

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

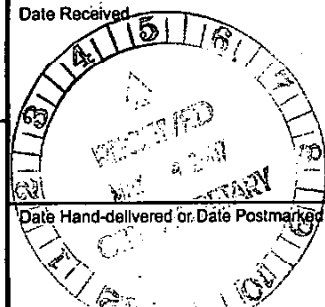
1 ACCOUNT #
(Ethics Commission filers)
00057417

2 PAGE #
1 of 108

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Melissa
NICKNAME LAST SUFFIX
Noriega

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4430 Pease
Houston, TX 77023

Change of Address

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Tommie
NICKNAME LAST SUFFIX
Noriega

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8203 Misty Vale
Houston, TX 77075

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 635-4772

8 REPORT TYPE

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

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
04/03/2007 05/02/2007

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/12/2007

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Houston City Council At-Large
District 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Noriega, Melissa (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00057417

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	3,039.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	84,124.20
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	817.32
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4. TOTAL POLITICAL EXPENDITURES	\$	60,721.62
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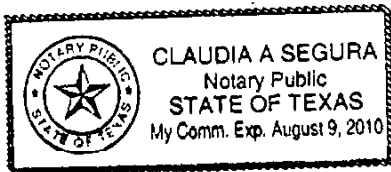
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	75,521.76
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00
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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.

Melissa Noriega
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Noriega, this the 4 day of May, 2007, to certify which, witness my hand and seal of office.

Claudia A. Segura Claudia A. Segura
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/86 Report: 3/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Acosta, Hipolito			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Acosta, Hipolito			7 Amount of contribution (\$) \$386.21	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception food and beverages		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 2/86 Report: 4/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Adrian Garcia Campaign	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Adroque, Sophia (Ms.)	7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/86 Report: 5/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/01/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# <u>C00011114</u>) AFSCME PEOPLE		7 Amount of contribution (\$) \$3,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation			18 Purpose of travel	
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Akin Gump Strauss Hauer & Feld LLP Civic Action Committee		7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/86 Report: 6/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alexander, Donna			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Almendarez, Mary (Ms.)			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/86 Report: 7/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarez, Hugo 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 6/86 Report: 8/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

04/25/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Anniee Parker Campaign

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)
Reception printing and postage

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/15/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Appel, Madeleine

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 7/86 Report: 9/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

04/23/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Appel, Madeleine

6 Contributor address; City; State; Zip Code
[REDACTED]

7

Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/17/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Ascot, Mary

6 Contributor address; City; State; Zip Code
[REDACTED]

7

Amount of
contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 8/86 Report: 10/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barnstone, George & Francine			7 Amount of contribution (\$) \$182.02	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception beverages and party supplies		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Becerra, Polo (Mr.)			7 Amount of contribution (\$) \$650.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception Food		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/86 Report: 11/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Binderim, Gary			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Binderim, Gary			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/86 Report: 12/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bischoff, Richard			7 Amount of contribution (\$) \$500.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Black Navarro, Yolanda			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 11/86 Report: 13/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Blair, Nelda	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Boles, Nancy	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 12/86 Report: 14/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Box, James			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brady, Gerald			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/86 Report: 15/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, David			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Canonico, Christopher			7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 14/86 Report: 16/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Capelo, Jaime	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carol Alvarado Campaign	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 15/86 Report: 17/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Castillo, Jose C	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
-----------------------------------	-----------------------------

4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cavazos, Sylvia	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 16/86 Report: 18/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CDM PAC		6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cernosek, Marilyn		6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 17/86 Report: 19/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chase Gray, Saudria 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$126.41
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable) Catering beverages party supplies

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Colon, Edgardo 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 18/86 Report: 20/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cottingham, Martha			7 Amount of contribution (\$) \$150.00	
6 Contributor address: _____ City; State; Zip Code					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Council, Kenneth			7 Amount of contribution (\$) \$100.00	
6 Contributor address: _____ City; State; Zip Code					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 19/86 Report: 21/108	
2 FILER NAME Norioga, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Courtin, Adam & Andrea			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cromack, Dan			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
[REDACTED]					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 20/86 Report: 22/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/26/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00002089) CWA COPE			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daley, Elvia			7 Amount of contribution (\$) \$50.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 21/86 Report: 23/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daley, Elvia 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dees, J Gordon 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22/86 Report: 24/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Delgado, Rigoberto			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Diaz Gonzalez, Irma			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/86 Report: 25/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eichhorn, Roger	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Engelhart, Michael	7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 24/86 Report: 26/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Engelhart, Michael			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception food and beverages		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Espinosa, Martha			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 25/86 Report: 27/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Foxhall, Irene	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
-----------------------------------	-----------------------------

