#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUI	DE explains how to complete this form,	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 20
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. David	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Goldberg	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  4979 Dumfries Houston, TX 77096-4229	CITY; STATE; ZIP CODE	Date Harp Relivered or Date Postmarked
	·.		Receipt # Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Edgar	MI	Date Processed
NAME	NICKNAME LAST Goldberg	suffix	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / Si 819 Lovett Houston, TX 77006	UITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHÔNE NÚMBER	EXTENSION	
8 REPORT TYPE	January 15 X 30th day before ele		15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THR 01/16/2007	Month Day OUGH 04/12/20	Year
10 ELECTION	ELECTION DATE ELECTION T  Month Day Year  05/12/2007 Prime		General X Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Houston City Counc	il Atlarge 3
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign ex Candidates are required to disclose this information		
BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO ТО	PAGE 2	

CANDIDATE SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2	
14 C/OH NAME Gold	berg, David (Mr.)		15 ACCOUNT# (E	thics Commission filers)	
16 NOTICE FROM	have been made with	otice of political expanditures by political committees to support the as nout the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures			
POLITICAL COMMITTEE(S)	СОММІТТЕЕ ТҮРЕ	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	<del></del>		
	j				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,216.40	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$30 OR LESS, UNLESS ITEMIZED \$ 35.4				
	4. TOTAL	PÓLITICAL EXPENDITURES	\$	3,843.40	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE RY OF THE REPORTING PERIOD	\$	2,373.00	
OUTSTANDING I OAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$	0.00	
18 AFFIDAVIT					
	PRECIOUS C LAI My Commission E December 14, 2	portes Dallas	all information required	to be reported by	
AFFIX NOTARY S	STAMP / SEAL ABOV	Æ	•		
Sworn to and subscrib	_	he said rtify which, witness my hand and seal of office.	, this the	day day	
Presso C	Jan-	Precious Clarg	F		
Signature of officer admi	nistering oath	Print name of officer administering nath ${\cal O}$	Title of officer adminis:	tering oath	

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	OTTILIN	TIMN FEEDGI	_3 OK LOA					
	The Instruction	ON GUIDE explains how to comp	lete this form.			AGE #	1/8 Repo	rt: 3/20
2	FILER NAME	Goldberg, David (Mr.)				0000001		Commission filers)
4	Date	5 Full name of contributor [ Aly, David (Mr.)	out-of-state PAC(ID#	)	ł		7	Amount of contribution (\$)
	04/03/2007	6 Contributor address; C	City; State; Zip Code					\$1,000.00
8	Principal occup	nation / Job title (See Instructions	)	9 Employer (See In	structio	ns)	•	
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description				
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if neces	ssary)		
1:	3 Departure city /	location	14 Departure date	15 Destination city / I	location			16 Arrival date
17	7 Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [ Goldberg, David (Mr.)					7	Amount of contribution (\$)
	01/17/2007	6 Contributor address; (	City; State; Zip Code					\$100.00
8	Principal occup	nation / Job title (See Instructions	·)	9 Employer (See In	structio	ns)		
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if app	licable)		-
13	2 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if neces	sary)		
1:	3 Departure city i	location	14 Departure date	15 Destination city / I	ocation			16 Arrival date
1	7 Means of trans	portation		18 Purpose of travel				•

