

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

6825

1 ACCOUNT #		2 Total pages filed: 89		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Ms.	FIRST Melinda	MI	Date Received
		NICKNAME	LAST Montford	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-Delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed
5 ORIGINAL PERIOD COVERED		Month 01 / Day 25 / Year 2008	THROUGH	Month 02 / Day 23 / Year 2008	Date Imaged

6 EXPLANATION OF CORRECTION

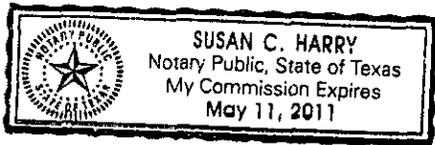
Some in-kind contributions were not received at the end of the reporting period and were therefore inadvertently omitted, as well as checks which were received at an event at the end of the reporting period but not delivered to the campaign until after the report was filed.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Melinda Montford*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Melinda Montford* this the 4<sup>th</sup> day of March

20 08 to certify which, witness my hand and seal of office.

*Susan Harry*                      Susan Harry                      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**



**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. ..

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	925.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	245,322.99
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	478.74
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4. TOTAL POLITICAL EXPENDITURES	\$	207,862.59
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CONTRIBUTION BALANCE

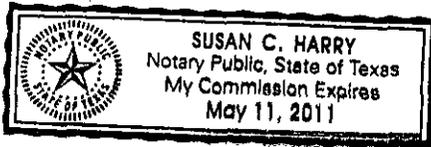
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,476.69
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OUTSTANDING LOAN TOTALS

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

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



*Melinda Montford*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Montford, this the 4<sup>th</sup> day of March, 20 08, to certify which, witness my hand and seal of office.

*Susan Harry*  
Signature of officer administering oath

Susan 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: 1/55 Report: 3/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Phil  6 Contributor address; City; State; Zip Code 3000 Briarcrest Dr Suite 508 Bryan, TX 78946	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Insurance		10 Employer (See Instructions) Phil Adams Co	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adkins, Thomas  Contributor address; City; State; Zip Code 6624 Dogwood Creek Dr Austin, TX 78983	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agarwal, Ayn  Contributor address; City; State; Zip Code 4307 Michaels Cove Austin, TX 78767	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agosto, Loretta  Contributor address; City; State; Zip Code 410 Balfour Dr Windcrest, TX 78918	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Aureus Partners, Inc	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Wayne  Contributor address; City; State; Zip Code 2 Lost Timbers San Antonio, TX 79001	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 2/55 Report: 4/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/01/2008 Amato, Charles

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
9311 San Pedro Ave  
Suite 600  
San Antonio, TX 78790

\$500.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Chairman

**10** Employer (See Instructions)  
Southwest Business Corp.

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/25/2008 Anders, Larry

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
14785 Preston Road  
Suite 1000  
Dallas, TX 78911

\$1,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Insurance

Employer (See Instructions)  
Summit Alliance Companies

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/12/2008 Anderson, Jan

Amount of contribution (\$) In-kind contribution description (if applicable)  
event expenses

Contributor address: City: State: Zip Code  
3808 Hidden Hollow  
Austin, TX 78868

\$247.60

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/01/2008 Arenson, Edwin

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
PO Box 5996  
Austin, TX 78822

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/04/2008 Arriola, Richard

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
PO Box 152588  
Austin, TX 78952

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 3/55 Report: 5/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Babb, Denise  6 Contributor address; City; State; Zip Code 9401 Prince Charles Austin, TX 78730	7 Amount of contribution (\$)  \$205.00	8 In-kind contribution description (if applicable) event expenses
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  01/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnard, Amy  Contributor address; City; State; Zip Code 1611 Mohle Austin, TX 78761	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barth, Todd  Contributor address; City; State; Zip Code PO Box 56048 Houston, TX 78993	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Bowers Properties			
Date  02/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartholomew, Steve  Contributor address; City; State; Zip Code 3815 S. Capital of Texas Hwy. #100 Austin, TX 78975	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Co-Founder		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Mainstreet Homes			
Date  01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bearsse, Jene  Contributor address; City; State; Zip Code 3104 Flinders Reef Lane Austin, TX 78876	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/55 Report: 6/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beatty Bangle Strama, PC  6 Contributor address; City; State; Zip Code 400 W 15th St Suite 1450 Austin, TX 79009	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Roofing Contractor		10 Employer (See Instructions) Beldon Roofing Co	
Date  02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beldon, Michael  Contributor address; City; State; Zip Code PO Box 13380 San Antonio, TX 78924	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Feazell Rosenthal & Watson	
Date  01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benavides, Gilberto  Contributor address; City; State; Zip Code 9525 Capital of Tx Hwy Unit 232 Austin, TX 78842	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake, Alan  Contributor address; City; State; Zip Code 9417 Great Hills Trail APT 2058 Austin, TX 78759	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blalack, Joe  Contributor address; City; State; Zip Code 8243 Magnolia Glen Dr Humble, TX 78884	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/55 Report: 7/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BMcPAC  6 Contributor address; City; State; Zip Code 111 Congress Ave Suite 1400 Austin, TX 79010	7 Amount of contribution (\$)  \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Branson, Frank  Contributor address; City; State; Zip Code 4514 Cole Ave Suite 1800 Dallas, TX 78826	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Law Offices of Frank L. Branson, P.C.			
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brazzil, Nancy  Contributor address; City; State; Zip Code 2802 B Windsor Road Austin, TX 78933	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph  Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78810	Amount of contribution (\$)  \$25,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			
Date  02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph  Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78812	Amount of contribution (\$)  \$25,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/55 Report: 8/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briscoe, Dolph  6 Contributor address; City; State; Zip Code Box 389 Uvalde, TX 78811	7 Amount of contribution (\$)  \$25,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Rancher		10 Employer (See Instructions) Self Employed	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, George  Contributor address; City; State; Zip Code 8812 Mesa Dr Austin, TX 78838	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Conservationist		Employer (See Instructions) Texas Coalition for Conservation	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, J.E. & Jill  Contributor address; City; State; Zip Code 1005 Congress Ave., Ste. 1040 Austin, TX 78879	Amount of contribution (\$)  \$177.17	In-kind contribution description (if applicable) event expenses
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sabrina (Mrs.)  Contributor address; City; State; Zip Code 2603 Wooldridge Dr. Austin, TX 78703	Amount of contribution (\$)  \$449.72	In-kind contribution description (if applicable) event expenses
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed	
Date  02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browning, William  Contributor address; City; State; Zip Code 1200 Barton Hills #131 Austin, TX 79003	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 7/55 Report: 9/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 01/28/2008 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Butt, Charles

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
335 King William  
San Antonio, TX 78791

\$2,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
CEO

10 Employer (See Instructions)  
HEB

Date 01/29/2008 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Butt, Howard

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 301839  
San Antonio, TX 78854

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Vice Chairman

Employer (See Instructions)  
HEB

Date 02/19/2008 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bybee, Nathan

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2204 Langford Cove  
Austin, TX 78935

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/04/2008 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cahoon, Joseph

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4615 Fairfax Ave  
Dallas, TX 78896

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/29/2008 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cain, Randall

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
245 Luther Dr  
San Antonio, TX 78949

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Managing Partner

Employer (See Instructions)  
Ernst & Young

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 8/55 Report: 10/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
02/19/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Campion, Ebel

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3907-C Belmont Park Dr  
Austin, TX 78818

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
01/30/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carr, Cassandra

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4400 River Garden Trail  
Austin, TX 78789

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Senior Advisor

Employer (See Instructions)  
Public Strategies

Date  
02/13/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carter, Thomas

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3803 Cima Serna Dr., Ste. 1  
Austin, TX 78984

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/06/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carter, Virginia

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
412 Havenwood North  
Fort Worth, TX 79000

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/21/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carter, Virginia

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
412 Havenwood North  
Fort Worth, TX 79000

\$400.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/55 Report: 11/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cedillo, Richard  6 Contributor address; City; State; Zip Code 755 E Mulberry Ave Suite 500 San Antonio, TX 78953	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) Davis, Cedillo & Mendoza	
Date  02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chahin, Jaime  Contributor address; City; State; Zip Code 10708 Pinehurst Drive Austin, TX 78858	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cisneros, Henry  Contributor address; City; State; Zip Code 454 Soledad St Suite 300 San Antonio, TX 78852	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Civins, Katy  Contributor address; City; State; Zip Code 4810 Mantle Dr Austin, TX 78901	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Edith  Contributor address; City; State; Zip Code 49 Long Creek Rd Austin, TX 78819	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 10/55 Report: 12/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/06/2008 Clarke, Thomas

