#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT# 2 PAGE# The C/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 1 of 141 9999999 CANDIDATE / MS/MRS/MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Ms. Melissa NAME Date Received NICKNAME LAST SUFFIX 141 Noriega CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE OFFICEHOLDER MAILING RECEIVED 4430 Pcasc Houston, TX 77023 **ADDRESS** Change of Address FIRST CAMPAIGN MS/MRS/MR Date Processed Tommie **TREASURER** NAME Date Imaged NICKNAME SUFFIX Noriega STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN STATE; ZIP CODE TREASURER 8203 Misty Vale Houston, TX 77075 **ADDRESS** (Residence or business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER (713) 635-4772 PHONE 8 REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) 9 PERIOD Month Day Year Month Day COVERED THROUGH 01/17/2007 04/02/2007 ELECTION DATE 10 ELECTION **ELECTION TYPE** Month Primary Runoff General X Special 05/12/2007 OFFICE SOUGHT (If known) Houston City Council At-Large OFFICE HELD (if any) 11 OFFICE District 3 13 NOTICE · Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT CAMPAIGN Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address/PO Box; Apt. / Suite #; Zip Code additional pages **GO TO PAGE 2**

Signature of officer administering oath

CANDIDATE SUPPORT &		OLDER REPORT:		FORM C/OH SHEET PG 2
14 C/OH NAME Norie	ga, Melissa (Ms.)		15 ACCOUNT # 99999999	(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	have been made with	tice of political expenditures by political committees to support the ca lout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures.	ndidate / afficeholder. es and officeholders a	These expenditures may re required to report this
	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		·
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	3,349.00
, -		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	105,121.23
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$30 OR LESS, UNLESS ITEMIZED	\$	1,075.16
	4. TOTAL	POLITICAL EXPENDITURES	\$	42,037.24
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	53,032.58
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	5,000.00
AFFIX NOTARY Swom to and subscri		Signature of Control of Signature of Signature of Control of Signature of Signatu	all information reques.  Landidate or officer  this the	nolder

Print name of officer administering oath

Title of officer administering oath

The Instruction	on Guide explains how to com	plete this form.			PAGE # Schedule: 1/	118 Re	port: 3/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 A	CCOUNT #		Commission filers)
4 Date	5 Full name of contributor Acosta, Hipolito	out-of-state PAC(ID#_	)	<b>!</b>	- <u></u>	7	Amount of contribution (\$)
03/09/2007	6 Contributor address; Kingwood, TX 77045	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	· • • • •			\$250.00
8 Principal occup	ation / Job title (See Instruction	s)	9 Employer (See ins	structio	ons)		
Complete t	-kind contribution for travel out	ete box 11 if applicable.	11 In-kind description		,		
12 Name of person	(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages i	f nece:	ssary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	<u> </u>		16 Arrival date
17 Means of transp	ortation	·	18 Purpose of travel		·		<u> </u>
4 Date	5 Full name of contributor   Adkins, Richard	out-of-state PAC(ID#_	)	,			Amount of ontribution (\$)
	Contributor address; Contribut	City; State; Zip Code				le.	´ \$200.00
8 Principal occupa	tion / Job title (See Instructions	)	9 Employer (See Ins	truction	ns)		
	ion kind contribution for travel outs oxes 12-18. Otherwise, comple		11 In-kind description	(if app	olicable)		
12 Name of persone	(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages if	neces	ssary)		
13 Departure city / I	ocation	14 Departure date	15 Destination city / lo	cation			16 Arrival date
17 Means of transpo	ortation		18 Purpose of travel				
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The Instruction Guide explains how to com	plete this form.		1 PAGE# Schedule: 2/11	8 Report: 4/141
2 FILER NAME Noriega, Melissa (Ms.)	,		· · · · · · · · · · · · · · · · · · ·	Ethics Commission filers)
4 Date 5 Full name of contributor Aguilar, Joe	out-of-state PAC(ID#		1	7 Amount of contribution (\$)
03/10/2007 6 Contributor address; Pasadena, TX 77504	City; State; Zip Cod	e		\$400.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete boxes 12-18.	ete box 11 if applicable.			
12 Name of person(s) traveling on whose behalf to	he travel was accepted	(attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel		
		)		Amount of contribution (\$) \$250.00
Houston, TX 77002				į
8 Principal occupation / Jub title (See Instructions	5)	9 Employer (See Inst	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf th	e travel was accepted (	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel		,