4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Friedrichs, Edwin	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 26/86 Report: 28/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address: _____ City: _____ State: _____ Zip Code _____					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fuller, Jacque			7 Amount of contribution (\$) \$100.00	
6 Contributor address: _____ City: _____ State: _____ Zip Code _____					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 27/86 Report: 29/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Ana (Dr.)	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Carlos II	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 28/86 Report: 30/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Gloria			7 Amount of contribution (\$) \$100.00	
	6 Contributor address: City: State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Sylvia			7 Amount of contribution (\$) \$100.00	
	6 Contributor address: City: State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/86 Report: 31/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, Michael 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza, Beatrice 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Reception food	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 30/86 Report: 32/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza Ridge, Celina	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George, Karen (Ms.)	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 31/86 Report: 33/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Sylvia		7 Amount of contribution (\$) \$50.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Sylvia		7 Amount of contribution (\$) \$50.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 32/86 Report: 34/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Greenwood, Kelly	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
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4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gregg, Kerry	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 33/86 Report: 35/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Griffin, Wilma 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$75.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gutierrez, Theresa 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 34/86 Report: 36/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) H A A Better Government Fund			7 Amount of contribution (\$)	
04/03/2007	6 Contributor address; City; State; Zip Code [REDACTED]			\$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hernandez, Leticia			7 Amount of contribution (\$)	
04/26/2007	6 Contributor address; City; State; Zip Code [REDACTED]			\$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 35/86 Report: 37/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hoffman, Linda		7 Amount of contribution (\$) \$293.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Reception food and beverages		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HomePAC Greater Houston Builders Assoc		7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 36/86 Report: 38/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HomePAC Greater Houston Builders Assoc			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HomePAC Greater Houston Builders Assoc			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 37/86 Report: 39/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Firefighters Political Action Fund			7 Amount of contribution (\$) \$2,500.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnston, Kevin			7 Amount of contribution (\$) \$500.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 38/86 Report: 40/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Daniel			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Jay			7 Amount of contribution (\$) \$126.41	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering beverages party supplies		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 39/86 Report: 41/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Jay H 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kalluri, Ramesh 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 40/86 Report: 42/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kaufman, Dana			7 Amount of contribution (\$) \$250.00	
6 Contributor address: City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kelly, Marguerite			7 Amount of contribution (\$) \$100.00	
6 Contributor address: City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 41/86 Report: 43/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kolluru, Hemachandra			7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kugler, Adriana			7 Amount of contribution (\$) \$90.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 42/86 Report: 44/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lawal, Kase (Mr.) 6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lawler, Hal 6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 43/86 Report: 45/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lehr, Sally			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lesley, Patsy			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 44/86 Report: 46/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Levy, Robert			7 Amount of contribution (\$) \$100.00	
	6 Contributor address: City: State: Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair & Sampson LLP			7 Amount of contribution (\$) \$1,941.34	
	6 Contributor address: City: State: Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception printing postage food and beverages		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 45/86 Report: 47/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lomax, Nancy	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Long, Judy	7 Amount of contribution (\$) \$61.28
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 46/86 Report: 48/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Longoria, Janiece 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maldonado, Danette 6 Contributor address: City: State: Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 47/86 Report: 49/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mandell, Barry			7 Amount of contribution (\$) \$100.00	
6 Contributor address: City: State: Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marks, Kenneth			7 Amount of contribution (\$) \$200.00	
6 Contributor address: City: State: Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 48/86 Report: 50/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Jackie			7 Amount of contribution (\$) \$126.41	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering beverages party supplies		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martinez, Samantha			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/86 Report: 51/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martinez, Samantha	7 Amount of contribution (\$) \$126.41	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Catering beverages party supplies	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Massa, Michael	7 Amount of contribution (\$) \$120.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Reception food	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 50/86 Report: 52/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 04/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mathis, Patricia		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maxxam Inc Texas PAC		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 51/86 Report: 53/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCarter, Janet			7 Amount of contribution (\$) \$334.94	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering Service food beverages party supplies invitations postage		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCollough, J Parker			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/86 Report: 54/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCurry, Susanne 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McKinnon, Mark 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/86 Report: 55/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McNiel, Kathryn	7 Amount of contribution (\$) \$50.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McNiel, Kathryn	7 Amount of contribution (\$) \$122.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Reception food	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 54/86 Report: 56/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Medellin, Maria Antonia			7 Amount of contribution (\$) \$359.60	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception food and beverages		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Medellin, Maria Antonia			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 55/86 Report: 57/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Medellin, Stace	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Menke, Bruce & Karen	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