# **POLITICAL CONTRIBUTIONS**

SCHEDULE A

OTHER	THAN PLEDGI	ES OR LOA	NS 			
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 2/8	Repor	t: 4/20
2 FILER NAME	Goldberg, David (Mr.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4 Date	5 Full name of contributor [ Goldberg, David (Mr.)	out-of-state PAC(ID#	)			Amount of ontribution (\$)
03/20/2007	6 Contributor address; (	City; State; Zip Code				\$2,000.00
8 Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation	<u> </u>	18 Purpose of travel			
4 Date	5 Full name of contributor   Goldberg, lise (Mrs.)	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
01/25/2007	i _	City; State; Zip Code			z.	\$50.00
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In:	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages i	f necessary)		•
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction Guide explains how to co	mplete this form.		1 PAGE # Schedule: 3/8	3 Report: 5/20
2 FILER NAME Goldberg, David (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor Goldberg, Mark (Mr.)	_			7 Amount of contribution (\$)
01/22/2007 6 Contributor address;	City; State; Zip Code			\$96.80
8 Principal occupation / Job title (See Instructi	ons)	9 Employer (See In	structions)	
10 In-kind contribution  Check if in-kind contribution for travel of complete boxes 12-18. Otherwise, com	plete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose beha	ir the travel was accepted (	attach additional pages	ii (lecessary)	
13 Departure city / location	14 Departure date	15 Destination city /	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name of contributor Jacobson, Donald (Mr.)				7 Amount of contribution (\$)
02/22/2007 6 Contributor address; Houston, TX 77027	City; State; Zip Code			\$100.00
8 Principal occupation / Job title (See Instructi	ons)	9 Employer (See In	structions)	
10 In-kind contribution  Check if in-kind contribution for travel of complete boxes 12-18. Otherwise, complete boxes 12-18.		11 In-kind description	n (if applicable)	
12 Name of person(s) traveling on whose beha	If the travel was accepted (	attach additional pages	if necessary)	
13 Departure city / location	14 Departure date	15 Destination city /	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		,

#### SCHEDULE A

1-800-325-8506

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/8 Report: 6/20 (Ethics Commission filers) 2 FILER NAME Goldberg, David (Mr.) 3 ACCOUNT# 00000001 5 Full name of contributor out-of-state PAC(ID#\_ Amount of Date contribution (\$) Levinson, Leon (Mr.) \$100.00 02/28/2007 6 Contributor address; City; State; Zip Code Houston, TX 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 15 Destination city / location 13 Departure city / location 14 Departure date 17 Means of transportation 18 Purpose of travel Amount of Date 5 Full name of contributor out-of-state PAC(ID#\_ contribution (\$) Loring, Marsha (Ms.) \$96.80 6 Contributor address; City; State; Zip Code 01/23/2007 Houston, TX 77024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 14 Departure date 15 Destination city / location 13 Departure city / location 17 Means of transportation 18 Purpose of travel

# POLITICAL CONTRIBUTIONS

SCHEDULE A

	OIREK	THAN PLEDGE	ES UR LUA	N5			
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 5/8	3 Repoi	t: 7/20
2	FILER NAME	Goldberg, David (Mr.)			3 ACCOUNT# 00000001		Commission filers)
4	Date	5 Full name of contributor [ Miller, Stuart (Mr.)	out-of-state PAC(ID#	)	1		Amount of ontribution (\$)
	02/23/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8	Principal occup	nation / Job title (See Instructions	)	9 Employer (See In	structions)	•	
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1:	3 Departure city :	location	14 Departure date	15 Destination city / I	location		16 Arrival date
17	Means of trans	portation	1	18 Purpose of travel			٠-
4	Date	5 Full name of contributor [ Nasr, Moe (Mr.)	out-of-state PAC(ID#	)			Amount of ontribution (\$)
	03/30/2007	6 Contributor address; C	City; State; Zip Code				\$1,000.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (if applicable)		-
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	if necessary)		
1:	Departure city i	(location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
1	7 Means of trans	portation		18 Purpose of travel			

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

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	The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 6/8	Report	t: 8/20
2	FILER NAME	Goldberg, David (Mr.)		<del>-</del> .	3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4	Date	5 Full name of contributor Pasternack, Jeane (Mr.)	out-of-state PAC(ID#	)			Amount of Intribution (\$)
	01/25/2007	6 Contributor address; C	City; State; Zip Code				\$96.80
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)		
	☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [ Sklar, Larry (Mr.)	-				Amount of entribution (\$)
	04/03/2007	6 Contributor address; Co	City; State; Zip Code				\$50.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)		
10		n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	(if applicable)		
12	Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation	,	18 Purpose of travel			
		****	<del> </del>		-	- · · · -	
		·					