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3212 Bay Hill Ln  
Round Rock, TX 78985

\$1,000.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Verizon

**10** Employer (See Instructions)  
Government Relations

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/16/2008 Clingman, Gloria

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6 Morning Downs  
San Antonio, TX 78844

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
retired

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/19/2008 Collins, Edward

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
202 Madison  
San Antonio, TX 78820

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
self

Employer (See Instructions)  
musician

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/29/2008 Committee to Elect Patrick Rose

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 1053  
Dripping Springs, TX 79011

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/05/2008 Connor, Geoffrey

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 27195  
Austin, TX 78837

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 11/55 Report: 13/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
02/19/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cunningham, Bill

6 Contributor address; City; State; Zip Code  
1412 Barton Creek Blvd.  
Austin, TX 78772

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) event expenses  
\$427.38

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Dean, Brooke

Contributor address; City; State; Zip Code  
9 Lake Court  
Beaufort, SC 78781

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
self

Employer (See Instructions)  
psychologist

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Dean, Kirk

Contributor address; City; State; Zip Code  
8117 Texas Plume Rd  
Austin, TX 78907

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/20/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Dickemper, Robert

Contributor address; City; State; Zip Code  
12 Darby Glen  
San Antonio, TX 78957

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Doluisio, James

Contributor address; City; State; Zip Code  
1906 Lakeway Blvd  
Lakeway, TX 78859

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/55 Report: 14/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doty, Katherine  6 Contributor address; City; State; Zip Code 1300 Woodlawn Blvd APT 208 Austin, TX 78900	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglass, Clifton  Contributor address; City; State; Zip Code 606 Garraty Rd San Antonio, TX 78796	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Linebarger, Goggan, Blair & Sampson			
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dworin, Dan  Contributor address; City; State; Zip Code 700 Lavaca Suite 1550 Austin, TX 78799	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwyer, Kelly  Contributor address; City; State; Zip Code 1107 Claire Ave. Austin, TX 78903	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Jamie  Contributor address; City; State; Zip Code 225 Fifth Ave #11C New York, NY 78867	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 13/55 Report: 15/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Engeling, Ann

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

02/06/2008

6 Contributor address; City; State; Zip Code  
601 Bulian Ln  
Austin, TX 78763

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
English, Douglas

Amount of contribution (\$) In-kind contribution description (if applicable)

02/17/2008

Contributor address; City; State; Zip Code  
3801 N Capital of Tx Hwy  
E-240-73  
Austin, TX 78814

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Erben, Amy

Amount of contribution (\$) In-kind contribution description (if applicable)

01/29/2008

Contributor address; City; State; Zip Code  
3310 River Rd  
Austin, TX 78762

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Erwin, Gay

Amount of contribution (\$) In-kind contribution description (if applicable)  
event expenses

02/07/2008

Contributor address; City; State; Zip Code  
3 Jeffrey Cove  
Austin, TX 78834

\$177.17

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Strategic Partnerships, Inc.

Employer (See Instructions)  
Vice President / Public Affairs

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Erwin, Gay

Amount of contribution (\$) In-kind contribution description (if applicable)

02/07/2008

Contributor address; City; State; Zip Code  
No 3 Jeffrey Cove  
Austin, TX 78833

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Vice President, Public Affairs

Employer (See Instructions)  
Strategic Partnerships, Inc.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 14/55 Report: 16/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
01/25/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Estate of Martha Anna Beasley

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  
\$1,000.00 |

6 Contributor address; City; State; Zip Code  
302 Country Wood Dr  
San Antonio, TX 79012

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/07/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fainter, Susan & John

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$177.17 | event expenses

Contributor address; City; State; Zip Code  
1005 Congress Ave., Ste. 600  
Austin, TX 78978

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Feik, John

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$100.00 |

Contributor address; City; State; Zip Code  
221 Genesec Rd  
San Antonio, TX 78888

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/12/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ferguson, Dennis

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$100.00 |

Contributor address; City; State; Zip Code  
5603 Oakwood Cove  
Unit 222  
Austin, TX 78807

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/30/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Finck, HW

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$1,000.00 |

Contributor address; City; State; Zip Code  
PO Box 831007  
San Antonio, TX 78855

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Vice President

Employer (See Instructions)  
Finck Cigar Co.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/55 Report: 17/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Robert  6 Contributor address; City; State; Zip Code 210 Ashworth Dr. Austin, TX 78958	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Sherry & Robert  Contributor address; City; State; Zip Code 210 Ashworth Dr. Austin, TX 78973	Amount of contribution (\$)  \$177.17	In-kind contribution description (if applicable) event expenses   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ford, Gerald  Contributor address; City; State; Zip Code 200 Crescent Court Suite 1350 Dallas, TX 78841	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) California Federal Bank	
Date  02/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Carol  Contributor address; City; State; Zip Code 11723 Elmscourt San Antonio, TX 78785	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) AT&T	
Date  01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friends for Nelson W Wolff  Contributor address; City; State; Zip Code PO Box 690187 San Antonio, TX 79013	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/55 Report: 18/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuchs, Gary  6 Contributor address; City; State; Zip Code 7302 Waterline Rd Austin, TX 78830	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski, LLP TX Committee  Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Austin, TX 79014	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski, LLP TX Committee  Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Austin, TX 79014	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Germer, Stephen  Contributor address; City; State; Zip Code 11300 Musket Rim Austin, TX 78974	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilliland, Lukin  Contributor address; City; State; Zip Code 901 NE Loop 410 #909 San Antonio, TX 78919	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 17/55 Report: 19/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 02/07/2008  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Golemon, Kinnan

7 Amount of contribution (\$) \$177.17  
8 In-kind contribution description (if applicable)  
event expenses

6 Contributor address; City; State; Zip Code  
111 Congress Ave, Ste. 1400  
Austin, TX 78906

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 02/07/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Golemon, Kinnan

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
111 Congress Ave  
Suite 1400  
Austin, TX 78905

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/18/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Goudge, James

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
254 Cave Lane  
San Antonio, TX 78860

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/30/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Graham, John

Amount of contribution (\$) \$1,000.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
17 Elmcourt Street  
San Antonio, TX 78889

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
communications consultant

Employer (See Instructions)  
Flashman Hillard

Date 02/16/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Granger, Tom

Amount of contribution (\$) \$200.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2612 Wooldridge Dr.  
Austin, TX 78995

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/55 Report: 20/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/08/2008 Grant, Phil

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
811 Hank Aaron  
Round Rock, TX 78947

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/31/2008 Grant, US, Jr

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
112 Yellowstone Rd  
Georgetown, TX 78998

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/07/2008 Graydon, Gayla & Galt

Amount of contribution (\$) In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
1001 Congress Ave., Ste. 400  
Austin, TX 78835

\$177.17

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/20/2008 Greehey, William

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 780489  
San Antonio, TX 79004

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Chairman & CEO

Employer (See Instructions)  
Valero Energy Corp.