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

1 PAGE #

Schedule: 56/86 Report: 58/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

04/26/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Monty, Jacob

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/10/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Moreno, Carlos

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 57/86 Report: 59/108	
2 FILER NAME Noniega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moroney, Muffie		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morrison, Darrell		7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 58/86 Report: 60/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Musslewhite, Benton	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nolen, Evelyn	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 59/86 Report: 61/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Norwood, Jason		7 Amount of contribution (\$) \$100.00		
6 Contributor address: City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Owens, Sharon		7 Amount of contribution (\$) \$100.00		
6 Contributor address: City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 60/86 Report: 62/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

04/05/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Padilla, John

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/17/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Paull, Jonathan J

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 61/86 Report: 63/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 62/86 Report: 64/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Jack			7 Amount of contribution (\$) \$5,000.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Stefani			7 Amount of contribution (\$) \$5,000.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 63/86 Report: 65/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Pete Gallego Campaign

7 Amount of contribution (\$)

04/20/2007

6 Contributor address: City: State: Zip Code
[REDACTED]

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Prather, Michael

7 Amount of contribution (\$)

04/05/2007

6 Contributor address: City: State: Zip Code
[REDACTED]

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 64/86 Report: 66/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramos, Mary	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
-----------------------------------	-----------------------------

4 Date 04/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rash, Jeanette	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
--	--------------------------------------

10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
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12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 65/86 Report: 67/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reece, Dianne	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
--	--------------------------------------

10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
---	---

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

17 Means of transportation	18 Purpose of travel
-----------------------------------	-----------------------------

4 Date 04/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reeder, James	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

SCHEDULE A

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

1 PAGE #

Schedule: 66/86 Report: 68/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Rendon, Ruben

7 Amount of contribution (\$)

04/26/2007

6 Contributor address; City; State; Zip Code
[REDACTED]

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Reyes, Janie

7 Amount of contribution (\$)

04/30/2007

6 Contributor address; City; State; Zip Code
[REDACTED]

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 67/86 Report: 69/108	
2 FILER NAME Norlega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodd, Cathryn			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodríguez, Olga			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 68/86 Report: 70/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ross, Jeff (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rugg, Robert 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 69/86 Report: 71/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saenz, Graciela			7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saenz, Graciela			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 70/86 Report: 72/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

04/18/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Schatte, Andrew

6 Contributor address: City: State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/11/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Schechter, Sue

6 Contributor address: City: State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$126.41

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)
Catering beverages party supplies

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 71/86 Report: 73/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 04/29/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00004036) SEIU COPE			7 Amount of contribution (\$) \$1,500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00004036) SEIU COPE			7 Amount of contribution (\$) \$3,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 72/86 Report: 74/108	
2 FILER NAME Norlega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Serna, Martha 6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Siff, Joseph 6 Contributor address: City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 73/86 Report: 75/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sklar, Louis	7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Edward	7 Amount of contribution (\$) \$126.41	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Catering beverages party supplies	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 74/86 Report: 76/108	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Edward		7 Amount of contribution (\$) \$150.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stan Schlueter Consulting		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 75/86 Report: 77/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

04/15/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Stoger, Teresa

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/24/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Stout, Richard

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 76/86 Report: 78/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stryker, Anne			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sue Lovell Campaign			7 Amount of contribution (\$) \$1,800.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception printing and postage		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 77/86 Report: 79/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file#) 00057417	
4 Date 04/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Taylor, Leslie			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Reception refreshments and mailing		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas League of Conservation Voters Political Committee			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 78/86 Report: 80/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thakar, Gopal	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 04/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thielen, Barbara	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 79/86 Report: 81/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Trabulsi, Diane			7 Amount of contribution (\$) \$334.94	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering beverages party supplies		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Trabulsi, Diane			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 80/86 Report: 82/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 04/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Trevino, J Michael			7 Amount of contribution (\$) \$126.41	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering beverages party supplies		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turney, Aimee			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 81/86 Report: 83/108	
2 FILER NAME Norlega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vige, Maxie	7 Amount of contribution (\$) \$100.00			
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas PAC	7 Amount of contribution (\$) \$1,000.00			
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 in-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 82/86 Report: 84/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wallace, Judy			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wimpelberg, Robert			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 83/86 Report: 85/108
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winkle, James 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		18 Purpose of travel
4 Date 05/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wooton, William (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 84/86 Report: 86/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 04/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wulfe, Lorraine	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

