennifer			7 Amount of contribution (\$) \$500.00	
	6 Contributor address; City; State; Zip Code 3303 River Rd. Austin, TX 78703				
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Graves, Dougherty, Hearon & Moody		
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: 35/71 Report: 37/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Noranne	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 9 Rob Roy Road Austin, TX 78746			
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) N/A	
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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Shanna	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 7600 Fireoak Drive Austin, TX 78759			
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: 36/71 Report: 38/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kelleher, Herbert		7 Amount of contribution (\$) \$750.00		
6 Contributor address; City; State; Zip Code P.O. Box 36611 2702 Love Field Dr. Dallas, TX 75235					
8 Principal occupation / Job title (See Instructions) Chairman of the Board			9 Employer (See Instructions) Southwest Airlines		
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 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Knaggs, Helen Soto		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 4707 Sinclair Avenue Austin, TX 78756					
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: 37/71 Report: 39/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LaMair, Edward	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 2619 Spring Lane 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 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Law Offices of Larry York, P.C.	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 816 Congress Ave, Ste 1670 Austin, TX 78701-1442			
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: 38/71 Report: 40/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/14/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lawson, Douglas		7 Amount of contribution (\$) \$5,000.00		
6 Contributor address; City; State; Zip Code 7808 Boedeker Dallas, TX 75225					
8 Principal occupation / Job title (See Instructions) Chairman			9 Employer (See Instructions) Lawson Associates, Inc		
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 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loehman, Jon		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 900 Yaupon Valley Rd. Austin, TX 78746					
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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/71 Report: 41/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loucks, Patricia	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 26001 Masters Parkway Spicewood, TX 78669-3038			
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 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Magruder, Lori	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 7203 Montana Norte Austin, TX 78731			
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: 40/71 Report: 42/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martindale, Richard	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 2800 Trailview Mesa Cove Austin, TX 78746			
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 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martinez, Esperanza	7 Amount of contribution (\$) \$2,000.00	
6 Contributor address; City; State; Zip Code 2209 Dvonja Dr. Buda, TX 78610			
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Rosenthal & Watson PC	
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: 41/71 Report: 43/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mauro, Laura	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 801 Circle Dr Winnsboro, TX 75494			
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 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McArthur, Janelle	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 5680 Prue Road San Antonio, TX 78240			
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: 42/71 Report: 44/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCarroll, Nancy		6 Contributor address; City; State; Zip Code 5803 Trailridge 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		
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCombs, B J		6 Contributor address; City; State; Zip Code P.O. Box BH003 San Antonio, TX 78201		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Businessman			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: 43/71 Report: 45/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melton, Rebecca			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 2303 Tower Drive 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 01/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Midence, Yuniedth			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 617 Furlong Austin, TX 78746					
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: 44/71 Report: 46/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mills, Laurie			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 2610 Rollingwood Dr. Austin, TX 78746					
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 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moore, Julie			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 502 Spillar Lane Austin, TX 78746					
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: 45/71 Report: 47/96	
2 FILER NAME : Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission file:s) 00000001	
4 Date 01/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mungia, Manuel Jr. <hr/> 6 Contributor address; City; State; Zip Code 111 Blue Bonnet Blvd. San Antonio, TX 78209	7 Amount of contribution (\$) \$125.00	
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Munoz, Evangelina <hr/> 6 Contributor address; City; State; Zip Code 40 N. IH 35, #7A1 Austin, TX 78701-4392	7 Amount of contribution (\$) \$100.00	
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: 46/71 Report: 48/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Murdock, Mark			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 11004 Plumewood Austin, TX 78750					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nazro, Evelyn			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 210 Lee Barton Dr. #315 Austin, TX 78704					
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: 47/71 Report: 49/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Newton, Chris	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 1404 Preston Ave 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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nugent, Patrick	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 6 Sundown Parkway Austin, TX 78746			
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: 48/71 Report: 50/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Parsley, Cathleen		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 7302 Waterline Rd. Austin, TX 78731					
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 01/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pechersky, Bryan		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 622 Castano Ave. San Antonio, TX 78209					
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: 49/71 Report: 51/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phillips, Lloyd	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 7708 San Felipe Blvd Unit 62 Austin, TX 78729			
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Propes, Jay	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 1001 Congress, #400 Austin, TX 78701			