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/13/2008 Grigsby Master Partners

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2520 Tanglewood Trail  
Austin, TX 79015

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 19/55 Report: 21/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/05/2008 Gutierrez, Roland

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1426 Napier  
San Antonio, TX 78962

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
attorney

10 Employer (See Instructions)  
self

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/07/2008 Hackney, Clint & Susan

Amount of contribution (\$) In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
PO Box 163164  
Austin, TX 78716

\$177.17

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/22/2008 Hardberger, Phil

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
319 W. Hollywood Blvd.  
San Antonio, TX 78212

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
City of San Antonio

Employer (See Instructions)  
Mayor

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/05/2008 Hawes, Michael

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1905 Split Mountain Dr  
Canyon Lake, TX 78925

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
self

Employer (See Instructions)  
auto performance

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/13/2008 Henniger, Thomas

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4009 Avenue A  
Austin, TX 78986

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 20/55 Report: 22/88	
<b>2 FILER NAME</b> Montford, Melinda (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  02/22/2008	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Herndon, Erika  ..... <b>6 Contributor address; City; State; Zip Code</b> 6502 Lost Cv Austin, TX 78746	<b>7 Amount of contribution (\$)</b>  \$200.00	<b>8 In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  02/19/2008	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Jason  ..... <b>Contributor address; City; State; Zip Code</b> 6306 Hillside Terrace Dr Austin, TX 78872	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  02/15/2008	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hobbs, Carey  ..... <b>Contributor address; City; State; Zip Code</b> 12 Spanish Oak Waco, TX 78783	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  02/01/2008	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hobby, Paul  ..... <b>Contributor address; City; State; Zip Code</b> 2131 San Felipe Houston, TX 78943	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  01/25/2008	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hobby, William  ..... <b>Contributor address; City; State; Zip Code</b> PO Box 326 Houston, TX 79005	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>           (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/55 Report: 23/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollin-Avery, Estela  6 Contributor address; City; State; Zip Code 15045 S State Hwy 16 Fredericksburg, TX 78824	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) Baker Lee & Associates	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, James  Contributor address; City; State; Zip Code 2207 Townes Ln Austin, TX 78861	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Peter  Contributor address; City; State; Zip Code 2191 Little Blanco Rd Blanco, TX 78944	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holt Cat Equipment Co.	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hooser, Greg  Contributor address; City; State; Zip Code 20164 West Lake Pkwy Georgetown, TX 78846	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jo Ann  Contributor address; City; State; Zip Code 1501 Easy Street Austin, TX 78881	Amount of contribution (\$)  \$177.17	In-kind contribution description (if applicable) event expenses   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/55 Report: 24/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, Lisa  6 Contributor address; City; State; Zip Code 10303 Nolina Cove Austin, TX 78917	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  01/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huston, Deborah  6 Contributor address; City; State; Zip Code 4001 Amherst St Houston, TX 78804	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ikard, Carol  6 Contributor address; City; State; Zip Code 3806 Bailey Ln APT 2 Austin, TX 78786	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  01/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Frank  6 Contributor address; City; State; Zip Code 40 North IH 35 TH 8 Austin, TX 78827	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Missy  6 Contributor address; City; State; Zip Code 5804 Lakeview Circle Austin, TX 78931	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/55 Report: 25/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobs, Pam  6 Contributor address; City; State; Zip Code 6715 Beauford Drive Austin, TX 78750	7 Amount of contribution (\$)  \$849.00	8 In-kind contribution description (if applicable) advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe, Jolie  Contributor address; City; State; Zip Code 6111 Broadway St San Antonio, TX 78894	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Central Production	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe, Jordan  Contributor address; City; State; Zip Code 2101 Lakeshore Drive Austin, TX 78895	Amount of contribution (\$)  \$1,785.30	In-kind contribution description (if applicable) event expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comtran International	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe, Justin  Contributor address; City; State; Zip Code 12410 Highway 287 North, Ste. 150 San Antonio, TX 78898	Amount of contribution (\$)  \$1,785.30	In-kind contribution description (if applicable) event expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Jet Tran	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaffe, Morris D. III  Contributor address; City; State; Zip Code PO Box 4430 Horseshoe Bay, TX 78932	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Horseshoe Bay Resort	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 24/55 Report: 26/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
  
02/05/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jaffe, Nikki

6 Contributor address; City; State; Zip Code  
PO Box 4829  
Horshoe Bay, TX 78937

7 Amount of contribution (\$)  
  
\$1,785.30

8 In-kind contribution description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Owner

10 Employer (See Instructions)  
Horshe Bay Resort

Date  
  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jaffe, Nikki

Contributor address; City; State; Zip Code  
PO Box 4829  
Horseshoe Bay, TX 78938

Amount of contribution (\$)  
  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Horshe Bay Resort

Date  
  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jaffe III, Douglas

Contributor address; City; State; Zip Code  
PO Box 776  
Horseshoe Bay, TX 78815

Amount of contribution (\$)  
  
\$1,785.30

In-kind contribution description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Horseshoe Bay Resort

Date  
  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jaffe Jr., Douglas

Contributor address; City; State; Zip Code  
12410 Highway 287 North, Ste. 150  
San Antonio, TX 78816

Amount of contribution (\$)  
  
\$1,785.30

In-kind contribution description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Jet Tran

Date  
  
01/29/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jastrow, KM

Contributor address; City; State; Zip Code  
PO Box 40436  
Austin, TX 78908

Amount of contribution (\$)  
  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Temple Inland

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 25/55 Report: 27/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
01/25/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
John Bradley Campaign Fund

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

01/25/2008

6 Contributor address; City; State; Zip Code  
405 S MLK  
Box 1  
Georgetown, TX 79016

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/12/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Brenda

Amount of contribution (\$) | In-kind contribution description (if applicable)

02/12/2008

Contributor address; City; State; Zip Code  
2 Lake Bridge Dr  
San Antonio, TX 78776

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/21/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Connie

Amount of contribution (\$) | In-kind contribution description (if applicable)  
event expenses

02/21/2008

Contributor address; City; State; Zip Code  
6803 Winterberry  
Austin, TX 78750

\$460.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/08/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Larry

Amount of contribution (\$) | In-kind contribution description (if applicable)

02/08/2008

Contributor address; City; State; Zip Code  
5005 Riverway  
Suite 500  
Houston, TX 78912

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Johnson Development

Date  
01/25/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Travis

Amount of contribution (\$) | In-kind contribution description (if applicable)

01/25/2008

Contributor address; City; State; Zip Code  
201 E Main  
Suite 1600  
El Paso, TX 78997

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self Employed

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 26/55 Report: 28/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
01/25/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnston, Joe

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  
\$1,000.00

6 Contributor address; City; State; Zip Code  
302 Country Wood Dr  
San Antonio, TX 78865

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
physician

10 Employer (See Instructions)  
General Surgical Associates

Date  
01/29/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jones, Harold

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$250.00

Contributor address; City; State; Zip Code  
308 Vicksburg Ave.  
Lubbock, TX 78850

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kahan, James

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$500.00

Contributor address; City; State; Zip Code  
301 Geneseo Rd  
San Antonio, TX 78862

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Vice President

Employer (See Instructions)  
AT&T

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kastman, Marjorie Cone

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$200.00

Contributor address; City; State; Zip Code  
P.O. Box 5930  
Lubbock, TX 78922

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/13/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kearns, Dennis

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$250.00

Contributor address; City; State; Zip Code  
3502 Misty Creek  
Austin, TX 78808

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 27/55 Report: 29/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
02/14/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Keene, Russell

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
2600 Maria Anna Rd  
Austin, TX 78966

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/22/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kevin Wolff Pct. 3 Campaign Fund

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 460692  
San Antonio, TX 78246

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Key, Terry

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
9305 Sallsbury Ave  
Lubbock, TX 78980

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/15/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kidd, Lee

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 1359  
Denver City, TX 78915

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Kidd Oil Field Services

Date  
01/29/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kiley, Roger

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
130 N. Garland  
Chicago, IL 78961

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Illinois Attorney General's Office

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 28/55 Report: 30/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
01/29/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
King, Renda

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
10609 Pickfair Drive  
Austin, TX 78951

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/13/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
King, William

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5005 Ridge Oak Drive  
Austin, TX 79006

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kirksey, Betsy

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5002 Timberline Dr.  
Austin, TX 78746

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/13/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Knaupe, Gregg

Amount of contribution (\$) | In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
5204 Magdalena Dr.  
Austin, TX 78847

\$249.80

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/07/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Knippa, Bradley

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6104 Gun Bow Court  
Austin, TX 78775

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/55 Report: 31/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kobelan, D.  6 Contributor address; City; State; Zip Code 2913 Sparkling Lane Austin, TX 78746	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kowalski, Rosemary  Contributor address; City; State; Zip Code One Towers Park Lane 1512 San Antonio, TX 78963	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman Emeritus		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Rk Group			
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kowalski, Rosemary  Contributor address; City; State; Zip Code One Towers Park Lane 1512 San Antonio, TX 78964	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman Emeritus		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Rk Group			
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kreisle, Rita Ramsey  Contributor address; City; State; Zip Code 3601 Taylors Dr. Austin, TX 78703	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krieger, Scot  Contributor address; City; State; Zip Code 2905 Montebello Ct Austin, TX 78968	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 30/55 Report: 32/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/19/2008 Krishnan, Gopal

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
11026 Deep Brook Dr  
Austin, TX 78845

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/22/2008 Ladewig, Lisa

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
318 S. Tumblewood Trail  
Austin, TX 78733

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/28/2008 Law Office of Charles L Levy