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	The Instructi	on Guide explains how to con	plete this form.	<del> </del>	1	PAGE#		
2	FILER NAME	Noriega, Melissa (Ms.)	<del> </del>		<del> </del>	Schedule: 3/		
-	1 ICENTIANIE	Monega, Melissa (Ms.)			3	ACCOUNT # 99999999	(Etnics	Commission filers)
4	Date	5 Full name of contributor Allen, Alma	out-of-state PAC(ID#_		<u>L_</u>		7	Amount of 4contribution (\$)
	03/10/2007	6 Contributor address; Houston, TX 77047	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				\$100.00
8	Principal occup	oation / Job title (See Instruction	s)	9 Employer (See Ins	struc	tions)	<b>.</b>	
10	In-kind contribu	ition		11 In-kind description	ı (if a	pplicable)	•••	
	Check if is	n-kind contribution for travel out boxee 12 18. Otherwise, compl	side Texas and			•		
12		n(s) traveling on whose behalf t		attach additional pages i	f nec	cessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocati	on		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel				<u> </u>
		•						:
4	Date	5 Full name of contributor Allen, Tom	Out-of-state PAC(ID#_					Amount of
		Allen, Totti					CC	ontribution (\$)
	03/22/2007	6 Contributor address; Houston, TX 77096	City; State; Zip Code					\$150.00
8	Principal occupa	ation / Job title (See Instructions	3)	9 Employer (See Ins	truct	ions)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		ion -kind contribution for travel outs oxes 12-18. Otherwise, comple		11 In-kind description	(if a <sub>l</sub>	oplicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	nec	essary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	catio	nn		16 Arrival date
17	Means of transp	ortation		18 Purpose of travel			i	<del></del>
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2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Allen Boone Humphries R	out-of-state PAC(ID#_obinson LLP	)	i	7 Amount of contribution (\$)
6 Contributor address; Houston, TX 77027	City; State; Zip Code	,		\$1,000.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete boxes 12-18.	ete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name of contributor Allgood, Carolyn	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/10/2007 6 Contributor address; Houston, TX 770275404	City; State; Zip Code			\$100.00
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
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2 FILER NAME	Noriega, Melissa (Ms.)		<u> </u>		18 Report: 7/141 (Ethics Commission filers)
4 Date	5 Full name of contributor   Alvarado, Jaime	out-of-state PAC(ID#_	)		7 Amount of contribution (\$)
03/24/2007	6 Contributor address; (	City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		\$200.0
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See Ins	structions)	
Complete	in-kind contribution for travel outs boxes 12-16. Otherwise, comple	ete box 11 if applicable.			
12 Name of perso	on(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages i	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation -	16 Arrival date
17 Means of trans	portation	<u> </u>	18 Purpose of travel		<u> </u>
4 Date	5 Full name of contributor [ Amegy Bank of Texas Politi	out-of-state PAC(ID#_ical Action Committee	3		7 Amount of contribution (\$)
03/22/2007	6 Contributor address; C	City; State; Zip Code			\$1,000.00
8 Principal occup	Dation / Job title (See Instructions)	)	9 Employer (See Ins	structions)	
10 In-kind contribu Check if ir complete I	rtion n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	ide Texas and ite box 11 if applicable.	11 In-kind description	(If applicable)	
12 Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	i hecessary)	
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transp	portation		18 Purpose of travel		
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The Instruc	TION GUIDE explains how to c	omplete this form.	•	1 PAGE # Schedule: 6/	118 Re	port: 8/141
2 FILER NAM	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributo Ana Hernandez Campa		)	-		Amount of ontribution (\$)
02/02/2007	6 Contributor address;	City; State; Zip Code	e		-	\$500.00
8 Principal occ	upation / Job title (See Instruct	ions)	9 Employer (See In:	structions)		
	bution f in-kind contribution for travet of the boxes 12-10. Otherwise, con		11 In-kind description	(if applicable)		
12 Name of per	son(s) traveling on whose beha	If the travel was accepted	(attach additional pages i	f necessary)		
13 Departure cit	y / location	14 Departure date	15 Destination city / N	ocation		16 Arrival date
17 Means of trai	nsportation	I <u></u>	18 Purpose of travel			
4 Date	5 Full name of contributor Anderson, Mavis	out-of-state PAC(ID#_				Amount of intribution (\$)
03/24/2007	Contributor address; Houston, TX 770254017	City; State; Zip Code				\$100.00
8 Principal occu	pation / Job title (See Instruction	ons)	9 Emptoyer (See Ins	tructions)		
10 In kind contrit  Check if complete	oution in-kind contribution for travel o boxes 12-18. Otherwise, com	utside Texas and plete box 11 if applicable.	11 In-kind description	(if applicable)	,	
12 Name of pers	оп(s) traveling on whose behal	f the travel was accepted (	attach additional pages if	necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7 Means of tran	sportation	_ <b></b>	18 Purpose of travel			· · · · · · · · · · · · · · · · · · ·
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The Instructi	ON GUIDE explains how to com	plete this form.			PAGE Sche		/118 Re	eport: 9/141
2 FILER NAME	Noriega, Melissa (Ms.)			3	ACCO	DUNT #		Commission filers)
4 Date	5 Full name of contributor Applewhite, Sherry	out-of-state PAC(ID#_	)	•			7	Amount of contribution (\$)
03/22/2007	6 Contributor address; Houston, TX 77006	City; State; Zip Code			••••			\$500.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	struc	tions)		<u> </u>	
complete	n-kind contribution for travel out boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			•		
12 Name of perso	n(s) traveling on whose behalf the	he travel was accepted (	attach additional pages i	if ned	essar	/)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocati	on	· <u>-</u>		16 Arrival date
17 Means of trans	portation	·	18 Purpose of travel					<b>1</b>
4 Date	5 Full name of contributor Arnold & Langrand Commu	out-of-state PAC(ID#_ inications		***			7	Amount of contribution (\$)
03/20/2007	O Contributor address; (	City; State; Zip Gode		•••				\$500.00
8 Principal occup	ation / Job title (See Instructions	3)	9 Employer (See Ins	truct	ions)		l	
10 In-kind contribution Check if in complete	tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 in-kind description	(if ap	pplicat	ole)		
12 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	пес	essary	)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	catio	on			16 Arrival date
17 Means of transp	portation		18 Purpose of travel					<u></u>
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	TION GUIDE explains how to cor	nplete this form.		1 PAGE		Report: 10/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOL	JNT# (Ethic	s Commission filers)
4 Date	5 Full name of contributor AT&T Texas PAC	out-of-state PAC(ID#		<u> </u>	7	Amount of contribution (\$)
02/28/2007	6 Contributor address:  Auetin, TX 79701	City; State; Zip Cod	e			\$1,0 <b>0</b> 0.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)		
complete	oution in-kind contribution for travel out b boxes 12 18. Otherwise, comp on(s) traveling on whose behalf	lete box 11 if applicable.				
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
7 Means of trans	sportation	1	18 Purpose of travel			. 4
Date	5 Full name of contributor Atlas, Scott	Out-of-state PAC(ID#_			7	Amount of contribution (\$)
03/05/2007	Contributor address; Houston, TX 770026710	City; State; Zip Code	•	• • • • • • • • • • • • • • • • • • • •		\$1,000.0
Principal occup	Leation / Job title (See Instructions	3)	9 Employer (See Inst	tructions)	<u> </u>	
In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind description	(if applicable)	)	
Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages if	necessary)	<u> </u>	· . · · · · · · · · · · · · · · · · · ·
Departure city /	location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
Means of transp	portation	·	18 Purpose of travel	1875		
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The Instruction Guide explains h	The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 9/118 Report: 11/141		
2 FILER NAME Noriega, Meliss	a (Ms.)		3 ACCOUNT # 99999999	(Ethics Commission filers)	
4 Date 5 Full name of or Aviles, Dionel	ontributor out-of-state PAC(ID#			7 Amount of contribution (\$)	
02/28/2007 6 Contributor add	dress; City; State; Zip Cod	le	•••••••	\$500	
Principal occupation / Job title (See	Instructions)	9 Employer (See Ins	tructions)		
	vise, complete box 11 if applicable				
2 Name of person(s) traveling on who	se behalf the travel was accepted	(attach additional pages if	necessary)		
3 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date	
7 Means of transportation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel	-		
Date 5 Full name of con Badat, Fahmida	ntributor			7 Amount of contribution (\$)	
03/30/2007 6 Contributor additional Houston, 1X 77066				\$350	
Principal occupation / Job title (See	nstructions)	9 Employer (See Instr	uctions)		
In-kind contribution  Check if in-kind contribution for complete boxes 12-18. Otherwi	travel outside Texas and se, complete box 11 if applicable.	11 In-kind description (	f applicable)	·	
2 Name of person(s) traveling on whos	a hehalf the travel was accepted (	attach additional pages if r	accessary)		
Departure city / location	14 Departure date	15 Destination city / loc	ation	16 Arrival date	
Means of transportation		18 Purpose of travel			

THE INSTRUCTION	ON GUIDE explains how to con	mplete this form.		1 PAGE#	18 Report: 12/141
FILER NAME	Noriega, Melissa (Ms.)				Ethics Commission filers)
Date	5 Full name of contributor Baggett, Phil	out-of-state PAC(ID#		7	Amount of contribution (\$)
03/07/2007	6 Contributor address;	City; State; Zip Cod	e		\$1,000
Principal occup	eation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	
oomplete l	n-kind contribution for travel ou boxes 12-10. Otherwise, comp	lete box 11 if applicable.			
Name of persor	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)	
3 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
Means of transp	portation	<u> </u>	18 Purpose of travel		
Date 02/28/2007	5 Full name of contributor Balaco, Rosa (Ms.)  6 Contributor address;	out-of-state PAC(ID#_		7	Amount of contribution (\$)
	Houston, TX 77096		·		<b>*</b>
Principal occupa	ition / Job title (See Instruction	s)	9 Employer (See Inst	tructions)	
In-kind contribution  Check if incomplete b	on kind contribution for travel outs oxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	
Name of person	s) traveling on whose behalf th	ne travel was accepted (	attach additional pages if	nereccary)	
Departure city / I	ocation	14 Departure date	15 Destination city / los	cation	16 Arrival date
Means of transpo	ortation	L	18 Purpose of travel		<u> </u>
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The Instruc	TION GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 1	1/118 Report: 13/141
2 FILER NAME	E Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Bankston, Donald	out-of-state PAC(ID#	)	<u> </u>	7 Amount of contribution (\$)
02/02/2007	6 Contributor address; Richmond, TX 774690884	City; State; Zip Cod	e	• • • • • • • • • • • • • • • • • • • •	\$500.0
Principal occ	upation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	<u> </u>
complet	bution fin-kind contribution for travel ou o boxee 12 18. Otherwise, comp son(s) traveling on whose behalf	lete box 11 if applicable.			
			(attach adultional pages i	mecessary)	·
3 Departure city	y / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
7 Means of tran	sportation		18 Purpose of travel		
Date	5 Full name of contributor Bankston, Susan	out-of-state PAC(ID#_	)		7 Amount of contribution (\$)
02/21/2007	6 Contributor address; Richmond, TX 77480	City; State; Zip Code			\$100.00
Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	ructions)	
In-kind contrib	oution in-kind contribution for travel out boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 in-kind description	(if applicable)	
2 Name of perso	on(s) traveling on whose behalf t	ne travel was accepted (	attach additional pages if	necessary)	
3 Departure city	/ location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
- Jopaniano olly	·		18 Purpose of travel	<del> </del>	
	sportation				
	sportation				
7 Means of trans	sportation				