4 Date 04/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wynn, Claude	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 85/86 Report: 87/108	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ybarra, Frank			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Yoo, Diane			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 86/86 Report: 88/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 04/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zepeda, Guadalupe	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/20 Report: 89/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/01/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$33.35	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/01/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$241.98	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 2/20 Report: 90/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/27/2007	5 Payee name Beavers, Ryan 6 Payee address; City; State; Zip Code 14707 Mesa Village Drive Houston, TX 77053	7 Amount (\$) \$50.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 04/30/2007	5 Payee name Beavers, Ryan 6 Payee address; City; State; Zip Code 14707 Mesa Village Drive Houston, TX 77053	7 Amount (\$) \$20.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/20 Report: 91/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/03/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Voter Files <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/03/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$1,169.10	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Yard signs <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/20 Report: 92/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

04/06/2007

5 Payee name
Campaign Strategies

.....
6 Payee address; City; State; Zip Code
3815 Montrose Blvd 101
Houston, TX 77006

7 Amount
(\$)

\$5,000.00

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

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

04/16/2007

5 Payee name
Campaign Strategies

.....
6 Payee address; City; State; Zip Code
3815 Montrose Blvd 101
Houston, TX 77006

7 Amount
(\$)

\$2,896.38

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

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/20 Report: 93/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/16/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$1,762.93	
8 Purpose of payment (See instructions regarding type of information required.) Printing & graphic design push cards <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/16/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$7,361.00	
8 Purpose of payment (See instructions regarding type of information required.) Printing of Yard Signs and bumper stickers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/20 Report: 94/108**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417**4** Date

04/25/2007

5 Payee name
Campaign Strategies**6** Payee address; City; State; Zip Code
3815 Montrose Blvd 101
Houston, TX 77006**7** Amount
(\$)

\$6,472.27

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

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/25/2007

5 Payee name
Campaign Strategies**6** Payee address; City; State; Zip Code
3815 Montrose Blvd 101
Houston, TX 77006**7** Amount
(\$)

\$9,961.84

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

Office sought:

Office held:

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

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 7/20 Report: 95/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/24/2007	5 Payee name Cobarruvias, John 6 Payee address; City; State; Zip Code 14646 Cardinal Creek Houston, TX 77062	7 Amount (\$) \$54.69
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 04/11/2007	5 Payee name Emal Langrand Communications 6 Payee address; City; State; Zip Code 2910 Houston Ave Houston, TX 77009	7 Amount (\$) \$230.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Event Staff <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/20 Report: 96/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/11/2007	5 Payee name Emal Langrand Communications 6 Payee address; City; State; Zip Code 2910 Houston Ave Houston, TX 77009	7 Amount (\$) \$72.56	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Event Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/11/2007	5 Payee name Emal Langrand Communications 6 Payee address; City; State; Zip Code 2910 Houston Ave Houston, TX 77009	7 Amount (\$) \$6,666.67	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fees <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1 PAGE #**
Schedule: 9/20 Report: 97/108

2 FILER NAME Noriega, Melissa (Ms.) **3 ACCOUNT #** (Ethics Commission filers)
00057417

4 Date 04/11/2007	5 Payee name Emal Langrand Communications	7 Amount (\$) \$160.68
6 Payee address; City; State; Zip Code 2910 Houston Ave Houston, TX 77009		

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Office Supplies

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 04/11/2007	5 Payee name ExxonMobile	7 Amount (\$) \$60.48
6 Payee address; City; State; Zip Code 16760 Southwest Fwy Sugar Land, TX 77479		