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 459  
Waco, TX 79017

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/28/2008 Lawrence, Gary

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5004 95th St.  
Lubbock, TX 78831

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/07/2008 Lewis, Tessa & Ron

Amount of contribution (\$) In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
919 Congress Avenue, Suite 1030  
Austin, TX 78981

\$177.17

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 31/55 Report: 33/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
02/07/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Lockhart, James

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4518 Spanish Oak Trail  
Austin, TX 78863

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/19/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Long, Joe

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
300 West 6th St., #1950  
Austin, TX 78886

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Long, Robert

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6006 Front Royal Dr  
Austin, TX 78960

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/05/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Longoria, Jeanette

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6111 Broadway St  
San Antonio, TX 78874

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date  
02/08/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Lopez, Edward

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 691262  
San Antonio, TX 78821

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/55 Report: 34/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malouf, John  6 Contributor address; City; State; Zip Code 3914 85th Pl Lubbock, TX 78890	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malouf, Karen  Contributor address; City; State; Zip Code 9309 Salisbury Ave Lubbock, TX 78899	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maltz, Randall  Contributor address; City; State; Zip Code 3304 Mount Bonnell Dr Austin, TX 78950	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mannion, Laura Flores  Contributor address; City; State; Zip Code 4616 Moose Dr. Austin, TX 78913	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marmion, Janey  Contributor address; City; State; Zip Code PO Box 390 Uvalde, TX 78870	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investments		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/55 Report: 36/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCracken, Brewster  6 Contributor address; City; State; Zip Code 3616 Far West Blvd Suite 117-231 Austin, TX 78780	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  01/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCreary, Beverly  Contributor address; City; State; Zip Code PO Box 26512 Austin, TX 78770	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDougal, Delbert  Contributor address; City; State; Zip Code 7008 Salem Ave Lubbock, TX 78805	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) McDougal Companies	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKinney, Joe  Contributor address; City; State; Zip Code 6110 Yorkshire Drive Spring Branch, TX 78887	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKnight, Peyton  Contributor address; City; State; Zip Code 1907 Rue De St Tropez Austin, TX 78945	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/55 Report: 37/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mears, Brent  6 Contributor address; City; State; Zip Code 710 Colorado Austin, TX 78779	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director		10 Employer (See Instructions) Saber Corp.	
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meller, Sue  Contributor address; City; State; Zip Code 1819 Travis Heights Blvd. Austin, TX 78976	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melton, Janna  Contributor address; City; State; Zip Code 10202 Mystic Oaks Circle Austin, TX 78871	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalf, Sally  Contributor address; City; State; Zip Code 4312 Rio Robles Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Forrest  Contributor address; City; State; Zip Code 555 Eldon Rd San Antonio, TX 78825	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) AT&T	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/55 Report: 35/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marmon Mok, LLP  6 Contributor address; City; State; Zip Code 700 N St Mary Suite 1600 San Antonio, TX 79018	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, James  Contributor address; City; State; Zip Code 245 Geneseo San Antonio, TX 78864	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Martin & Drought			
Date  02/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauro, Robert  Contributor address; City; State; Zip Code 801 Circle Drive Winnsboro, TX 75494	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Executive		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) RML, Inc.			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McAdams, Harry  Contributor address; City; State; Zip Code PO Box 247 Lampasas, TX 78851	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarthy, Nancy  Contributor address; City; State; Zip Code 13063 Wild Heart Helotes, TX 78934	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 36/55 Report: 38/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
02/19/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Millsap, Michael

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
5604 Great Divide Dr  
Bee Cave, TX 78926

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/19/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Millsap, Mike

Amount of contribution (\$) | In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
5604 Great Divide Dr  
Austin, TX 78929

\$427.38

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Millsap Consulting

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Montford, Debbie

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1 Buckingham Ct  
San Antonio, TX 78803

\$10,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
community volunteer

Date  
01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Montford, John

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1 Buckingham Ct  
San Antonio, TX 78891

\$10,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Senior VP

Employer (See Instructions)  
AT&T

Date  
02/23/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Montford, John

Amount of contribution (\$) | In-kind contribution description (if applicable)  
Travel, postage,  
stationary & office  
supplies, phone / data  
usage

Contributor address; City; State; Zip Code  
1 Buckingham Court  
San Antonio, TX 78892

\$1,080.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Senior VP

Employer (See Instructions)  
AT&T

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/55 Report: 39/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/30/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Moross, Jennifer

6 Contributor address; City; State; Zip Code  
194 Otter Rock Dr  
Greenwich, CT 78877

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
none

10 Employer (See Instructions)

Date

01/30/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Morris, Dr JG

Contributor address; City; State; Zip Code  
1500 Broadway  
Suite 1101  
Lubbock, TX 78817

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Chairman / CEO

Employer (See Instructions)  
Llano Estecado Winery

Date

02/22/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Morrow, Melissa

Contributor address; City; State; Zip Code  
2502 Timberline Dr.  
Austin, TX 78746

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mullins, Charles

Contributor address; City; State; Zip Code  
4203 Farhills Dr  
Austin, TX 78792

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Munoz, Henry

Contributor address; City; State; Zip Code  
1017 North Main St  
Suite 300  
San Antonio, TX 78853

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Kell Munoz Architects

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/55 Report: 40/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabers, Lynn  6 Contributor address; City; State; Zip Code 6034 W Courtyard Dr Suite 100-B Austin, TX 78897	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) General Counsel		10 Employer (See Instructions) Strategic Partnership	
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nabers, Mary Scott  Contributor address; City; State; Zip Code 7850 Escala Drive Austin, TX 78746	Amount of contribution (\$)  \$177.17	In-kind contribution description (if applicable) event expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nance, David  Contributor address; City; State; Zip Code 301 Congress Ave Suite 1850 Austin, TX 78801	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Introgen Therapeutics, Inc	
Date  01/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nash-Huntley, Tracey  Contributor address; City; State; Zip Code 220 W Elsmere Pl San Antonio, TX 78996	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Saks Fifth Avenue	
Date  02/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nease, Nelson  Contributor address; City; State; Zip Code 4514 Ramsey Ave Austin, TX 78936	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/55 Report: 41/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newsom, Beverly  6 Contributor address; City; State; Zip Code 4102 Aqua Verde Dr Austin, TX 78771	7 Amount of contribution (\$)  \$1,380.00	8 In-kind contribution description (if applicable) event expenses
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) community volunteer	
Date  02/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niemann, Carol  Contributor address; City; State; Zip Code 3301 Greenlee Dr. Austin, TX 78787	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noble, William  Contributor address; City; State; Zip Code 40 N IH 35 #6C3 Austin, TX 79008	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noe, Carl  Contributor address; City; State; Zip Code 3948 Centenary Dr Dallas, TX 78784	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Pain Management Center	
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Novak, Mike  Contributor address; City; State; Zip Code 22374 Fossil Ridge San Antonio, TX 78930	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Novak Group LLC	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/55 Report: 42/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connell, Douglas (Mr.)  6 Contributor address: City; State; Zip Code 6603 Mesa Dr. Austin, TX 78731	7 Amount of contribution (\$)  \$268.57	8 In-kind contribution description (if applicable) event expenses   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) General Counsel		10 Employer (See Instructions) Texas National Guard	
Date  02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oldham, Michael  Contributor address: City; State; Zip Code 10603 Twelve Oaks Houston, TX 78927	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gibbs & Bruns LLP	
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oleson, Kenneth  Contributor address: City; State; Zip Code 4 Wlادن Elms San Antonio, TX 78904	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Lyndon  Contributor address: City; State; Zip Code 3812 Greenleaf Dr Waco, TX 78920	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sr. Administrative Advisor		Employer (See Instructions) Citigroup	
Date  02/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) One Call Concepts PAC  Contributor address: City; State; Zip Code PO Box 163164 Austin, TX 79019	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/55 Report: 43/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Osborne, Tim  6 Contributor address; City; State; Zip Code 7108 Bedford Ridge Apex, NC 78991	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmer, Jay  Contributor address; City; State; Zip Code 2901 Bee Caves Rd., Ste. G Austin, TX 78746	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable) office space
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, BL  Contributor address; City; State; Zip Code 10106 Brantley Bend Austin, TX 78774	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patten, Buddy  Contributor address; City; State; Zip Code 4201 Churchill Downs Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul, Barbara  Contributor address; City; State; Zip Code 9106 Yucca Mountain Rd Austin, TX 78768	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 02/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Payne, Jeanne  6 Contributor address; City; State; Zip Code 6507 Raincreek Pkwy Austin, TX 78875	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pelto, Thomas  Contributor address; City; State; Zip Code 2705 Kinney Oaks St Austin, TX 78987	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) AT&T	
Date 02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wesley  Contributor address; City; State; Zip Code 7511 Fireoak Dr Austin, TX 79002	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Sam  Contributor address; City; State; Zip Code 3231 Tarryhollow Dr Austin, TX 78967	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, Gary  Contributor address; City; State; Zip Code 5406 Longmont Houston, TX 78832	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) private equity		Employer (See Instructions) ENCAP Investments	