I THE INS	TRUCTION GUIDE explains how t	o complete this form.		1 PAGE # Schedule: 12/11	18 Report: 14/141
2 FILER N	IAME Noriega, Melissa (M	(s.)			thics Commission filers)
4 Date	5 Full name of contrib Barnes, Ben	outor out-of-state PAC(ID#		7	Amount of contribution (\$)
02/15/2	6 Contributor address Austin, TX 78701	s; City; State; Zip Code			\$500.00
8 Principa	occupation / Job title (See Instr	ructions)	9 Employer (See In	structions)	,
LL con	eck if in-kind contribution for trav	complete box 11 if applicable.			
12 Name of	person(s) traveling on whose b	ehalf the travel was accepted	(attach additional pages	if necessary)	<u>-</u>
13 Departur	e city / location	14 Departure date	15 Destination city / f	ocation	16 Arrival date
17 Means o	transportation	<u></u>	18 Purpose of travel		
1 Date	5 Full name of contribution Basinger, Scott	utor  ut-of-state PAC(ID#_		. 7	Amount of contribution (\$)
03/24/20	6 Contributor address, Baylor College of Medici		•••••••••••		\$100.00
Principal	occupation / Job title (See Instru	actions)	9 Employer (See Ins	structions)	·
O In-kind or   Che   com	ontribution ck if in-kind contribution for travi plete boxes 12-18. Otherwise, o	el outside Texas and complete box 11 if applicable.	11 In kind description	(if applicable)	
2 Name of	person(s) traveling on whose be	half the travel was accepted (	attach additional pages if	necessary)	
3 Departure	city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
7 Means of	transportation		18 Purpose of travel		i
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TRUCTION GUIDE explains how to	complete this form.		1 PAGE# Schedule: 1:	3/118 Report: 15/141
IAME Noriega, Melissa (Ms	.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
5 Full name of contribu Berkman, Nancy (Ms.)	tor  out-of-state PAC(ID#		· · · · ·	7 Amount of contribution (\$)
		e	· · · · · · · · · · · · · · · · · · ·	\$250.00
occupation / Job title (See Instru	ctions)	9 Employer (See Ins	structions)	<u> </u>
eck if in-kind contribution for trave uplete boxes 12-19. Otherwise, co	amplete box 11 if applicable.		·	
e city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
transportation		18 Purpose of travel		
5 Full name of contribute Berthelsen, Alice	or out-of-state PAC(ID#_	)	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)
6 Contributor address; Houston, TX 77004	City; State; Zip Code	•••••••	······································	\$100.00
occupation / Job title (See Instruct	ions) (	9 Employer (See Inst	ructions)	
k if in-kind contribution for travel	outside Texas and nplete box 11 if applicable.	11 In-kind description (	if applicable)	· ·
erson(s) traveling on whose beha	if the travel was accepted (s	attach additional pagoo if r	посозвагу)	
city / location	14 Departure date	15 Destination city / loc	ation	16 Arrival date
ransportation		18 Purpose of travel		<u>_</u>
	5 Full name of contribute Berkman, Nancy (Ms.)  6 Contributor address; Houston, TX 77025  1 occupation / Job title (See Instruction for travel person(s) traveling on whose berties of transportation  5 Full name of contributor for travel person(s) traveling on whose berties of transportation  5 Full name of contributor Berthelsen, Alice  1007 6 Contributor address; Houston, TX 77004  100ccupation / Job title (See Instruction for travel polete boxes 12-18. Otherwise, contribution contribution for travel polete boxes 12-18. Otherwise, contribution contribution for travel polete boxes 12-18. Otherwise, contributes, contributes, contribution contribution for travel polete boxes 12-18. Otherwise, contributes, contribution contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18. Otherwise, contribution for travel polete boxes 12-18.	5 Full name of contributor  out-of-state PAC(ID# Berkman, Nancy (Ms.)  6 Contributor address; City; State; Zip Code  Houston, TX 770Eb  1 occupation / Job title (See Instructions)  ontribution  ock if in-kind contribution for travel outside Texas and opelete boxes 12-16. Otherwise, complete box 11 if applicable.  occupation	S Full name of contributor   out-of-state PAC(ID#   Department   Dep	Schedule: 1 3 ACCOUNT # 99999999  5 Full name of contributor

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The Instruct	TION GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 14/1	118 Report: 16/141
2 FILER NAME	Noriega, Melissa (Ms.)	,			(Ethics Commission filers)
4 Date	5 Full name of contributor Black Navarro, Yolanda	out-of-state PAC(ID#			7 Amount of contribution (\$)
02/02/2007	6 Contributor address; Houston, TX 77023	City; State; Zip Code	e		\$100.00
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	· · · · · · · · · · · · · · · · · · ·
10 In-kind contrib	pution		11 In-kind description	(if applicable)	
Check if	in-kind contribution for travel out boxes 12-18. Otherwise, comp	tside Texas and		(	
	on(s) traveling on whose behalf			necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city / Ic	ocation	16 Arrival date
17 Means of trans	sportation		18 Purpose of travel		
4 Date	5 Full name of contributor Blanton, Jack	out-of-state PAC(ID#_		7	Amount of contribution (\$)
03/10/2007	6 Contributor address; Houston, TX 77098	City, State; Zip Code			\$250.00
8 - Principal occup	pation / Job title (See Instruction:	s)	9 Employer (See Inst	ructions)	
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
7 Means of trans	portation		18 Purpose of travel		

The Instruct	пом Guide explains how to com	plete this form.		1	PAGE # Schedule:	15/118	Report: 17/141
2 FILER NAME	Noriega, Melissa (Ms.)			1	ACCOUNT /	# (Ethic	s Commission filers)
4 Date	5 Full name of contributor Bombaywala, Shuaib	ut-of-state PAC(ID#_			***	7	Amount of contribution (\$)
03/30/2007	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			•	\$250.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	struc	tions)		
Complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
12 Name of person	on(s) traveling on whose behalf th	ne travel was accepted	(attach additional pages i	if nec	cessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocati	on		16 Arrival date
17 Means of trans	sportation	<u> </u>	18 Purpose of travel			<u> </u>	<u>.</u>
Date	5 Full name of contributor   Borochoff, Bob	out-of-state PAC(ID#				7	Amount of contribution (\$)
02/28/2007	6 Contributor address; Contributor Address; Contrib	City; State; Zip Code		• • • •			\$3,000.00
Principal occup	pation / Job title (See Instructions	)	9 Employer (Sée Ins	tructi	ions)	<u></u>	
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description Food & Beverage	(if ap	pplicable) or Reception	1	
2 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages if	nece	eceany)		
3 Departure city,	/ location	14 Departure date	15 Destination city / lo	catio	on		16 Arrival date
7 Means of trans	portation		18 Purpose of travel		-		1
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2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		eport: 18/141 Commission filers)
4	Date	5 Full name of contributor Brackeen, James	out-of-state PAC(ID#	)			Amount of ontribution (\$)
	03/31/2007	6 Contributor address;	City; State; Zip Code	÷			\$100.00
8	Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	<b>1</b>	
10	In-kind contribu	ution	· · · · · · · · · · · · · · · · · · ·	11 In-kind description	(if applicable)		-
		n-kind contribution for travel out		`	(ii applicatio)		
12		boxes 12-18. Otherwise, compl n(s) traveling on whose behalf t				<del></del>	
12		n(s) traveling on whose behalf t	ne travel was accepted	(attach additional pages i	r necessary)		
12	Donati in alter		lia o	Table 1			·
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
		·					
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor Bradford, C.O.	out-of-state PAC(ID#_				Amount of ntribution (\$)
	02/26/2007	6 Contributor address:	City; State; Zip Code	······································	• • • • • • • • • • • • • • • • • • • •		\$100.00
8	Principal occup	ation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)		
10	In kind contribu	•		11 In-kind description	(if applicable)		<u> </u>
	complete t	kind contribution for travel outs ooxes 12-18. Otherwise, comple	ete box 11 if applicable.				
12	Name of persor	n(s) traveling on whose behalf th	ne travel was accepted (	attach additional pages if	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17	Means of transp	portation	l	18 Purpose of travel			<del></del>
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The Instruction Guide explains how to com	plete this form.		1 PAGE# Schedule: 17/	/118 Re	eport: 19/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		commission filers)
4 Date 5 Full name of contributor Brassard, Richard	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
02/28/2007 6 Contributor address;	City; State; Zip Code				\$500.00
8 Principal occupation / Job title (See Instruction:	s)	9 Employer (See Ins	structions)	<u></u>	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-16. Otherwise, complete	ete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages i	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of transportation	L ,	18 Purpose of travel			
4 Date 5 Full name of contributor [ Bratton, Mary	out-of-state PAC(ID#_				Amount of ntribution (\$)
U2/U2/2007 6 Contributor address; GHouston, TX 77002	City; State; Zip Code				\$250.00
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		
10 In kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages if	necessarv)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
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The Instruction Guide explains how	v to complete this form.	·	1 PAGE#	
	<u> </u>		Schedule: 18/	118 Report: 20/141
2 FILER NAME Noriega, Melissa	(Ms.)		3 ACCOUNT# 99999999	(Ethics Commission filers)
5 Full name of con Bricker, Jeffrey	ributor  out-of-state PAC(ID#	)		7 Amount of contribution (\$)
02/28/2007 6 Contributor addre Page Southerland Pa Houston, TX 77002	ss; City; State; Zip Code	e		\$125.0
Principal occupation / Job title (See In	structions)	9 Employer (See In:	structions)	
In-kind contribution  Check if in-kind contribution for to complete boxes 12-18. Otherwise	avel outside Texas and e, complete box 11 if applicable.	11 In-kind description	(if applicable)	
2 Name of person(s) traveling on whose	behalf the travel was accepted	(attach additional pages i	necessary)	
3 Departure city / focation	14 Departure date	15 Destination city / kg	ocation	16 Arrival date
7 Means of transportation		18 Purpose of travel		
Date 5 Full name of contr Britt, Jerri	butor uut-of-state PAC(ID#_			7 Amount of contribution (\$)
U2/15/2007 6 Contributor address Houston, TX 77017	s; City; State; Zip Code	•		\$100.0
Principal occupation / Job title (See Ins	tructions)	9 Employer (See Inst	ructions)	
In kind contribution  Check if in-kind contribution for traccomplete boxes 12-18. Otherwise	ivel outside Texas and	11 In-kind description	(if applicable)	
Name of person(s) traveling on whose		I. attach additional pagee if	nocoeeary)	
Departure city / location	14 Departure date	15 Destination city / loc	ation	16 Arrival date
Means of transportation	<del> </del>	18 Purpose of travel		
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2 FILER N	IAME Nations Maline (MA		<del></del>		18 Report: 21/141		
Z FILEMI	IAME Noriega, Melissa (Ms	·.)		3 ACCOUNT # (Ethics Commission filers) 99999999			
4 Date	5 Full name of contribution Brown, Peter	rtor  out-of-state PAC(ID#		7	Amount of contribution (\$)		
02/02/2	6 Contributor address; Houston, TX 77005		e		\$250.0		
3 Principal	occupation / Job title (See Instru	ctions)	9 Employer (See In	structions)			
<u> </u>							
IO In-kind c	ontribution eck if in-kind contribution for trave aplete boxes 12-18. Otherwise, c	l outside Texas and omplete box 11 if applicable.	11 In-kind description	i (if applicable)			
2 Name of	person(s) traveling on whose bel	nalf the travel was accepted	(attach additional pages i	f necessary)	<del></del>		
3 Departur	e city / location	14 Departure date	15 Destination city / le	ocation	16 Arrival date		
7 Means of	transportation		10 D				
	·		18 Purpose of travel				
Date	5 Full name of contribut Brown, Ronald	or out-of-state PAC(ID#_		7	Amount of contribution (\$)		
02/02/20	6 Contributor address; Houston, TX 77019	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$100.00		
Principal (	occupation / Job title (See Instruc	tions)	9 Employer (See Ins	tructions)			
n-kind co			11 In-kind description	(if applicable)			
Chec	ck if in-kind contribution for travel plete boxes 12-18. Otherwise, co	outside Texas and mplete box 11 if applicable.					
	person(s) traveling on whose beh		attach additional pages if	necessary)			
3 Departure	city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date		
	transportation	. <u> </u>	18 Purpose of travel	-			
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### POLITICAL CONTRIBUTIONS