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: 50/71 Report: 52/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission file's) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reimers, Todd			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code P.O. Box 50001 Austin, TX 78763					
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 01/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richter, Alfred			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 539 Bluff Estates San Antonio, TX 78216					
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) N/A		
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: 51/71 Report: 53/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robnett, Mary	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 1821 San Jacinto St. Castroville, TX 78009			
8 Principal occupation / Job title (See Instructions) Director of External Affairs		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	
4 Date 01/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Romero, Sabine	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 1315 Thompson Taylor, TX 76574-2640			
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: 52/71 Report: 54/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission file's) 00000001	
4 Date 01/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosaker, Jo Helen 6 Contributor address; City; State; Zip Code 6425 Chauncery Place Ft. Worth, TX 76116	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 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenthal, Marc 6 Contributor address; City; State; Zip Code 9613 Bell Mountain Dr Austin, TX 78730	7 Amount of contribution (\$) \$5,000.00	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Fezell, Rosenthal,&Watson	
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: 53/71 Report: 55/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenthal, Marc	7 Amount of contribution (\$) \$1,221.60	
6 Contributor address; City; State; Zip Code 9613 Bell Mountain Dr Austin, TX 78730			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Fezell, Rosenthal, & Watson	
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) Event Expenses	
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saenz, Paul	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 2102 Scenic Drive Austin, TX 78703			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Graves, Dougherty, Hearon & Moody	
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: 54/71 Report: 56/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schwartz, A.R.		7 Amount of contribution (\$) \$200.00		
6 Contributor address: City; State; Zip Code 1122 Colorado Suite 2102 Austin, TX 78701					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Seidl, John		7 Amount of contribution (\$) \$500.00		
6 Contributor address: City; State; Zip Code 2121 Kirby Dr. Houston, TX 77019					
8 Principal occupation / Job title (See Instructions) Chairman			9 Employer (See Instructions) Envirofuels, LLC		
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: 55/71 Report: 57/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Senator Eddie Lucio Campaign Account	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code P.O. Box 5958 Brownsville, TX 78523			
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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Senator Eddie Lucio Campaign Account	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code P.O. Box 5958 Brownsville, TX 78523			
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) Event Sponsorship	
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: 56/71 Report: 58/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shelley, James		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code 158 Manchester Way San Antonio, TX 78249-2023					
8 Principal occupation / Job title (See Instructions) Sr. 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		
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sibley, David		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1122 Colorado St., Ste 222 Austin, TX 78701					
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: 57/71 Report: 59/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sims, John	7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code P.O. Box 10236 Lubbock, TX 79408			
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 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Kip	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 201 Parks St. Kilgore, TX 75663			
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) N/A	
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: 58/71 Report: 60/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Todd		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 2718 Lothian Dr. Cedar Park, TX 78613					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stern, Jay		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 314 Reveille Road Austin, TX 78746					
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: 59/71 Report: 61/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#_____) Strange, Clay		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 105 Golden Bear Dr Austin, TX 78738-1720					
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 01/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#_____) Strauser, Robert		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 3312 Gilbert 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: 60/71 Report: 62/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Street, Julie 6 Contributor address; City; State; Zip Code 1301 West Lynn Apt. 103 Austin, TX 78703	7 Amount of contribution (\$) \$75.00	
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 01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas Geo Group, Inc PAC 6 Contributor address; City; State; Zip Code 1583 Common St., Ste 213 New Braunfels, TX 78130-3154	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: 61/71 Report: 63/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas A. Jones Family Trust	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 9 Rob Roy Austin, TX 78746			
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thompson, Jay	7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code 6803 Winterberry Dr. Austin, TX 78750			
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: 62/71 Report: 64/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Touchton, Susan		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 2916 W. Villa Rosa Park Tampa, FL 33611					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Triplett, Rick		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 201 Lavaca St. Apt. #412 Austin, TX 78701					
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: 63/71 Report: 65/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tuggey, Tim 6 Contributor address; City; State; Zip Code 2804 Rae Dell Ave. Austin, TX 78704	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Tuggey, Rosenthal, Powerstein LLP	
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 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turcotte, Brett 6 Contributor address; City; State; Zip Code 6314 Haney Drive Austin, TX 78723	7 Amount of contribution (\$) \$100.00	
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: 64/71 Report: 66/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Julie		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 16218 Robinwood Lane San Antonio, TX 78248					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tyler, Valerie		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 7808 West Rim Dr. Austin, TX 78731					