# 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  01/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phenix, Billy  6 Contributor address; City; State; Zip Code 514 Bouldin Ave Austin, TX 78773	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) self	
Date  02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Thomas  Contributor address; City; State; Zip Code 1403 Main St Bastrop, TX 78988	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Baker Botts LLP	
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Polan, Kraege  Contributor address; City; State; Zip Code 1005 Congress Ave Suite 700 Austin, TX 78909	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Polan Advocacy Group	
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Popp Gray & Hutcheson, LLP  Contributor address; City; State; Zip Code 1301 S MOPAC Suite 430 Austin, TX 79020	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pringle, Pat  Contributor address; City; State; Zip Code 5809 Cannon Mountain Dr Austin, TX 78939	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/55 Report: 46/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, MariBen  6 Contributor address; City; State; Zip Code 1707 Elton Lane Austin, TX 78703	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rapoport, Benard  Contributor address; City; State; Zip Code PO Box 21900 Waco, TX 78769	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman of Board		Employer (See Instructions) American Income Life Insurance	
Date  02/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Shannon  Contributor address; City; State; Zip Code 3700 Hampton Rd Austin, TX 78971	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Ratliff Firm	
Date  02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ratliff, Shannon  Contributor address; City; State; Zip Code 3509 Hampton Rd Austin, TX 78970	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Ratliff Firm	
Date  02/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Jim  Contributor address; City; State; Zip Code 7317 Ashton Pl San Antonio, TX 78880	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 45/55 Report: 47/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/22/2008 Reed, Sharman

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  
\$250.00

6 Contributor address; City; State; Zip Code  
5004 Timberline Dr.  
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/30/2008 Reyes, Linda

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$100.00

Contributor address; City; State; Zip Code  
2101 Spotted Owl Circle  
Pflugerville, TX 78916

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/31/2008 Reyes, Rico

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$500.00

Contributor address; City; State; Zip Code  
1901 Cistem Cove  
Pflugerville, TX 78956

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
attorney

Employer (See Instructions)  
Travis County District Attorney's Office

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/25/2008 Reyes, Rudy

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$100.00

Contributor address; City; State; Zip Code  
1428 Highway 21 West  
Cedar Creek, TX 78965

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/22/2008 Rice, Jennifer

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$100.00

Contributor address; City; State; Zip Code  
909 Garner Ave.  
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 46/55 Report: 48/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 02/18/2008  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Roberts, Faith

7 Amount of contribution (\$) \$100.00  
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3013 Meandering River Ct.  
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 01/25/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Roberts, Jack

Amount of contribution (\$) \$1,000.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
400 W 15th St  
Suite 320  
Austin, TX 78857

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Self Employed

Date 02/12/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rodman, James

Amount of contribution (\$) \$1,000.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3303 Hillview Rd  
Austin, TX 78865

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Rhea & Rodman

Date 02/12/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rodman, Thomas

Amount of contribution (\$) \$1,000.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
620 N Grant  
Suite 1204  
Odessa, TX 78989

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
attorney

Employer (See Instructions)  
self

Date 02/19/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Cristina

Amount of contribution (\$) \$500.00  
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
8000 Donore Pl  
No 13  
San Antonio, TX 78798

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
Schnitzler Cardiovascular

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/55 Report: 49/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodríguez, Keely  6 Contributor address; City; State; Zip Code 275 Calle Jacaranda Brownsville, TX 78902	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Lewis & Associates  Contributor address; City; State; Zip Code 919 Congress Ave Suite 1030 Austin, TX 79021	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  01/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosacker, JH  Contributor address; City; State; Zip Code 6425 Chauncery Pl Fort Worth, TX 78878	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) office staff		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Christ Chapel Bible Church			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross, Lauren  Contributor address; City; State; Zip Code 3374 Felton St San Diego, CA 78914	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudd, Brenda  Contributor address; City; State; Zip Code PO Box 684567 Austin, TX 78777	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/55 Report: 50/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/07/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rudd, Brenda & Jim

6 Contributor address; City; State; Zip Code  
PO Box 684567  
Austin, TX 78778

7 Amount of contribution (\$)

\$177.17

8 In-kind contribution description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/19/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Salinas, Froy

Contributor address; City; State; Zip Code  
3604 Harpers Ferry Ln  
Austin, TX 78829

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
San Miguel, Arthur

Contributor address; City; State; Zip Code  
5324 Austral Loop  
Austin, TX 78766

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Sawyer, Charles

Contributor address; City; State; Zip Code  
6800 Airport Blvd  
Austin, TX 78793

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Schnell, Ardis

Contributor address; City; State; Zip Code  
9802 Mandeville Cir  
Austin, TX 78765

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 49/55 Report: 51/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
01/25/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Schotz, Charles

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
6300 Nicklaus Pl  
Austin, TX 78794

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
02/08/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Schwartz, John

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
110 Parkwood Court  
Austin, TX 78893

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/07/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Shipton, Patricia

Amount of contribution (\$) | In-kind contribution description (if applicable)  
event expenses

Contributor address; City; State; Zip Code  
919 Congress Avenue  
Austin, TX 78940

\$177.17

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/26/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Singley, Michael

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
7726 Lakewood Dr.  
Austin, TX 78928

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/04/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Smith, Charles

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2216 Hamlet Cr  
Round Rock, TX 78795

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/55 Report: 52/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Heidi  6 Contributor address; City; State; Zip Code 3205 Glenview Ave. Austin, TX 78703	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smyrl Group  Contributor address; City; State; Zip Code PO Box 8033 Horshoe Bay, TX 79022	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sowell, James  Contributor address; City; State; Zip Code 1601 Elm St Suite 300 Dallas, TX 78866	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Jim Sowell Co.	
Date  02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stan Schlueter Consulting  Contributor address; City; State; Zip Code PO Box 2227 Austin, TX 79023	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kristi  Contributor address; City; State; Zip Code 4906 Tortuga PI Austin, TX 78910	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/55 Report: 53/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, Jay  6 Contributor address; City; State; Zip Code 8709 Azalea Trail Austin, TX 78873	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stratton, Suzanne  Contributor address; City; State; Zip Code 4104 Belmont Park Dr Austin, TX 78979	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Straus, Jocelyn  Contributor address; City; State; Zip Code 555 Argyle Ave San Antonio, TX 78883	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strauss, Richard  Contributor address; City; State; Zip Code 8401 North Central Expwy Suite 350 Dallas, TX 78954	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) RCS Investments			
Date  02/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swofford, Cathy  Contributor address; City; State; Zip Code 9817 Llano Estacado Austin, TX 78759	Amount of contribution (\$)  \$476.00	In-kind contribution description (if applicable) event expenses
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/55 Report: 54/88	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/06/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Patricia  6 Contributor address; City; State; Zip Code 2739 Rancho Mirage San Antonio, TX 78941	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  02/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Graydon Group  Contributor address; City; State; Zip Code 1001 Congress Ave., Ste. 400 Austin, TX 79024	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable) office space
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, M.A.  Contributor address; City; State; Zip Code 1400 Stratford Pl. McKinney, TX 75071	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) self		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) attorney			
Date  01/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, George  Contributor address; City; State; Zip Code PO Box 65150 Lubbock, TX 78839	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Thompson & Kirby			
Date  01/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sherrifs Law Enforcement Association PAC  Contributor address; City; State; Zip Code 400 W 14th St Suite 220 Austin, TX 79025	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 53/55 Report: 55/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/13/2008 Umstead, Diane

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1201 Claire Ave  
Austin, TX 78809

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/07/2008 Villarreal, Vannezza

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
9206 Quail Hill Circle  
Austin, TX 78999

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/05/2008 Ward, Donald

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1201 Quaker Ridge Dr  
Austin, TX 78813

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/28/2008 Ware, Dennert

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
317 Limestone Creek  
San Antonio, TX 78806

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Director

Employer (See Instructions)  
Kinetic Concepts, Inc.