The Instru	истом Guide explains how to co	emplete this form.		1	PAGE #	7/110	Poport: 00/144
2 FILER NAM	ME Noriega, Melissa (Ms.)			3	ACCOUNT # 99999999		Report: 22/141 s Commission filers)
4 Date	5 Full name of contributor Burge, William III	out-of-state PAC(ID#		<u>+ ,                                   </u>		7	Amount of contribution (\$)
03/22/200	6 Contributor address: Houston, TX 77019	City; State; Zip Code	e	• • • •			\$500.00
8 Principal oc	cupation / Job title (See Instruction	ons)	9 Employer (See In	struc	tions)	<u> I.</u>	
I I comple	ribution if in-kind contribution for travel or to boxee 12 16. Otherwise, com rson(s) traveling on whose behal	plete box 11 if applicable.					
13 Departure c	ity / location	14 Departure date	15 Destination city / I	ocati	on		16 Arrival date
1 / Means of tra	insportation	<u> </u>	18 Purpose of travel				<u></u>
Date	5 Full name of contributor Burney, Zinetta	out-of-state PAC(ID#_		_		7	Amount of contribution (\$)
02/28/2007	6 Contributor address; Houston, 1X 770047449	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	• • • •			\$100.00
Principal occ	supation / Job title (See Instruction	ns)	9 Employer (See Ins	tructi	ons)		
Check i	ibution f in-kind contribution for travel ou te boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind description	(il ap	pplicable)		
	son(s) traveling on whose behalf		attach additional pages if	nece	essary)		
3 Departure cit	y / location	14 Departure date	15 Destination city / lo	catio	n		16 Arrival date
7 Means of trai	nsportation		18 Purpose of travel				
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## **POLITICAL CONTRIBUTIONS**