8 Principal occupation / Job title (See Instructions) Lecturer			9 Employer (See Instructions) The University of Texas School of Law		
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: 65/71 Report: 67/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vane, Mark		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code 6809 Via Correto Dr. Austin, TX 78749					
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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wade, Julie		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 628 Brandon Way Austin, TX 78733					
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: 66/71 Report: 68/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ward, Todd	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 1018 Preston, 7th Floor Houston, TX 77002			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) DeGuerin, Dickson, & Hennessy	
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 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Warr, Amy	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 619 Bissonet Lane Austin, TX 78752			
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: 67/71 Report: 69/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Warren, Jim	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 710 West 30th St. Austin, TX 78705			
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	
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Watkins, Joe Bill	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code 2801 Via Fortuna Suite 100 Austin, TX 78746			
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: 68/71 Report: 70/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Watson, Lynn	7 Amount of contribution (\$) \$5,000.00	
6 Contributor address; City; State; Zip Code 7002 Firewheel Hollow Austin, TX 78750			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Fezell, Rosenthal & Watson	
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
17 Means of transportation		18 Purpose of travel	
4 Date 01/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Watson, Mark	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code P.O. Box 6886 San Antonio, TX 78209			
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A	
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
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: 69/71 Report: 71/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Whitacre, Ed	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 155 Bushnell San Antonio, TX 78212			
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SBC Communications	
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 01/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wiley, Mary Anne	7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code 1701 Cliffside Drive Austin, TX 78704			
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: 70/71 Report: 72/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilkerson, John	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code P.O. Box 2525 Lubbock, TX 79408			
8 Principal occupation / Job title (See Instructions) Warehouse Business		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 01/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wittliff, Reid	7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 1420 Preston Austin, TX 78703			
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Graves,Dougherty, Hearon & Moody	
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: 71/71 Report: 73/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wittliff, Sally		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 1301 Kent Lane 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 01/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Woodard, Shayne		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 2901 Sparkling Brook Ln. Austin, TX 78746					
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 EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/23 Report: 74/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/18/2008	5 Payee name Alvarez, Kiara 6 Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	7 Amount (\$) \$2,400.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <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 01/08/2008	5 Payee name Arriola, Richard 6 Payee address; City; State; Zip Code P.O. Box 152588 Austin, TX 78715-2588	7 Amount (\$) \$2,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <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: 2/23 Report: 75/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/03/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	7 Amount (\$) \$440.00	
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 01/15/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O. Box 650661 Austin, TX 75265-0661	7 Amount (\$) \$230.27	
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	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/23 Report: 76/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/15/2008	5 Payee name AT&T Mobility 6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-2574	7 Amount (\$) \$136.34	
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 01/17/2008	5 Payee name Austin Police Department 6 Payee address; City; State; Zip Code P.O. Box 689001 Austin, TX 78768-9001	7 Amount (\$) \$274.20	
8 Purpose of payment (See instructions regarding type of information required.) Event Security <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: 4/23 Report: 77/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/03/2008	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723	7 Amount (\$) \$67.10	
8 Purpose of payment (See instructions regarding type of information required.) Equipment <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 01/24/2008	5 Payee name Goss, Delwin 6 Payee address; City; State; Zip Code 6410 Ponea Austin, TX 78741	7 Amount (\$) \$1,250.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <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: 5/23 Report: 78/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/12/2008	5 Payee name Hensley & Associates, L.C. 6 Payee address; City; State; Zip Code P.O. Box 700783 Austin, TX 78270	7 Amount (\$) \$4,006.52	
8 Purpose of payment (See instructions regarding type of information required.) Consulting/Mileage <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 01/15/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$59.20	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 6/23 Report: 79/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$484.00	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/18/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$38.55	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 7/23 Report: 80/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/22/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$27.97	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/23/2008	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	7 Amount (\$) \$19.45	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 8/23 Report: 81/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/18/2008	5 Payee name Kaden, Ashley 6 Payee address; City; State; Zip Code 2329 Westrock Drive Austin, TX 78704	7 Amount (\$) \$400.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <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 01/18/2008	5 Payee name Kelly Graphics 6 Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	7 Amount (\$) \$1,667.44	
8 Purpose of payment (See instructions regarding type of information required.) Printing <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: 9/23 Report: 82/96