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

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/20 Report: 98/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date	5 Payee name Griffin, Martha	7 Amount (\$)
04/04/2007	6 Payee address; City; State; Zip Code 3403 Sophora Place Sugar Land, TX 77479	\$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:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Griffin, Martha	7 Amount (\$)
04/15/2007	6 Payee address; City; State; Zip Code 3403 Sophora Place Sugar Land, TX 77479	\$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:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/20 Report: 99/108**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/01/2007	5 Payee name Griffin, Martha 6 Payee address; City; State; Zip Code 3403 Sophora Place Sugar Land, TX 77479	7 Amount (\$) \$2,000.00
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8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 05/02/2007	5 Payee name Griffin, Martha 6 Payee address; City; State; Zip Code 3403 Sophora Place Sugar Land, TX 77479	7 Amount (\$) \$422.51
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas, copies and office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1 PAGE #**
Schedule: 12/20 Report: 100/108

2 FILER NAME Noriega, Melissa (Ms.) **3 ACCOUNT #** (Ethics Commission filers)
00057417

4 Date 04/10/2007	5 Payee name Harris County Toll Road Authority	7 Amount (\$) \$121.25
6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067		

8 Purpose of payment (See instructions regarding type of information required.)
Toll Fees
 Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 04/18/2007	5 Payee name Hendrick, Todd	7 Amount (\$) \$104.00
6 Payee address; City; State; Zip Code 4361 Wheeler QB420 Houston, TX 77004		

8 Purpose of payment (See instructions regarding type of information required.)
Contract Labor
 Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/20 Report: 101/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date	5 Payee name Hendrick, Todd	7 Amount (\$)
04/27/2007	6 Payee address; City; State; Zip Code 4361 Wheeler QB420 Houston, TX 77004	\$76.00

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:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name HGLBT PAC	7 Amount (\$)
04/05/2007	6 Payee address; City; State; Zip Code 3400 Montrose Blvd 206 Houston, TX 77006	\$6,000.00

8 Purpose of payment (See instructions regarding type of information required.) Donation for Mailout Expense	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

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

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/20 Report: 102/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/15/2007	5 Payee name Houston's Restaurant 6 Payee address; City; State; Zip Code 4848 Kirby Houston, TX 77098	7 Amount (\$) \$81.28	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/01/2007	5 Payee name JC Lion Properties 6 Payee address; City; State; Zip Code 480 Kirby Seabrook, TX 77586	7 Amount (\$) \$1,145.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Office Rental <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/20 Report: 103/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date	5 Payee name LULAC District VIII	7 Amount (\$)	
04/19/2007	6 Payee address; City; State; Zip Code 5207 Airline Drive 102 Houston, TX 77022	\$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Entry for Cinco de Mayo Parade <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date	5 Payee name Noriega, Joe	7 Amount (\$)	
04/16/2007	6 Payee address; City; State; Zip Code 8203 Misty Vale Houston, TX 77075	\$90.90	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for ink cartridges <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/20 Report: 104/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/27/2007	5 Payee name Olsen, James 6 Payee address; City; State; Zip Code 9193 Wheeler Houston, TX 77017	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/18/2007	5 Payee name US Postal Service 6 Payee address; City; State; Zip Code 401 Franklin Houston, TX 77002	7 Amount (\$) \$15.60	
8 Purpose of payment (See instructions regarding type of information required.) Postage for Campaign Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 17/20 Report: 105/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission files)
00057417

4 Date

04/26/2007

5 Payee name
US Postal Service

7 Amount
(\$)

\$312.00

6 Payee address; City; State; Zip Code
401 Franklin
Houston, TX 77002

8 Purpose of payment
(See instructions regarding type of information required.)
Postage for campaign mailout

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

Office sought:
Office held:

Payment for travel outside Texas (complete boxes 10-16)

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

04/16/2007

5 Payee name
Valero

7 Amount
(\$)

\$52.28

6 Payee address; City; State; Zip Code
7028 Lawndale
Houston, TX 77023

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

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

Office sought:
Office held:

Payment for travel outside Texas (complete boxes 10-16)

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #
Schedule: 18/20 Report: 106/108

2 FILER NAME Noriega, Melissa (Ms.) **3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 04/26/2007	5 Payee name Wade, Keith 6 Payee address; City; State; Zip Code PO Box 88013 Houston, TX 77388	7 Amount (\$) \$1,000.00
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8 Purpose of payment (See instructions regarding type of information required.) Autodialer expense <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 04/06/2007	5 Payee name Weesner, Sherry 6 Payee address; City; State; Zip Code 2909 Harvest Hill Friendswood, TX 77546	7 Amount (\$) \$159.96
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/20 Report: 107/108	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 04/24/2007	5 Payee name Weesner, Sherry 6 Payee address; City; State; Zip Code 2909 Harvest Hill Friendswood, TX 77546	7 Amount (\$) \$333.87	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Campaign Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/02/2007	5 Payee name Weesner, Sherry 6 Payee address; City; State; Zip Code 2909 Harvest Hill Friendswood, TX 77546	7 Amount (\$) \$77.71	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas, phone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/20 Report: 108/108