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OF L

OTHER THAN PLEUGE	ES UK LUA	СИ			
The Instruction Guide explains how to comp	lete this form.		1 PAGE# Schedule: 7/8	Repor	t: 9/20
2 FILER NAME Goldberg, David (Mr.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)
4 Date 5 Full name of contributor [ Solomon, Stuart (Dr.)	out-of-state PAC(ID#	)			Amount of ontribution (\$)
	City; State; Zip Code				\$126.00
8 Principal occupation / Job title (See Instructions	·)	9 Employer (See In:	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete 12 Name of person(s) traveling on whose behalf the	te box 11 if applicable.	11 In-kind description	· · · · · · · · · · · · · · · · · · ·		
, ,,,	, ,				
13 Departure city / location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transportation	l	18 Purpose of travel			
4 Date 5 Full name of contributor [ Stein, Margerie (Mrs.)	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
03/19/2007 6 Contributor address; 6 Houston, TX 77096	City; State; Zip Code	,			\$300.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See In:	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description Deserts			
12 Name of person(s) traveling on whose behalf the	ie travel was accepted (a	attach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel		-	
-					

# **POLITICAL CONTRIBUTIONS**

### SCHEDULE A

(512)463-5800

OTHER THAN PLEDGE	:5 UK LUA	N5				
The Instruction Guide explains how to compl	ete this form.	1 PAGE # Schedule: 8/8 Report: 10/20				
2 FILER NAME Goldberg, David (Mr.)			3 ACCOUNT # 00000001		ommission filers)	
4 Date 5 Full name of contributor C Voraberger, Nicole (Mrs.)	out-of-state PAC(ID#	)			Amount of ntribution (\$)	
04/03/2007 6 Contributor address; C	ity; State; Zip Code				\$1,000.00	
8 Principal occupation / Job title (See Instructions)	)	9 Employer (See In	structions)			
10 In-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete 12 Name of person(s) traveling on whose behalf the	e box 11 if applicable.	11 In-kind description				
					16 Arrival date	
13 Departure city / location	14 Departure date	15 Destination city / i	ocation		16 Amvai date	
17 Means of transportation	-	18 Purpose of travel				
·						

POLITI	CAL EXPENDIT	UKES			<u>.</u>	CHEDULE F
The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 1/1	0 Repo	ort: 11/20
2 FILER NAME	Goldberg, David (Mr.)			3 ACCOUNT# 00000001	(Ethics C	commission filers)
4 Date	5 Payee name City of Houston				7	Amount (\$)
03/01/2007		ity; State; Zip Code				\$1.70
Purpose of payment     (See instructions regarding type of information required.)     Parking at City Hall			9 ** Complete if direct Candidate / Officeho	t expenditure to ben Ider name:	efit Cand	idate/Officeholder **
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel		-	
4 Date	5 Payee name City of Houston			<u> </u>	7	Amount (\$)
03/05/2007		City; State; Zip Code				\$500.00
8 Purpose of pay (See instruction Filing Fee	yment ns regarding type of information	required.)	9 * Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	e baxes 10-16)	Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city	location /	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			

#### (512)463-5800 POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/10 Report: 13/20 3 ACCOUNT# (Ethics Commission filers) 2 FILER NAME Goldberg, David (Mr.) 00000001 Date Amount Payee name Fedex Kinkos (\$) 01/24/2007 \$8.88 6 Payee address; City; State; Zip Code 4834b Beechnut St Houston, TX 77096 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Copies of petition 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 Amount Date Payee name Fedex Kinkos (\$) \$21.65 02/28/2007 6 Payee address; City; State; Zip Code 4834b Beechnut S Houston, TX 77096 9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) Copies of Petition 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 data 15 Means of transportation 16 Purpose of travel