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/20/2008 Warner, Frederic

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2803 Ferndale  
Houston, TX 78828

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 54/55 Report: 56/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/05/2008 Watson, Lynn

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
7002 Firewheel Hollow  
Austin, TX 78921

\$2,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Attorney

10 Employer (See Instructions)  
Feazell Rosenthal Watson

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/10/2008 Wayne, Ralph

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3902 Pebble Path  
Austin, TX 78948

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/03/2008 Webster, Dan

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
305 Charles Rd  
San Antonio, TX 78800

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
01/31/2008 Weitz, Timothy

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
PO Box 40436  
Austin, TX 78992

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/08/2008 Wells, Carrie

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
117 Canterbury Hill  
San Antonio, TX 78788

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
attorney

Employer (See Instructions)  
Linebarger, Goggan Blair & Sampson, LLP

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 55/55 Report: 57/88

**2 FILER NAME** Montford, Melinda (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00000001

**4 Date** 02/14/2008  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Wender, Marty

**7 Amount of contribution (\$)** \$1,000.00  
**8 In-kind contribution description (if applicable)**

**6 Contributor address; City; State; Zip Code**  
8023 Vantage  
KCI Tower, Suite 200  
San Antonio, TX 78923

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**  
Real Estate, Investments

**10 Employer (See Instructions)**  
Wender-Hall, LLC

**Date** 02/19/2008  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Willeford, George

**Amount of contribution (\$)** \$250.00  
**In-kind contribution description (if applicable)**

**Contributor address; City; State; Zip Code**  
3107 Pleasant Run Place  
Austin, TX 78840

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 01/28/2008  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Worley, David

**Amount of contribution (\$)** \$100.00  
**In-kind contribution description (if applicable)**

**Contributor address; City; State; Zip Code**  
209 Tower Road  
San Antonio, TX 78802

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date** 02/18/2008  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Zachry, H.B.

**Amount of contribution (\$)** \$1,000.00  
**In-kind contribution description (if applicable)**

**Contributor address; City; State; Zip Code**  
310 S. St. Mary St., Ste. 2400  
San Antonio, TX 78849

(If travel outside of Texas, complete Schedule T)

**Principal occupation / Job title (See Instructions)**  
CEO

**Employer (See Instructions)**  
Zachry Construction

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/31 Report: 58/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  02/01/2008	<b>5</b> Payee name Alvarez, Kiara  <b>6</b> Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	<b>7</b> Amount (\$)  \$2,400.00
---------------------------------	---	--

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contract Labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

Date  02/15/2008	Payee name Alvarez, Kiara  Payee address; City; State; Zip Code 10801 Old Manchaca Rd Apt 316 Austin, TX 78748	Amount (\$)  \$400.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Contract Labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  02/14/2008	Payee name American Express  Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072	Amount (\$)  \$83.70
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.) credit card fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  02/06/2008	Payee name Arriola, Manuel  Payee address; City; State; Zip Code 803 W. Annie Austin, TX 78704	Amount (\$)  \$950.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/31 Report: 59/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	7 Amount (\$)
01/31/2008	Arriola, Richard	
6 Payee address; City; State; Zip Code		
P.O. Box 152588 Austin, TX 78715-2588		\$2,000.00

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

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/06/2008	AT&T	
6 Payee address; City; State; Zip Code		
P.O. Box 650661 Austin, TX 75265-0661		\$161.18

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/19/2008	AT&T	
6 Payee address; City; State; Zip Code		
P.O. Box 650574 Dallas, TX 75265-0574		\$80.70

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/06/2008	Austin Police Department	
6 Payee address; City; State; Zip Code		
PO Box 689001 Austin, TX 78768		\$274.20

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/31 Report: 60/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
02/19/2008	Austin Chronicle	\$375.00
	<b>6</b> Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765	

**8** Purpose of payment (See instructions regarding type of information required.)  
advertising**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/08/2008	Brick Oven	\$86.60
	Payee address; City; State; Zip Code 1209 Red River Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)  
Meeting meals\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/14/2008	Bristol, George	\$6,000.00
	Payee address; City; State; Zip Code 8812 Mesa Drive Austin, TX 78759	

Purpose of payment (See instructions regarding type of information required.)  
consulting\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/12/2008	Capitol Terrace, Ltd.	\$254.93
	Payee address; City; State; Zip Code 2901 Bee Caves Rd., Ste. G Austin, TX 78746	

Purpose of payment (See instructions regarding type of information required.)  
insurance\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 4/31 Report: 61/88

**2 FILER NAME** Montford, Melinda (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00000001

<b>4 Date</b>  02/06/2008	<b>5 Payee name</b> Chambless, Paul  <b>6 Payee address; City; State; Zip Code</b> 16900 Fagerquist Rd. Del Valle, TX 78617	<b>7 Amount (\$)</b>  \$500.00
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>  01/25/2008	<b>Payee name</b> Clarion Inn & Suites  <b>Payee address; City; State; Zip Code</b> 2200 S IH35 Austin, TX 78704	<b>Amount (\$)</b>  \$206.98
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<b>Purpose of payment</b> (See instructions regarding type of information required.) lodging  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
---	---

<b>Date</b>  02/15/2008	<b>Payee name</b> Cope, Julie  <b>Payee address; City; State; Zip Code</b> 920 E. 40th St. #304 Austin, TX 78751	<b>Amount (\$)</b>  \$504.00
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<b>Purpose of payment</b> (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
--	---

<b>Date</b>  02/16/2008	<b>Payee name</b> Dan's  <b>Payee address; City; State; Zip Code</b> 1600 Lavaca Austin, TX 78701	<b>Amount (\$)</b>  \$62.20
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<b>Purpose of payment</b> (See instructions regarding type of information required.) event expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 5/31 Report: 6/2/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Discount Electronics	7 Amount (\$)
01/31/2008	6 Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	\$41.14

8 Purpose of payment (See instructions regarding type of information required.) office equipment	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Discount Electronics	Amount (\$)
02/10/2008	Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	\$35.72

Purpose of payment (See instructions regarding type of information required.) office equipment	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Discount Electronics	Amount (\$)
02/11/2008	Payee address; City; State; Zip Code 1011 W. Anderson Lane Austin, TX 78757	\$48.71

Purpose of payment (See instructions regarding type of information required.) office equipment	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Gillis & Krebs	Amount (\$)
02/05/2008	Payee address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746	\$3,890.36

Purpose of payment (See instructions regarding type of information required.) graphic and web design	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 6/31 Report: 63/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  02/22/2008	<b>5</b> Payee name Gillis & Krebs  <b>6</b> Payee address; City; State; Zip Code 915 Redbud Trail Austin, TX 78746	<b>7</b> Amount (\$)  \$4,790.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) graphic and web design  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

Date  01/25/2008	Payee name Habana Restaurant  Payee address; City; State; Zip Code 709 East 6th St. Austin, TX 78701	Amount (\$)  \$33.73
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Purpose of payment (See instructions regarding type of information required.) meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date  02/06/2008	Payee name Habana Restaurant  Payee address; City; State; Zip Code 709 East 6th St. Austin, TX 78701	Amount (\$)  \$33.75
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.) meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/05/2008	Payee name Hensley & Associates, L.C.  Payee address; City; State; Zip Code P.O. Box 700783 Austin, TX 78270	Amount (\$)  \$5,698.44
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Purpose of payment (See instructions regarding type of information required.) Consulting/Mileage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/31 Report: 64/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
02/14/2008**5** Payee name  
Hensley & Associates, L.C.**7** Amount  
(\$)  
  
\$2,850.00**6** Payee address; City; State; Zip Code  
P.O. Box 700783  
Austin, TX 78270**8** Purpose of payment (See instructions regarding type of information required.)  
data processing**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
02/21/2008Payee name  
Hensley & Associates, L.C.Amount  
(\$)  
  
\$10,914.11Payee address; City; State; Zip Code  
P.O. Box 700783  
Austin, TX 78270Purpose of payment (See instructions regarding type of information required.)  
Consulting/Mileage\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
02/22/2008Payee name  
Hensley & Associates, L.C.Amount  
(\$)  
  