i ne i	изтнистюи Guide explai	ins how to complete th	is form.	1	PAGE#	<b>440</b> D	
2 FILER	NAME Noriega, Me	elissa (Ms.)		3	Schedule: 21 ACCOUNT # 99999999		nt: 23/141 mission filers)
4 Dat	e 5 Full name Butler, Willia	of contributor out-	of-state PAC(ID#				ount of ibution (\$)
03/24	/2007 6 Contributo	or address; City; S	tate; Zip Code	••••••	• • • • • • • • • • • • • • • • • • • •		\$250.00
<b>8</b> Princip	al occupation / Job title	(See Instructions)	<b>9</b> E	mployer (See Instru	ctions)		
		on for travel outside Texitherwise, complete box 1	as and 1 if applicable.	kind description (if	,		
	ure city / location			estination city / locat		16	Arrival date
17 Means	of transportation	<u> </u>	18 Pi	rpose of travel	·		· · · · · · · · · · · · · · · · · · ·
Date 03/24/2	Calderon, Err		f-state PAC(ID#			7 Amo	unt of sution (\$)
	Houston, TX 7				·		Ψ_00,00
l Principa	al occupation / Job title (S	See Instructions)	9 En	iployer (See Instruct	ions)		
r⊐ Ch	contribution eck if in-kind contribution mplete boxes 12-18. Oth	n for travel outside Texas erwise, complete box 11	bne	kind description (if a	oplicable)		
		whose hehalf the travel v		ditional pages if nee	papary)		
3 Departu	re city / location	14 Dep	parture date 15 De	stination city / location	n	16	Arrival date
7 Means o	f transportation		18 Pu	pose of travel	<del></del>	<u> </u>	
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L	The Instructi	ON GUIDE explains how to corr	plete this form.		1 PAGE # Schedule: 22	2/118 R	eport: 24/141
2	FILER NAME	Noriega, Melissa (Ms.)		·	3 ACCOUNT # 99999999	-	Commission filers)
4	Date	5 Full name of contributor Canonico, Christopher	out-of-state PAC(ID#_			7	Amount of ontribution (\$)
	02/02/2007	6 Contributor address; Bellaire, TX 77401	City; State; Zip Code				\$250.00
8	Principal occup	pation / Job title (See Instruction	is)	9 Employer (See Ins	structions)	<u> </u>	
	complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description			
12	Name of perso	n(s) traveling on whose behalf t	he travel was accepted (	attach additional pages i	f necessary)		ŧ
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor Capo, Zeph	out-of-state PAC(ID#_				Amount of entribution (\$)
	03/11/2007	<b>.</b>	City; State; Zip Code				\$100.00
8	Principal occup	ation / Job title (Gee Instructions	5)	9 Employer (See Ins	tructions)		
	In-kind contribut	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)	-	
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17	Means of transp	ortation		18 Purpose of travel			
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2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999			
4 Date	5 Full name of contributor Carrell, Richard	out-of-state PAC(ID#			· · · ·	7	Amount of contribution (\$)
03/24/2007	6 Contributor address;	City; State; Zip Code	• · · · · · · · · · · · · · · · · · · ·	•••••			\$100.0
Principal occup	oation / Job title (See Instruction	ns)	9 Employer (See In:	structions	s)	<u>L</u> .	
☐ complete	ntion n-kind contribution for travel out boxes 12-18. Otherwise, comp n(s) traveling on whose behalf	lete box 11 if applicable.					
3 Departure city /	location	14 Departure date	15 Destination city / le	ocation	·	<del></del>	16 Arrival date
7 Means of transp	portation		18 Purpose of travel				<u> </u>
Date	5 Full name of contributor Carter, Darryl	out-of-state PAC(ID#_				<b>7</b>	Amount of ontribution (\$)
02/28/2007	6 Contributor address; Houston, TX 77002	City; State; Zip Code					\$500.0
Principal occupa	ation / Job title (See Instruction	s)	9 Employer (See Ins	tructions	[		
Complete b	kind contribution for travel outs	ete box 11 if applicable.	11 In-kind description	,			
2 Name of person	(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	necessa	ry)		
3 Departure city /	location .	14 Departure date	15 Destination city / lo	cation		<u>.                                      </u>	16 Arrival date
7 Means of transp	ortation	<u> </u>	18 Purpose of travel		<u></u>	·	
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The Instruction Guide explains how to co	omplete this form.		1 PAGE# Schedule: 24/	/118 Report: 26/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Cavazos, Eddie	out-of-state PAC(ID#			7 Amount of contribution (\$)
03/10/2007 6 Contributor address;		e		\$100.00
8 Principal occupation / Job title (See Instruction	ons)	9 Employer (See In:	structions)	<del></del>
10 In-kind contribution  Check if in-kind contribution for travel o complete boxes 12-18. Otherwise, com	plete box 11 if applicable.			
12 Name of person(s) traveling on whose behalt	f the travel was accepted	(attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel	<u> </u>	
4 Date 5 Full name of contributor CenterPoint Energy PAC	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/28/2007 6 Contributor address; Houston, 1X 772104567	City: State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructio	ns)	9 Employer (See Ins	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel ou complete boxes 12-18. Otherwise, comp	ntside Texas and elete box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf	the travel was accepted (a	attach additional pages if	nocoseary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel	• • • • • • • • • • • • • • • • • • • •	
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The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 25/	/118 Report: 27/141
2 FILER NAME Noriega, Melissa (Ms.)	·		3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Christie, Jack	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77024	City; State; Zip Code			\$100.00
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel out complete boxee 12 18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	he travel was accepted (a	attach additional pages if	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / Id	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel	<u>:</u>	
4 Date 5 Full name of contributor Christofilis, Linda	ut-of-state PAC(ID#			7 Amount of contribution (\$)
03/28/2007 6 Contributor address; Austin, TX 78739	City; State; Zip Code	······································		\$100.00
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See Inst	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	11 In kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf th	ne travel was accepted (a	ttach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
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		on doine exhibitis from to com	piece uns iorni.		Schedule: 26	/118 Re	port: 28/141
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		ommission filers)
4	Date	5 Full name of contributor Clark, Tracy	out-of-state PAC(ID#_				Amount of ntribution (\$)
	04/02/2007	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •		\$1,000.0
8	Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In:	structions)		
10	In-kind contribu	ition		11 In-kind description	ı (if applicable)		·-
	Check if in	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and		· · · · · · · · · · · · · · · · · · ·		
12		n(s) traveling on whose behalf the			if necessary)		
				Manager and Transfer to Table 2	,,,		
13	Departure city /	location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17	Means of transp	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [ Collum, Ann	out-of-state PAC(ID#_			<b>7</b> A	mount of tribution (\$)
		· • • • • • • • • • • • • • • • • • • •					***
	02/02/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8	Principal occupa	ation / Job title (See Instructions	i)	9 Employer (See Ins	tructions)		
		•	,		•		
10	In kind contribut	tion		11 In-kind description	(if applicable)	<del></del>	<u> </u>
	Check if in	kind contribution for travel outsi	ide Texas and				
12		n(s) traveling on whose behalf the		Lattach additional pages if	necessary)		<u> </u>
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		6 Arrival date
17	Means of transp	ortation		18 Purpose of travel	<del></del>		
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The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 27	7/118 Report: 29/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Contreras, Alicia	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/26/2007 6 Contributor address;	City; State; Zip Code	••••••••••••		\$100.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel out- complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf the	he travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel		<u> </u>
4 Date 5 Full name of contributor Corpus, David	out-of-state PAC(ID#_	)	·	7 Amount of contribution (\$)
02/28/2007 6 Contributor address; Humble, TX 77346	City; State; Zip Code			\$100.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete		11 in-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	nttach additional pages if	nenessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel	· · · · · ·	

The Instruc	TION GUIDE explains how to cor	mplete this form.		1 PAGE# Schedule: 28	B/118 R	eport: 30/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributor Cromack, Dan	out-of-state PAC(ID#				Amount of ontribution (\$)
02/28/2007		City; State; Zip Code				\$200.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	<u></u>	
Complete	in-kind contribution for travel ou boxes 12-16. Otherwise, comp	lete box 11 if applicable.				
Name of persent	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
7 Means of trans	sportation		18 Purpose of travel	<u> </u>		
Date	5 Full name of contributor Crouch, Kay	out-of-state PAC(ID#_				Amount of ntribution (\$)
02/28/2007	6 Contributor address; Houston, TX 77009	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$100.00
Principal occup	Dation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)		
In-kind contribution Check if it complete	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		·
Name of perso	n(s) traveling on whose behalf t	he travel was accepted (a	attach additional pages if	necessary)		<u> </u>
3 Departure city	location	14 Departure date	15 Destination city / Io	cation	•	16 Arrival date
Means of trans	portation	·	18 Purpose of travel			
			·		<u> </u>	· · · · · · · · · · · · · · · · · · ·

### POLITICAL CONTRIBUTIONS

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	INSTRUCTION	ON GUIDE explains how to con	nplete this form.	1 PAGE# Schedule: 29			9/118	Report: 31/141
2 FILE	RNAME	Noriega, Melissa (Ms.)			Schedule: 29/118 Report: 31/141  3 ACCOUNT # (Ethics Commission filers) 99999999			
4 D	ate	5 Full name of contributor Danburg, Debra (Ms.)	out-of-state PAC(ID#		1		7	Amount of contribution (\$)
03/2	0/2007	6 Contributor address;	City; State; Zip Code	e				\$100.0
B Princ	ipal occup	ation / Job title (See Instruction	ns)	9 Employer (See In:	struct	ions)	<u> </u>	
	complete t	tion -kind contribution for travel out poxes 12-18. Otherwise, comp n(s) traveling on whose behalf	lete box 11 if applicable.					
	rture city /		14 Departure date					140
. С Боро	into only ,	1000001	14 Departure date	15 Destination city / lo	ocatio	n		16 Arrival date
7 Mear	s of transp	ortation	<u></u>	18 Purpose of travel	<del></del>			
Da	te	5 Full name of contributor Davenport, Marian	out-of-state PAC(ID#_				7	Amount of contribution (\$)
04/02	:	6 Contributor address; Houston, TX 77019	City; State; Zip Code		• • • •		-	\$100.0
Princi	pal occupa	tion / Job title (See Instructions	s)	9 Employer (See Ins	tructio	ons)	<u>                                       </u>	
	d contributi Check if in- complete be	on	side Texas and ste box 11 if applicable.	11 In-kind description	(if ap	plicable)		<u></u>
2 Name	of person(	s) traveling on whose hehalf th	ne travel was accepted (	attach additional pagoo if	ncec	ooary)		· · · · · ·
3 Depar	ture city / lo	ocation	14 Departure date	15 Destination city / los	cation	<u> </u>		16 Arrival date
7 Means	of transpo	ortation	I	18 Purpose of travel				L
			·····	<u> </u>		<u>.</u> .		