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

04/25/2007

5 Payee name
Wythe, Greg

.....
6 Payee address; City; State; Zip Code
909 Texas Avenue 1218
Houston, TX 77002

7 Amount
(\$)

\$323.01

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

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:

Office held:

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

2003-04-08

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CWA-COPE Political Contributions Committee

ADDRESS (street and city)

501 Third Street, N.W.

(Check if address is changed)

Washington

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jtakacs@cwa-union.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

cwa-union.org

COMMITTEE'S FAX NUMBER

2. DATE

NOV 03 2003

3. FEC IDENTIFICATION NUMBER

C C00002089

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Barbara J. Easterling

Signature of Treasurer

Electronically Filed by Barbara J. Easterling

Date

NOV 03 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Communications Workers of America _____

Mailing Address _____ 501 Third Street, N.W. _____

_____ Washington DC 20001 _____

CITY STATE ZIP CODE

Relationship _____ Allied _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

CWA-COPE Political Contributions Committee

7. Custodian of Records: Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name Barbara J. Easterling

Mailing Address 501 Third Street, N.W.
CWA Political Department
Washington DC 20001

Title or Position ▼ Secretary-Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 434 - 1100

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Barbara J. Easterling

Mailing Address 501 Third Street, N.W.
CWA Secretary-Treasurer's Office
washington DC 20001

Title or Position ▼ Secretary-Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 434 - 1410

Full Name of Designated Agent Michael Grace

Mailing Address 501 Third Street, N.W.
Washington DC 20001

Title or Position ▼ Political Director CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 434 - 1491

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Suntrust Bank

Mailing Address

F.O. Box 85024

Washington

DC

20001

CITY Δ

STATE Δ

ZIP CODE Δ

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street) 1625 L Street, N.W.

(Check if address is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

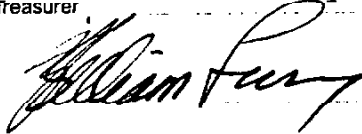
3. FEC IDENTIFICATION NUMBER ► C 00011114

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Lucy

Signature of Treasurer



Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)



FEC FORM 1
STATEMENT OF ORGANIZATION
FILING FEC-166059

**1. Service Employees International Union Committee
On Political Education (SEIU COPE)**

1313 L Street NW
Washington, DC 20005

2. Date: 02/23/2005

3. FEC Committee ID #: C00004036

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

Service Employees International Union
1313 L Street NW
Washington, DC 20005
Relationship: Connected
Organization Type: Labor Organization

Committee ID# C00348540
1199 Service Employees Int'l Union Fed

330 W 42nd St 7th Floor
New York, New York 10036
Relationship: Affiliated
Organization Type: Labor Organization

Committee ID# C00355289
Local 32BJ SEIU American Dream Politic
101 Avenue of the Americas
New York, New York 10013
Relationship: Affiliated
Organization Type: Labor Organization

Committee ID# C00148098
New York State Public Employees Federa
P.O. Box 12414
Albany, New York 12212
Relationship: Affiliated
Organization Type: Labor Organization

Committee ID# C00344531
1199 32BJ/144 Service Employees Intern
330 W 42nd St. 7th Floor
New York, New York 10036
Relationship: Affiliated
Organization Type: Labor Organization

Custodian of Records:

Liz Gustafson
1313 L Street NW
Washington, DC 20005
Title: C.F.O.
Phone # (202) 898-3200

Treasurer:

Anna Burger
1313 L Street NW
Washington, DC 20005
Title: Treasurer
Phone # (202) 898-3200

Designated Agent(s):

Banks or Depositories

Amalgamated Bank
1825 K Street NW
Washington, DC 20005

Suntrust Bank
1445 new York Ave. NW
Washington, DC 20005

Signed: Anna Burger

Date Signed: 02/23/2005

Official Committee URL:

(End FEC FORM 1)



Generated Mon Apr 3 09:56:10 2006