\$3,800.00Payee address; City; State; Zip Code  
P.O. Box 700783  
Austin, TX 78270Purpose of payment (See instructions regarding type of information required.)  
data processing\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:Date  
  
02/15/2008Payee name  
Hoing, LisaAmount  
(\$)  
  
\$357.00Payee address; City; State; Zip Code  
1800 Plateau Vista Blvd., #17201  
Round Rock, TX 78664Purpose of payment (See instructions regarding type of information required.)  
contract labor\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 8/31 Report: 65/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	7 Amount (\$)
01/26/2008	Holiday Inn	\$60.15
	6 Payee address; City; State; Zip Code 20 NIH35 Austin, TX 78701	

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

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/15/2008	Holmes, David	\$1,250.00
	Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
01/25/2008	Home Depot	\$1,998.84
	Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name	Amount (\$)
01/27/2008	Home Depot	\$36.58
	Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704	

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/31 Report: 66/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  01/27/2008	<b>5</b> Payee name Home Depot	<b>7</b> Amount (\$)  \$38.61
<b>6</b> Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

Date  02/07/2008	Payee name Home Depot	Amount (\$)  \$34.15
Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/09/2008	Payee name Home Depot	Amount (\$)  \$275.99
Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/13/2008	Payee name Home Depot	Amount (\$)  \$26.47
Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 10/31 Report: 67/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  02/13/2008	5 Payee name Home Depot	7 Amount (\$)  \$27.91
6 Payee address; City; State; Zip Code 3600 Interstate Hwy 35 South Austin, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  01/31/2008	Payee name House Park BBQ	Amount (\$)  \$148.17
Payee address; City; State; Zip Code 900 W. 12th St. Austin, TX 78703		

Purpose of payment (See instructions regarding type of information required.) Meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date  02/01/2008	Payee name Intrepid Campaigns	Amount (\$)  \$2,000.00
Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746		

Purpose of payment (See instructions regarding type of information required.) consulting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  02/07/2008	Payee name Jimmy John's	Amount (\$)  \$73.28
Payee address; City; State; Zip Code 515 Congress Ave. Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 11/31 Report: 68/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Kaden, Ashley	7 Amount (\$)
02/01/2008	6 Payee address; City; State; Zip Code 2329 Westrock Drive Austin, TX 78704	\$465.00

8 Purpose of payment (See instructions regarding type of information required.) Contract Labor	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Kaden, Ashley	Amount (\$)
02/08/2008	Payee address; City; State; Zip Code 2329 Westrock Drive Austin, TX 78704	\$200.00

Purpose of payment (See instructions regarding type of information required.) Contract Labor	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Kelly Graphics	Amount (\$)
02/19/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	\$2,128.60

Purpose of payment (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Kelly Graphics	Amount (\$)
02/22/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	\$1,110.20

Purpose of payment (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 12/31 Report: 69/88

**2 FILER NAME** Montford, Melinda (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00000001

<b>4 Date</b>	<b>5 Payee name</b> Kinko's	<b>7 Amount (\$)</b>
01/25/2008	..... <b>6 Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd Suite 715 Austin, TX 78746	\$4.83

<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Kinko's	<b>Amount (\$)</b>
01/25/2008	..... <b>Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd Suite 715 Austin, TX 78746	\$86.90

<b>Purpose of payment</b> (See instructions regarding type of information required.) Copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Kinko's	<b>Amount (\$)</b>
01/25/2008	..... <b>Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd Suite 715 Austin, TX 78746	\$79.47

<b>Purpose of payment</b> (See instructions regarding type of information required.) Copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Kinko's	<b>Amount (\$)</b>
01/25/2008	..... <b>Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd Suite 715 Austin, TX 78746	\$2.90

<b>Purpose of payment</b> (See instructions regarding type of information required.) Copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 13/31 Report: 70/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  02/10/2008	5 Payee name Kinko's	7 Amount (\$)  \$67.16
6 Payee address; City; State; Zip Code 3300 Bee Caves Rd Suite 715 Austin, TX 78746		

8 Purpose of payment (See instructions regarding type of information required.) Copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/22/2008	Payee name Lavaca Street Deli	Amount (\$)  \$80.55
Payee address; City; State; Zip Code 1403 Lavaca Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Mastercard/Visa Services	Amount (\$)  \$5.98
Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Mastercard/Visa Services	Amount (\$)  \$9.00
Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 14/31 Report: 71/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	7 Amount (\$)
01/28/2008	Mastercard/Visa Services	\$0.15
	6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	

8 Purpose of payment (See instructions regarding type of information required.)  
Credit Card Fees9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
01/29/2008	Mastercard/Visa Services	\$52.16
	6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	

Purpose of payment (See instructions regarding type of information required.)  
Credit Card Fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
01/29/2008	Mastercard/Visa Services	\$6.42
	6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	

Purpose of payment (See instructions regarding type of information required.)  
Credit Card Fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/01/2008	Mastercard/Visa Services	\$9.91
	6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	

Purpose of payment (See instructions regarding type of information required.)  
Credit Card Fees\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 15/31 Report: 72/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Mastercard/Visa Services	<b>7</b> Amount (\$)
02/04/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	\$51.98

**8** Purpose of payment (See instructions regarding type of information required.)  
Credit Card Fees

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>4</b> Date	<b>5</b> Payee name Mastercard/Visa Services	<b>7</b> Amount (\$)
02/04/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	\$3.88

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>4</b> Date	<b>5</b> Payee name Mastercard/Visa Services	<b>7</b> Amount (\$)
02/05/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	\$4.83

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>4</b> Date	<b>5</b> Payee name Mastercard/Visa Services	<b>7</b> Amount (\$)
02/05/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	\$5.98

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/31 Report: 73/88
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date  02/07/2008	5 Payee name Mastercard/Visa Services  6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	7 Amount (\$)  \$0.30
8 Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2008	Payee name Mastercard/Visa Services  Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$)  \$54.11
Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2008	Payee name Mastercard/Visa Services  Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$)  \$12.48
Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/11/2008	Payee name Mastercard/Visa Services  Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	Amount (\$)  \$14.39
Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 17/31 Report: 74/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  02/12/2008	5 Payee name Mastercard/Visa Services	7 Amount (\$)  \$0.25
6 Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

8 Purpose of payment (See instructions regarding type of information required.) Credit Card Fees	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date  02/12/2008	Payee name Mastercard/Visa Services	Amount (\$)  \$1.25
Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date  02/14/2008	Payee name Mastercard/Visa Services	Amount (\$)  \$16.87
Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date  02/15/2008	Payee name Mastercard/Visa Services	Amount (\$)  \$0.82
Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119		

Purpose of payment (See instructions regarding type of information required.) Credit Card Fees	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/31 Report: 75/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  02/19/2008	<b>5</b> Payee name Mastercard/Visa Services  <b>6</b> Payee address; City; State; Zip Code P.O. Box 194607 San Francisco, CA 94119	<b>7</b> Amount (\$)  \$0.25
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Credit Card Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/11/2008	Payee name Melissa Data  Payee address; City; State; Zip Code 22382 Avenida Empresa Rancho Santa Margarita, CA 92688	Amount (\$)  \$956.08
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Purpose of payment (See instructions regarding type of information required.) Data services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/06/2008	Payee name Mendoza, Maria  Payee address; City; State; Zip Code 8805 North Plaza #1346 Austin, TX 78753	Amount (\$)  \$600.00
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Purpose of payment (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Mother Egans  Payee address; City; State; Zip Code 715 W 6th St Austin, TX 78701	Amount (\$)  \$24.00
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Purpose of payment (See instructions regarding type of information required.) Meeting Meal  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 19/31 Report: 76/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
01/28/2008	Mother Egans <b>6</b> Payee address; City; State; Zip Code 715 W 6th St Austin, TX 78701	\$32.11
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Meeting Meal  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
02/08/2008	Nerio, David <b>6</b> Payee address; City; State; Zip Code 6603 N I-35, #156 Austin, TX 78752	\$500.00
Purpose of payment (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
02/21/2008	Nerio, David <b>6</b> Payee address; City; State; Zip Code 6603 N I-35, #156 Austin, TX 78752	\$1,000.00
Purpose of payment (See instructions regarding type of information required.) contract labor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
01/28/2008	Office Max <b>6</b> Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	\$7.98
Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 20/31 Report: 77/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  02/05/2008	<b>5</b> Payee name Office Max  <b>6</b> Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	<b>7</b> Amount (\$)  \$54.11
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/10/2008	Payee name Office Max  Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$)  \$76.84
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Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/07/2008	Payee name O-K Paper  Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX	Amount (\$)  \$123.52
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Purpose of payment (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Opal Devines  Payee address; City; State; Zip Code 700 West 6th St. Austin, TX 78701	Amount (\$)  \$60.00
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Purpose of payment (See instructions regarding type of information required.) Meeting meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 21/31 Report: 78/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Prolink	7 Amount (\$)
01/25/2008	6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$10,000.00