# POLITICAL CONTRIBUTIONS

I ne instruct	пом Guide explains how to com	plete this form.		1 PAGE#	)/118 B	eport: 32/141
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file 999999999		
l Date	5 Full name of contributor Day, Jonathan	out-of-state PAC(ID#			7	Amount of contribution (\$)
03/29/2007	6 Contributor address;	City; State; Zip Code	e		•	\$500.
Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In:	structions)	<u></u>	
complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	ete box 11 if applicable.				
3 Departure city	/ location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
Means of trans	portation		18 Purpose of travel			· .
Date	5 Full name of contributor [ Demark, Joy	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
02/21/2007	6 Contributor address; Contributor Address; Contrib	City; State; Zip Code				\$150.
Principal occup	nation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		
□ complete	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
Name of person		14 Departure date	15 Destination city / Io		ı	16 Arrival date
		T Populato adio	To boomation only , to			
			40.5	- <del></del>		
Departure city /	portation		18 Purpose of travel			
Name of person Departure city /	portation		18 Purpose of travel			

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	The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3			1/118 Report: 33/141		
2	FILER NAME	FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999				
4	Date	5 Full name of contributor Diaz, Tessa	out-of-state PAC(ID#		4		7	Amount of contribution (\$)	
	03/26/2007	6 Contributor address;	City; State; Zip Code		• • • •	•••••		\$100.0	
8	Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In:	struc	tions)	<u> </u>		
	complete t	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.						
12		n(s) traveling on whose behalf th			if nec	:essary)			
13	Departure city /	location	14 Departure date	15 Destination city / fo	ocatio	on		16 Arrival date	
17	Means of transp	portation		18 Purpose of travel			· .	<u>.                                    </u>	
4	Date	5 Full name of contributor [ Diaz-Gonzalez, Irma	out-of-state PAC(ID#_				7	Amount of contribution (\$)	
		6 Contributor address; C	Jity; State; Zip Code			,		\$1,000.0	
3	Principal occupa	ation / Job title (See Instructions	)	9 Employer (See Inst	tructi	ions)			
0	In-kind contribution Check if in-licomplete bo	ion kind contribution for travel outsi oxes 12-18. Otherwise, complet	ide Texas and te box 11 if applicable.	11 In-kind description	(if ap	plicable)			
2		(s) traveling on whose behalf the		attach additional pages if	nooc	oooary)			
3	Departure city / ic	ocation	14 Departure date	15 Destination city / lo	catio	n		16 Arrival date	
7	Means of transpo	ortation	·	18 Purpose of travel					

### **POLITICAL CONTRIBUTIONS**

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	OTHER	THAN PLEDG	ES OR LOA	.NS 					
	The Instruction	plete this form.	1 PAGE # Schedule: 32			2/118 F	2/118 Report: 34/141		
2	FILER NAME Noriega, Melissa (Ms.)			3	ACCOUNT # 99999999	(Ethics	Commission filers)		
4	Date	5 Full name of contributor Doguim, Robert	ut-of-state PAC(ID#_				7	7 Amount of contribution (\$)	
03/10/2007 6 Contributor address; City; State; Zip Code								\$250.00	
8 Principal occupation / Job title (See Instructions)				9 Employer (See In:	struc	tions)	•		
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	ı (if a	applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages 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 { Dube, Pramod	out-of-state PAC(ID#		<u></u>		7	Amount of contribution (\$)	
03/21/2007 6 Contributor address; City; State; Zip Code Houston, TX 77057								\$100.00	
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Ins	struct	tions)	•		
10	In-kind contribut Check if in complete to	tion I-kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable) Food for Reception					
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	f nec	essary)			
13	Departure city /	location	14 Departure date	15 Destination city / Id	ocatio	on		16 Arrival date	
17	Means of transp	portation		18 Purpose of travel				1	
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The Instructi	ON GUIDE explains how to cor	1 PAGE#			3/118 Report: 35/141		
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # 99999999		Commission filers)	
4 Date	5 Full name of contributor Dugas Box & Company L	Out-of-state PAC(ID#	)		7 Amount of contribution (\$)		
03/08/2007	6 Contributor address;	City; State; Zip Code			<u> </u>	\$500.0	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Ins	structions)		· · · · · · · · · · · · · · · · · · ·	
	ution n-kind contribution for travel ou boxes 12-18. Otherwise, comp n(s) traveling on whose behatf		11 In-kind description		·		
3 Departure city /		14 Departure date	15 Destination city / lo			16 Amin 140	
		14 Departure date	13 Destination City / it	cation		16 Arrival date	
7 Means of trans	oortation		18 Purpose of travel		.,		
Date	5 Full name of contributor Durrani, Afaq	out-of-state PAC(ID#_				Amount of intribution (\$)	
03/21/2007	6 Contributor address; Katy, TX 77450	City; State; Zip Code	·			\$100.00	
Principal occupa	ation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)			
In-kind contribut Check if in complete b	ion -kind contribution for travel outs oxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)			
2 Name of person	(e) traveling on whose behalf th	ne travel was accepted (d	attach additional payes if	necessary)			
3 Departure city /	ocation	14 Departure date	15 Destination city / lo	cation		16 Arrival date	
Means of transp	ortation		18 Purpose of travel		1		
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	OTHER	THAN PLEDGI	ES OR LOA	NS					
-	The Instruction	1 PAGE# Schedule: 34/118 Report: 36/141					eport: 36/141		
2	FILER NAME				(Ethics	(Ethics Commission filers)			
4	Date	5 Full name of contributor El Paso Corporation PAC	out-of-state PAC(ID#_	)	•			7 0	Amount of ontribution (\$)
03/09/2007 6 Contributor address; City; State; Zip Code									\$500.00
8 Principal occupation / Job title (See Instructions)				9 Employer (See In:	struct	tions)			
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			-		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	if nec	essary	)		
13	Departure city /	location	14 Departure date	15 Destination city / location					16 Arrival date
17	Means of transp	portation		18 Purpose of travel					
4	Date	5 Full name of contributor [ Faith in Texas Fund PAC	out-of-state PAC(ID#_	·				7 0	Amount of ontribution (\$)
C	03/21/2007	6 Contributor address; C Austin, TX 787014093	City; State; Zip Code						\$500.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	struct	ions)			·
10	In-kind contributh Check if in complete t	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (ifaq	oplicat	le)		
19	Name of persor	(s) traveling on whose hehalf th	e travel was accepted (a	ittach additional pages i	fneo	essary	)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocatio	on			16 Arrival date
17	Means of transp	portation		18 Purpose of travel					
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	OTHER	THAN PLEDGI	ES OR LOA	INO			
	The Instruction	อพ Guide explains how to comp	olete this form.		1 PAGE # Schedule: 35	/118 Re	eport: 37/141
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4	Date	5 Full name of contributor   Fallon, Gayle					Amount of ontribution (\$)
	02/28/2007		City; State; Zip Code				\$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)					
10	In-kind contribution Check if in complete	tion n-kind contribution for travel outs noxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / l	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Farley, CJ	out-of-state PAC(ID#	,			Amount of ontribution (\$)
	03/29/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Ins	structions)		
10		tion -kind contribution for travel outsi poxes 12-18. Otherwise, comple		11 In-kind description Gift Certificate	(if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages it	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of transp	portation .	·	18 Purpose of travel			
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OTHER THAN	PLEDGES ON LOA	1140		
The instruction Guide expla	ins how to complete this form.		1 PAGE # Schedule: 36/118 F	Report: 38/141
2 FILER NAME Noriega, M	elissa (Ms.)		3 ACCOUNT # (Ethics 999999999999999999999999999999999999	Commission filers)
4 Date 5 Full name Farmers En	of contributor		7	Amount of contribution (\$)
03/08/2007 6 Contribute	or address; City; State; Zip Code			\$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See In:	structions)	
10 In-kind contribution		11 In-kind description	(if applicable)	
Check if in-kind contribut complete boxes 12-18. C	on for travel outside Texas and therwise, complete box 11 if applicable.			
12 Name of person(s) traveling of	n whose behalf the travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 5 Full name Faschingbal	of contributor		7	Amount of contribution (\$)
04/02/2007 6 Contributo				\$500.00
8 Principal occupation / Job title	(See Instructions)	9 Employer (See Ins	structions)	-
	on for travel outside Texas and therwise, complete box 11 if applicable.	11 In-kind description	(if applicable)	
	whose hehalf the travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / le	ocation	16 Arrival date
17 Means of transportation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel	, <u>0</u>	
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# **POLITICAL CONTRIBUTIONS**