2 FILER NAME Montford, Melinda (Ms.) 3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name McCoy's Building Supply	7 Amount (\$)
01/16/2008	6 Payee address; City; State; Zip Code 6200 Burleson Road Austin, TX 78744	\$452.49

8 Purpose of payment (See instructions regarding type of information required.) Supplies <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:
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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
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15 Means of transportation	16 Purpose of travel
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4 Date	5 Payee name Nuevo Leon	7 Amount (\$)
01/02/2008	6 Payee address; City; State; Zip Code 1501 E. 6th Street Austin, TX 78702	\$50.33

8 Purpose of payment (See instructions regarding type of information required.) Meeting Meal <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:
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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
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/23 Report: 83/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Payee name Nuevo Leon 6 Payee address; City; State; Zip Code 1501 E. 6th Street Austin, TX 78702	7 Amount (\$) \$1,027.94	
8 Purpose of payment (See instructions regarding type of information required.) Kick-off Event <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 01/08/2008	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 4501 West Braker Lane Austin, TX 78759	7 Amount (\$) \$122.76	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 11/23 Report: 84/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/02/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$6.48	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/07/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$25.00	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 12/23 Report: 85/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/09/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$379.75	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/17/2008	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$7.98	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 13/23 Report: 86/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/07/2008	5 Payee name O-K Paper 6 Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX	7 Amount (\$) \$96.59	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/07/2008	5 Payee name O-K Paper 6 Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX	7 Amount (\$) \$19.49	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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: 14/23 Report: 87/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/24/2008	5 Payee name O-K Paper 6 Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX	7 Amount (\$) \$36.83	
8 Purpose of payment (See instructions regarding type of information required.) Supplies <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 01/24/2008	5 Payee name PayPal 6 Payee address; City; State; Zip Code P.O. Box 7022 Mountain View, CA 94039	7 Amount (\$) \$88.46	
8 Purpose of payment (See instructions regarding type of information required.) Credit Card Fees <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: 15/23 Report: 88/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/01/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TN 78734	7 Amount (\$) \$7,500.00	
8 Purpose of payment (See instructions regarding type of information required.) media consultant fees <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 01/02/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$4,500.00	
8 Purpose of payment (See instructions regarding type of information required.) Television Production <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: 16/23 Report: 89/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$15,000.00	
8 Purpose of payment (See instructions regarding type of information required.) television advertising <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 01/10/2008	5 Payee name Prolink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$19,210.00	
8 Purpose of payment (See instructions regarding type of information required.) television advertising <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: 17/23 Report: 90/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/18/2008	5 Payee name ProLink 6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	7 Amount (\$) \$14,714.50	
8 Purpose of payment (See instructions regarding type of information required.) television advertising, production, event entertainment <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 01/24/2008	5 Payee name Publik Pictures 6 Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	7 Amount (\$) \$19,140.00	
8 Purpose of payment (See instructions regarding type of information required.) Television Production <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: 19/23 Report: 92/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Payee name Sterling of Austin 6 Payee address: City; State; Zip Code P.O. Box 153125 Austin, TX 78715-3125	7 Amount (\$) \$79.00	
8 Purpose of payment (See instructions regarding type of information required.) Internet Services <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 01/18/2008	5 Payee name Sullivan, Chris 6 Payee address: City; State; Zip Code 6807 Daughtery Austin, TX 78757	7 Amount (\$) \$750.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <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: 20/23 Report: 93/96	
2 FILER NAME Montford, Melinda (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 01/02/2008	5 Payee name Susan Harry Consulting			7 Amount (\$) \$3,000.00	
6 Payee address; City; State; Zip Code 2520 Longview Drive Austin, TX 78705			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
8 Purpose of payment (See instructions regarding type of information required.) Consulting <input type="checkbox"/> 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		
4 Date 01/04/2008	5 Payee name Teleclip, Inc			7 Amount (\$) \$276.04	
6 Payee address; City; State; Zip Code 3601 S. Congress Ave Suite 100, Bldg. B Austin, TX 78704			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
8 Purpose of payment (See instructions regarding type of information required.) News Clips <input type="checkbox"/> 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		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/23 Report: 94/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/14/2008	5 Payee name The Texas Observer 6 Payee address; City; State; Zip Code 307 W. 7th Ave. Austin, TX 78701	7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Event Attendance <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 01/11/2008	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Event Attendance <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: 22/23 Report: 95/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/07/2008	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code Central Park West Austin, TX 78703	7 Amount (\$) \$574.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage <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 01/24/2008	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code Central Park West Austin, TX 78703	7 Amount (\$) \$123.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage <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: 23/23 Report: 96/96	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/24/2008	5 Payee name Worley Printing 6 Payee address; City; State; Zip Code 3217 North Interstate 35 Austin, TX 78722	7 Amount (\$) \$11,290.65	
8 Purpose of payment (See instructions regarding type of information required.) Printing <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	