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

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Prolink	Amount (\$)
01/29/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$13,361.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Prolink	Amount (\$)
01/30/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$2,813.50

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Prolink	Amount (\$)
02/01/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$5,000.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 22/31 Report: 79/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Prolink	7 Amount (\$)
02/05/2008	6 Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$33,565.66

8 Purpose of payment (See instructions regarding type of information required.) media advertising	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Prolink	Amount (\$)
02/13/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$5,652.50

Purpose of payment (See instructions regarding type of information required.) media advertising	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Prolink	Amount (\$)
02/13/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$4,000.00

Purpose of payment (See instructions regarding type of information required.) media advertising	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Prolink	Amount (\$)
02/16/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$1,500.00

Purpose of payment (See instructions regarding type of information required.) media advertising	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 23/31 Report: 80/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Prolink	<b>7</b> Amount (\$)
02/16/2008	<b>6</b> Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$3,000.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) media advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Prolink	Amount (\$)
02/19/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$32,602.84

Purpose of payment (See instructions regarding type of information required.) media advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Prolink	Amount (\$)
02/21/2008	Payee address; City; State; Zip Code 4312 Lakeway Blvd Austin, TX 78734	\$9,806.00

Purpose of payment (See instructions regarding type of information required.) media advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Publik Pictures	Amount (\$)
02/06/2008	Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	\$5,860.00

Purpose of payment (See instructions regarding type of information required.) Television Production  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 24/31 Report: 81/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  02/22/2008	<b>5</b> Payee name Publik Pictures  ..... <b>6</b> Payee address; City; State; Zip Code 501 N IH 35 Austin, TX 78702	<b>7</b> Amount (\$)  \$6,250.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Television Production  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Quizno's  ..... Payee address; City; State; Zip Code 922 Congress Avenue Austin, TX 78701	Amount (\$)  \$70.94
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Purpose of payment (See instructions regarding type of information required.) Meeting Meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/05/2008	Payee name Ridways  ..... Payee address; City; State; Zip Code 615 S. Lamar Austin, TX 78704	Amount (\$)  \$71.96
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Purpose of payment (See instructions regarding type of information required.) printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/07/2008	Payee name Ridways  ..... Payee address; City; State; Zip Code 615 S. Lamar Austin, TX 78704	Amount (\$)  \$70.79
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Purpose of payment (See instructions regarding type of information required.) printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 25/31 Report: 82/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Schlotzky's	7 Amount (\$)
02/15/2008	..... 6 Payee address; City; State; Zip Code 218 S. Lamar Austin, TX 78704	\$73.58

8 Purpose of payment (See instructions regarding type of information required.) meeting meals	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Scholtz Garden	Amount (\$)
02/07/2008	..... Payee address; City; State; Zip Code 1607 San Jacinto Blvd Austin, TX 78701	\$78.10

Purpose of payment (See instructions regarding type of information required.) Meeting Meal	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Smart Mail	Amount (\$)
01/28/2008	..... Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723	\$385.00

Purpose of payment (See instructions regarding type of information required.) mailing services	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Smart Mail	Amount (\$)
02/06/2008	..... Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723	\$222.40

Purpose of payment (See instructions regarding type of information required.) mailing services	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 26/31 Report: 83/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Sterling of Austin	<b>7</b> Amount (\$)
02/05/2008	<b>6</b> Payee address; City; State; Zip Code P.O. Box 153125 Austin, TX 78715-3125	\$9.35

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Internet Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Sterling of Austin	<b>Amount (\$)</b>
02/06/2008	<b>Payee address; City; State; Zip Code</b> P.O. Box 153125 Austin, TX 78715-3125	\$79.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Internet Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Studio 6	<b>Amount (\$)</b>
02/05/2008	<b>Payee address; City; State; Zip Code</b> 937 Camino La Costa Austin, TX 78752	\$291.32

<b>Purpose of payment (See instructions regarding type of information required.)</b> lodging  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Studio 6	<b>Amount (\$)</b>
02/12/2008	<b>Payee address; City; State; Zip Code</b> 937 Camino La Costa Austin, TX 78752	\$286.37

<b>Purpose of payment (See instructions regarding type of information required.)</b> lodging  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 27/31 Report: 84/88**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
02/16/2008	Studio 6	\$572.74
	<b>6</b> Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	

**8** Purpose of payment (See instructions regarding type of information required.)  
lodging**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/01/2008	Sullivan, Chris	\$750.00
	Payee address; City; State; Zip Code 6807 Daughtery Austin, TX 78757	

Purpose of payment (See instructions regarding type of information required.)  
Contract Labor\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
01/29/2008	Sullivan's	\$371.93
	Payee address; City; State; Zip Code 300 Colorado Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)  
event expenses\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

Date	Payee name	Amount (\$)
02/01/2008	Susan Harry Consulting	\$3,069.17
	Payee address; City; State; Zip Code 2520 Longview Drive Austin, TX 78705	

Purpose of payment (See instructions regarding type of information required.)  
Consulting & printing services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 28/31 Report: 85/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Target	7 Amount (\$)
02/11/2008	6 Payee address; City; State; Zip Code 2288 Southpark Meadows Austin, TX 78745	\$162.21

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

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Tops	Amount (\$)
02/11/2008	Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	\$779.40

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

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Tops	Amount (\$)
02/12/2008	Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	\$92.02

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

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

Date	Payee name Tops	Amount (\$)
02/13/2008	Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	\$37.67

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

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
  
Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 29/31 Report: 86/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name Tops	7 Amount (\$)
02/13/2008	6 Payee address; City; State; Zip Code 1100 East 5th St. Austin, TX 78702	\$9.74

8 Purpose of payment (See instructions regarding type of information required.) furniture for headquarters  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name U.S. Post Office	Amount (\$)
02/04/2008	Payee address; City; State; Zip Code Central Park West Austin, TX 78703	\$1.31

Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name U.S. Post Office	Amount (\$)
02/06/2008	Payee address; City; State; Zip Code Central Park West Austin, TX 78703	\$16.40

Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name U.S. Post Office	Amount (\$)
02/08/2008	Payee address; City; State; Zip Code Central Park West Austin, TX 78703	\$205.00

Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 30/31 Report: 87/88

**2** FILER NAME Montford, Melinda (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name U.S. Post Office	<b>7</b> Amount (\$)
02/13/2008	<b>6</b> Payee address: City; State; Zip Code Central Park West Austin, TX 78703	\$574.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> U.S. Post Office	<b>Amount (\$)</b>
02/21/2008	<b>Payee address;</b> City; State; Zip Code Central Park West Austin, TX 78703	\$455.00

<b>Purpose of payment</b> (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Urban League	<b>Amount (\$)</b>
02/16/2008	<b>Payee address;</b> City; State; Zip Code 1033 La Posada Dr # 150 Austin, TX 78752	\$300.00

<b>Purpose of payment</b> (See instructions regarding type of information required.) event tickets  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Worley Printing	<b>Amount (\$)</b>
02/06/2008	<b>Payee address;</b> City; State; Zip Code 3217 North Interstate 35 Austin, TX 78722	\$1,213.48

<b>Purpose of payment</b> (See instructions regarding type of information required.) Printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 31/31 Report: 88/88

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  02/12/2008	5 Payee name Worley Printing  6 Payee address; City; State; Zip Code 3217 North Interstate 35 Austin, TX 78722	7 Amount (\$)  \$2,904.89
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8 Purpose of payment (See instructions regarding type of information required.) Printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/25/2008	Payee name Www.godaddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260	Amount (\$)  \$17.18
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Purpose of payment (See instructions regarding type of information required.) domain registration  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/06/2008	Payee name Www.godaddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260	Amount (\$)  \$29.99
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Purpose of payment (See instructions regarding type of information required.) domain registration  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/06/2008	Payee name Www.godaddy.com  Payee address; City; State; Zip Code 14455 N. Hayden Rd., Ste. 219 Scottsdale, AZ 85260	Amount (\$)  \$57.55
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Purpose of payment (See instructions regarding type of information required.) website  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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