OTHER THAN PLEDGES OR LOANS							
	The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 37	<u>'/1</u> 18 Re	eport: 39/141
2	FILER NAME	Noriega, Melissa (Ms.)		,	3 ACCOUNT# 99999999	(Ethics C	commission filers)
4	Date	5 Full name of contributor   Fonseca, Ramiro	out-of-state PAC(ID#				Amount of ontribution (\$)
	03/24/2007	6 Contributor address; (	City; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions	3)	9 Employer (See In	structions)		
10	In-kind contribution Check if in complete	ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	. •	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of transportation			18 Purpose of travel				
4	Date	5 Full name of contributor [ Fort Bend County Democra					Amount of ntribution (\$)
	02/21/2007	6 Contributor address; C	City; State; Zip Code				\$620.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)		
10	In-kind contribu  Check if in complete to	tion -kind contribution for travel outsi poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	uttach additional pages if	necessary)	· · <del>-</del> -	
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17	Means of transp	ortation		18 Purpose of travel	···		
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	The Instruction	ON GUIDE explains how to com	plete this form.	1 PAGE # Schedule: 38/118 Report: 40/141			
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		commission filers)
4	Date	5 Full name of contributor Franklin Cardwell & Jones	Out-of-state PAC(ID#_				Amount of ontribution (\$)
	02/28/2007	6 Contributor address;	City; State; Zip Code				\$1,000.00
8	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Ins	structions)		
10	In-kind contribution Check if in complete	ntion n-kind contribution for travel outs boxes 12-16. Otherwise, comple	side Texas and ste box 11 If applicable.	11 In-kind description	(if applicable)	<del>-</del>	
12	Name of person	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 / lo	ocation		16 Arrival date
17	Means of trans	portation .		18 Purpose of travel			
4	Date	5 Full name of contributor Frels, Kelly	out-of-state PAC(ID#	)			Amount of ntribution (\$)
(	02/15/2007	6 Contributor address; Contributor Address; Houston, TX 770562329	City; State; Zip Code			÷	\$100.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		
_	In-kind contribution  Check if in complete be	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	٠	
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if	necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17	Means of transp	portation		18 Purpose of travel			
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The Instructi	ON GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 39	D/118 B	eport: 41/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributor Galvan, Irma	out-of-state PAC(ID#_	)	L	7	Amount of contribution (\$)
02/02/2007	6 Contributor address; (	City; State; Zip Code	<b>;</b>			\$1,500.0
8 Principal occup	pation / Job title (See Instructions	s) _	9 Employer (See Ins	structions)	<u> </u>	
□ complete	in-kind contribution for travel outs boxes 12-10. Otherwise, comple	ete box 11 if applicable.	<u> </u>	ges for Reception		
12 Name of perso	on(s) traveling on whose behalf th	ie travel was accepted (	(attach additional pages i	f necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation	<del></del>	16 Arrival date
17 Means of trans	portation		18 Purpose of travel	·		I .
4 Date	5 Full name of contributor [ Garcia, Carlos	ut-of-state PAC(ID#_				Amount of ontribution (\$)
02/28/2007	6 Contributor address; C	City; State; Zip Code				\$150.00
8 Рипсіраї оссир	Dation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		
10 In-kind contribu  Check if ir complete i	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	ide Texas and ate box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transp	portation		18 Purpose of travel	·		<u> </u>

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The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 40	/118 Report: 42/141	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999		
4 Date	5 Full name of contributor Garcia, Lisa	I name of contributor  ut-of-state PAC(ID#			7 Amount of contribution (\$)	
03/10/2007 6 Contributor address; City; State; Zip Code Washington, DC 20009				\$100.00		
8 Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)		
☐ complete	ution n-kind contribution for travel outs boxes 12-19. Otherwise, comple n(s) traveling on whose behalf th	ete box 11 if applicable.	11 In-kind description			
13 Departure city	/ focation	14 Departure date	15 Destination city / I	ocation	16 Arrival date	
17 Means of trans	portation		18 Purpose of travel		<u> </u>	
4 Date	5 Full name of contributor   Garcia, Richard	out-of-state PAC(ID#_	)	<u> </u>	7 Amount of contribution (\$)	
02/02/2007	6 Contributor address; C	City; State; Zip Code			\$101.00	
6 Principal occup	auton / Job title (See Instructions	5)	9 Employer (See las	structions)		
☐ complete	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
12 Name or person	n(s) traveling on whose benali tr	ie traver was accepted (a	attach additional pages i	r necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date	
17 Means of trans	portation		18 Purpose of travel			
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The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 41	/118 Re	eport: 43/141
2 FILER NAME	Noriega, Melissa (Ms.)	-		3 ACCOUNT# 99999999	(Ethics C	ommission filers)
4 Date	5 Full name of contributor   Garcia, Rick	out-of-state PAC(ID#_	)			Amount of ontribution (\$)
02/28/2007	6 Contributor address; (Houston, TX 77017	City; State; Zip Code				\$150.00
8 Principal occup	pation / Job title (See Instructions	3)	9 Employer (See Ins	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	ne travel was accepted (a	attach additional pages i	f necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of trans	portation	l	18 Purpose of travel			· · · · ·
4 Date	5 Full name of contributor [ Garnet Coleman Campaign	out-of-state PAC(ID#_				Amount of ntribution (\$)
03/20/2007	6 Contributor address; Contributor Address; Contrib	City; State; Zip Code				\$1,500.00
8 Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		·
10 In-kind contribu	ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of transp	portation .		18 Purpose of travel			
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OTHER	THAN PLEDGE	S UN LUA	NO			
The Instruction	ON GUIDE explains how to compl	ete this form.	1 PAGE # Schedule: 42/118 Report: 44/1			port: 44/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999		ommission filers)
4 Date	5 Full name of contributor [Garver, C.M.	_		:		Amount of ontribution (\$)
03/10/2007		ity; State; Zip Code				\$1,000.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)		
	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description	n (if applicable)		
12 Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	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			
4 Date	5 Full name of contributor Garza Ridge, Celina	_				Amount of ontribution (\$)
02/28/2007	6 Contributor address; Contributor, TX 77077	ity; State; Zlp Code				\$150.00
8 Principal occup	ation / Job title (See Instructions)		9 Employer (See Ins	structions)		-
10 In-kind contribu  Check if ir complete	ntion n-kind contribution for travel outsid boxes 12-18. Otherwise, complet	de Texas and e box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of persor	n(s) traveling on whose behalf the	travel was accepted (a	attach additional pages i	f necessarv)		
13 Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transp	portation	•	18 Purpose of travel			
			·	·		
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The Instruction Guide explains how to comp	lete this form.	1 PAGE # Schedule: 43/118 Report: 45/141			
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999	(Ethics Commission filers)	
4 Date 5 Full name of contributor [ Glaser, Stephen	out-of-state PAC(ID#	)		7 Amount of contribution (\$)	
	City; State; Zip Code			\$100.00	
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Ins	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete		11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages i	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date	
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor Gochman, Arthur	out-of-state PAC(ID#		-	7 Amount of contribution (\$)	
02/28/2007 6 Contributor address; C	ity; State; Zip Code			\$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Ins	tructions)		
10 In-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	de Texas and e box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose hehalf the	travel was accepted (a	ttach additional pages if	inecessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date	
17 Means of transportation		18 Purpose of travel	·		
	· · · · · · · · · · · · · · · · · · ·				

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The Instruction Guide explains how to com-	plete this form.		1 PAGE# Schedule: 44	/118 R	eport: 46/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999		Commission filers)
4 Date 5 Full name of contributor Goff, Walter	out-of-state PAC(ID#_			7 c	Amount of ontribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77056	City; State; Zip Code		•••••••		\$250.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages i	f necessary)		. "
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	<u> </u>	16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor [ Golding, Bert (Mr.)	out-of-state PAC(ID#_			7 00	Amount of ontribution (\$)
03/12/2007 6 Contributor address; C	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Ins	tructions)	<del></del> -	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		· · · · · · · · · · · · · · · · · · ·
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation .		16 Arrival date
17 Means of transportation		18 Purpose of travel			

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The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 45	/118 Re	eport: 47/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributor [ Gomez, Marvin					Amount of ontribution (\$)
03/10/2007	6 Contributor address; (	City; State; Zip Code				\$200.00
8 Principal occup	ation / Job title (See Instructions	)	9 Employer (See Ins	structions)		
complete	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
12 Name of person	ngs) traveling on whose behalf th	e traver was accepted fr	allacii addilional pages i	i necessary)		
13 Departure city	location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [ Gonzalez, Edward	out-of-state PAC(ID#		·		Amount of ontribution (\$)
02/28/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8 Principal occup	ation / Job title (See Instructions		9 Employer (See Ins	structions)	•	
	tion -kind contribution for travel outsi coxes 12-18. Otherwise, comple		11 In-kind description	(If applicable)		
12 Name of persor	n(s) traveling on whose behalf th	e travel was accepted (s	attach additional pages if	f necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of transp	portation		18 Purpose of travel			·