Catherine Tymniak

From: Authorize.Net Auto-Receipt [emailreceipts@authorize.net]
Sent: Monday, February 04, 2008 1:13 PM
To: Randi Shade
Subject: Merchant Email Receipt

**Please DO NOT REPLY to this message. E-mail support@authorize.net if you have any questions.

===== SECURITY STATEMENT =====

It is not recommended that you ship product(s) or otherwise grant services relying solely upon this e-mail receipt.

===== GENERAL INFORMATION =====

Merchant : Randi Shade Campaign (529632)
Date/Time : 04-Feb-2008 12:13:09 PM

===== ORDER INFORMATION =====

Invoice :
Description :
Amount : 500.00 (USD)
Payment Method : American Express
Type : Authorization and Capture

===== RESULTS =====

Response : This transaction has been approved.
Authorization Code : 284884
Transaction ID : 1718377841
Address Verification : Street Address: Match -- First 5 Digits of Zip: Match

===== CUSTOMER BILLING INFORMATION =====

Customer ID :
First Name : Jan
Last Name : Lindelow
Company :
Address : 8105 Ravello Ridge Cove
City : Austin
State/Province : TX
Zip/Postal Code : 78735
Country : US
Phone : 512-327-1306
Fax :
E-Mail :

===== CUSTOMER SHIPPING INFORMATION =====

First Name :
Last Name :
Company :
Address :
City :
State/Province :

Zip/Postal Code :

Country :

===== ADDITIONAL INFORMATION =====

Tax :

Duty :

Freight :

Tax Exempt :

PO Number :

===== MERCHANT DEFINED =====

Britt :

No virus found in this incoming message.

Checked by AVG Free Edition.

Version: 7.5.516 / Virus Database: 269.19.19/1258 - Release Date: 2/4/2008

10:10 AM