POLITI	CAL EXPENDIT	'URES				9	SCHEDULE F
The Instruction	ON GUIDE explains how to comp	plete this form.		1	PAGE # Schedule: 4/	10 Rep	ort: 14/20
2 FILER NAME	Goldberg, David (Mr.)	-		3	ACCOUNT # 00000001	(Ethics	Commission filers)
4 Date	5 Payee name Franks, Michael (Mr.)					7	Amount (\$)
03/20/2007  6 Payee address; City; State; Zip Code  404 IH-45 Huntevillo, TX 77488				\$740.00			
	yment ons regarding type of information on Yard Signs	roquirod.}	9 ** Complete if direc Candidate / Officehol	t exp	penditure to ber	iefit Can	didate/Officeholder **
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of person	on(s) traveling on whose behalf th	ie expenditure for travel	was made (attach addit	tiona	I pages if neces	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation 16 Purpose of travel				<u> </u>			
4 Date	5 Payee name Franks, Michael (Mr.)		The state of the s			7	Amount (\$)
03/29/2007 6 Payee address; City: State; Zip Code 404 IH-45 Huntsville, TX 77488					\$835.86		
	yment ns regarding type of information nt on 500 yardsigns	required.)	9 · · Complete if direct Candidate / Officehol			efit Cano	didate/Officeholder **
l <u> </u>			Office sought: Office held:				
	ா(s) traveling on whose behalf th		was made (attach additi	ional	l pages if neces	sary)	
11 Departure city /	location	12 Departure date	13 Destination city / le	ocat	ion		14 Arrival date
15 Means of transp	portation		16 Purpose of travel				

POLITICAL EXPENDIT	URES	. 6771. 2070	(512)40	SCHEDULE F			
The Instruction Guide explains how to comp	0 Report: 15/20						
2 FILER NAME Goldberg, David (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001					
4 Date 5 Payee name Franks, Michael (Mr.)				7 Amount (\$)			
04/05/2007 6 Payee address; City; State; Zip Code 404 IH-45 I luntsville, TX 77488							
Purpose of payment (Soo instructions regarding type of information 20 4'x8' Signs and 100 Bumper Stickers	roquired.)	9 · · Complete if direc Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder **			
☐ Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	ional pages if necess	sary)			
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date				14 Arrival date			
15 Means of transportation	L	16 Purpose of travel		·			
4 Date 5 Payee name Harris County Clerk Houston, TX 77002				7 Amount (\$)			
02/01/2007 6 Payee address; City; State; Zip Code \$102.48							
8 Purpose of payment (See instructions regarding type of information required.) Prior Election Database  9 ** Complete if direct expenditure to benefit Candidate / Officeholder name:				efit Candidate/Officeholder			
☐ Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf th	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 / k	ocation	14 Arrival date			
15 Means of transportation		16 Purpose of travel					

#### 1-800-325-8506 (512)463-5800 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 6/10 Report: 16/20 3 ACCOUNT# (Ethics Commission filers) 2 FILER NAME Goldberg, David (Mr.) 00000001 Amount Date Payee name Harris County Tax-Assesor (\$) \$25.00 01/17/2007 6 Payee address; City; State; Zip Code 1001 Preston St Houston, TX 77002 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Harris County Voter Registration Database 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) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 15 Means of transportation 16 Purpose of travel Amount Date Payee name Kroger Grocery (\$) \$10.05 03/16/2007 6 Payee address; City; State; Zip Code 10306 S Post Oak, Houston, TX 77096 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · 8 Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) Office Supplies 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) 13 Destination city / location 14 Arrival date 11 Departure city / location 12 Departure date 16 Purpose of travel 15 Means of transportation

exas Ethics Commission	P.O.Box 12070	) Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLITICAL	EXPENDIT	URES			80	HEDULE F
The Instruction Guide e	xplains how to comp	elete this form.		1 PAGE# Schedule: 7/1	0 Repor	t: 17/20
2 FILER NAME Goldberg, David (Mr.)				3 ACCOUNT#		mmission filers)
4 Date 5 Pave	ee name	·		00000001	17	Amount
Offic	ce Max					(\$)
6 Paye 270		City; State; Zip Code		·		\$14.61
8 Purpose of payment (See instructions regardi 150 B&W Brochures	ng type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Candid	late/Officeholder ''
П в			Office sought: Office held:			
Payment for travel ou  Name of person(s) travel	itside Texas (complete			ional aggre if neces		
re manie or person(s) have	ing on whose penen a	e experiulture for traver	was made (attach addit	ional pages ii neces	oca y /	
1 Departure city / location		12 Departure date	13 Destination city /	ocation		14 Arrival date
5 Means of transportation		1	16 Purpose of travel			
4 Date 5 Payer Office	e name ce Max				7	Amount (\$)
270	e address; C Meyerland Plaza M ston, TX 77096	city; State; Zip Code all		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$14.61
Purpose of payment (See instructions regardi Copies of brochures	ng type of information	required.)	9 · · Complete if direc Candidate / Officehol		r efit Candid	ate/Officeholder
			Office sought:			
Payment for travel ou	tside Texas (complete	boxes 10-16)	Office held:			
<b>0</b> Name of person(s) travel	ng on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
1 Departure city / location		12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of transportation			16 Purpose of travel			<u> </u>

#### Texas Ethics Commission (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 8/10 Report: 18/20 (Ethics Commission filers) Goldberg, David (Mr.) 3 ACCOUNT# 2 FILER NAME 00000001 Date Payee name Amount Office Max (\$) 02/20/2007 \$10.83 6 Payee address; City; State; Zip Code 270 Meyerland Plaza Mall Houston. TX 77096 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name: (See instructions regarding type of information required.) Brochures 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 Amount Date Payee name Office Max (\$) \$64.94 04/02/2007 6 Payee address; City; State; Zlp Code 270 Meyerland Plaza Mall Houston, TX 77096

Ö	Purpose of payment
	(See instructions regarding type of information required.)
	DeLorme Street Atlas Plus 2007 (Mapping Software)

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) traveting 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	

Texas Ethics Con	mission P.O.Box 12070	) Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-8506	
POLITI	CAL EXPENDIT	URES			s	CHEDULE F	
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE# Schedule: 9/10 Report: 19/20			
2 FILER NAME Goldberg, David (Mr.)				3 ACCOUNT# 00000001	(Ethics C	commission filers)	
4 Date 5 Payee name Office Max					7	Amount (\$)	
04/03/2007	6 Payee address; C 270 Meyerland Plaza Houston. TX 77096				\$46.01		
8 Purpose of pa (See instruction 250 B&W British	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name United States Postal Se	ervice			7	Amount (\$)	
03/27/2007	6 Payee address; C 5350 Bellaire Blvd Bellaire, TX 77401	City; State; Zip Code				\$21.06	
8 Purpose of pa (See instruction First-Class S	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		efit Cand	idate/Officeholder **	
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of perso	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 /	ocation		14 Arrival date	
15 Means of trans	sportation		16 Purpose of travel				
·							

#### DOLITICAL EVDENDITUDES

SCHEDIJE E	

POLITI	CAL EXPENDIT	UKES			5	CHEDULE F
The Instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 10	/10 Rep	oort: 20/20
2 FILER NAME	Goldberg, David (Mr.)			3 ACCOUNT# 00000001	(Ethics C	ommission filers)
92/05/2007	5 Payee name Walmart  6 Payee address; C 9555 So. Post Oak Road Houston, TX 77096	ity; State; Zip Code			7	Amount (\$) \$10.09
8 Purpose of pay (See instruction Clipboards	/ment ne regarding typo of information (	roquirod.)	9 * Complete if direc Candidate / Officehol	t expenditure to ben der name:	efit Cand	idate/Officeholder ••
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city	location	12 Departure date	13 Destination city / I	ocation	<del>-</del>	14 Arrival date
15 Means of trans	portation		16 Purpose of travel			<u> </u>
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