The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 46	/118 R	eport: 48/141
2 FILER NAME Noriega, Melissa (Ms.)		<b>-</b>	3 ACCOUNT # 99999999		Commission filers)
4 Date 5 Full name of contributor Gonzalez, Rodrigo	out-of-state PAC(ID#_				Amount of ontribution (\$)
03/26/2007 6 Contributor address;	City; State; Zip Code				\$5,000.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ste box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages if	necessary)	- "	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	<u> </u>	16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor [ Gordon Quan Campaign	out-of-state PAC(ID#_				Amount of ontribution (\$)
03/21/2007 6 . Contributor address; C	City; State; Zip Code				\$500.00
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Inst	tructions)		
10 tn-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	···•	
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	uttach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel		J	
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The Instruction Guide explains how to complete this form.		1 PAGE#	118 Report: 49/141
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
Date 5 Full name of contributor  out-of-state PAC(ID) out-of-state DAC(ID) out-of-state DAC(ID)	)#)		7 Amount of contribution (\$)
03/26/2007 6 Contributor address; City; State; Zip Co	ode		\$200.0
Principal occupation / Job title (See Instructions)	9 Employer (See In	structions)	
O In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable		, ,,	
2 Name of person(s) traveling on whose behalf the travel was accepted	d (attach additional pages	f necessary)	
3 Departure city / location 14 Departure date	15 Destination city / I	ocation	16 Arrival date
7 Means of transportation	18 Purpose of travel		
Date 5 Full name of contributor  out-of-state PAC(ID# Grossberg, Marc	<i>;</i>		7 Amount of contribution (\$)
U3/07/2007  6 Contributor address; City; State; Zip Cod Houston, TX 77024	,de		\$250.0
Principal occupation / Job title (See Instructions)	9 Employer (See Ins	tructions)	
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)	
Name of person(s) traveling on whose behalf the travel was accepted	(attach additional pages if	necessary)	
Departure city / location 14 Departure date	15 Destination city / Io	cation	16 Arrival date
Means of transportation	18 Purpose of travel		

# **POLITICAL CONTRIBUTIONS**

	The Instruction Guide explains how to complete this form.			1	PAGE #	R/118	Report: 50/141
2 FILER NAME	Noriega, Melissa (Ms.)			3	ACCOUNT # 99999999		ics Commission filers)
4 Date	5 Full name of contributor Hamilton, David	out-of-state PAC(ID#_	)	<u>.                                    </u>		7	Amount of contribution (\$).
03/29/2007	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		•••••		\$500.00
Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In:	struc	tions)	<u>.l.</u>	
□ complete	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl n(s) traveling on whose behalf t	ete box 11 if applicable.					
3 Departure city /		14 Departure date	15 Destination city / In				16 Arrival date
		14 Departure date	13 Destination Gry / it	JCall	OH.		16 Amvai date
7 Means of trans	portation		18 Purpose of travel				
Date	5 Full name of contributor Hansen, Mary Margaret	Out-of-state PAC(ID#_				7	Amount of contribution (\$)
02/02/2007	6 Contributor address; Houston, TX 77023	City; State; Zip Code		• • •			\$100.00
Principal occupa	ation / Job title (See Instructions	s)	9 Employer (See Ins	truct	ions)	<u> </u>	
			<u></u>		oplicable)		
Check if in complete b	kind contribution for travel outs poxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
complete b	-kind contribution for travel outs	ete box 11 if applicable.					
Check if in complete b	e-kind contribution for travel outs poxes 12-18. Otherwise, comple of traveling on whose behalf the	ete box 11 if applicable.		noo	cooary)		16 Arrival date
Check if in complete b	e-kind contribution for travel outs boxes 12-18. Otherwise, completely rics) traveling on whose behalf the location	ete box 11 if applicable.	attach additional pagoo if	noo	cooary)		16 Arrival date
Check if in complete b  Name of person  Departure city /	e-kind contribution for travel outs boxes 12-18. Otherwise, completely rics) traveling on whose behalf the location	ete box 11 if applicable.	attach additional pages if	noo	cooary)		16 Arrival date
Check if in complete b  Name of person  Departure city /	e-kind contribution for travel outs boxes 12-18. Otherwise, completely rics) traveling on whose behalf the location	ete box 11 if applicable.	attach additional pages if	noo	cooary)		16 Arrival date

The INSTRUCTION GUIDE explains how to co	mplete this form.		1 PAGE # Schedule: 49/118	Panari E1/141
2 FILER NAME Noriega, Melissa (Ms.)		,		s Commission filers)
5 Full name of contributor Harris, Paula	out-of-state PAC(ID#	,)	7	Amount of contribution (\$)
03/22/2007 6 Contributor address; Houston, TX 770065161	City; State; Zip Cod	de	•••••	<b>\$100</b> .
Principal occupation / Job title (See Instruction	ons)	9 Employer (See In	structions)	
In-kind contribution     Check if in-kind contribution for travel ou complete boxes 12 18. Otherwise, comp	lete box 11 if applicable		•	·
2 Name of person(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	if necessary)	
3 Departure city / location	14 Departure date	15 Destination city / In	ocation	16 Arrival date
7 Means of transportation		18 Purpose of travel		
Date 5 Full name of contributor Helfman, Alan	ut-of-state PAC(ID#_		7	Amount of contribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77024	City; State; Zip Code	•		\$200.0
Principal occupation / Job title (See Instruction	s)	9 Employer (See Inst	tructions)	
In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In kind description	·	<u>-</u>
Name of person(s) traveling on whose behalf the	ne travel was accepted (	attach additional pages if	necessary)	
Departure city / location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of transportation		18 Purpose of travel		<u>.                                    </u>
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	The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 50/118 Report: 52/141			
2	FILER NAME Noriega, Melissa (Ms.)				3	ACCOUNT # 99999999		s Commission filers)
4	Date	5 Full name of contributor Hernandez, John	Out-of-state PAC(ID#		<u>.                                    </u>	. · · · · · · · · · · · · · · · · · · ·	7	Amount of contribution (\$)
(	02/22/2007	6 Contributor address; Houston, TX 77027	City; State; Zip Code	······	•••	••••••		\$487.5
В	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See In	struc	tions)	1	
	complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.		jes f	or Reception		
12	Name of persor	n(s) traveling on whose behalf th	ne travel was accepted	(attach additional pages i	fnec	essary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocati	on		16 Arrival date
7	Means of trans	portation		18 Purpose of travel			Ţ	_ <b></b>
ļ	Date	5 Full name of contributor [ Hernandez, John	cut-of-state PAC(ID#	)		<del></del>	7	Amount of contribution (\$)
O	3/22/2007	6 Contributor address; C	City; State; Zip Code	•		• • • • • • • • • • • • • • • • • • • •		\$300.00
	Principal occupa	ation / Job title (See Instructions	)	9 Employer (See Inst	tructi	ions)		<del></del>
	n-kind contribut  Check if incomplete b	ion kind contribution for travel outsi oxes 12-18. Otherwise, complet	de Texas and te box 11 if applicable.	11 In-kind description	(if a	oplicable)	·	
2 1	lame of person	(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	песе	essary)	· <u></u>	
3 [	Departure city / I	location	14 Departure date	15 Destination city / loc	catio	n		16 Arrival date
7 N	leans of transp	ortation		18 Purpose of travel		<del></del>	- <del>'' -</del> '	<u> </u>

# \$100.00 17 Means of transportation 18 Purpose of travel Electronic Filina Version

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The Instruction Guide explains how to con	nplete this form.		1 PAGE # Schedule: 52	2/118 Report: 54/	141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission	
4 Date 5 Full name of contributor Herrera, Eugene	out-of-state PAC(ID#			7 Amount of contribution	
03/08/2007 6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$200.00
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)		<del></del>
10 In-kind contribution  Check if in-kind contribution for travel out complete boxoe 12 18. Otherwise, comp	lete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf	the travel was accepted	(attach additional pages it	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / Id	ocation	16 Arriva	al date
17 Means of transportation		18 Purpose of travel	<del></del>		
Date 5 Full name of contributor Herrera, Gilbert  02/22/2007				7 Amount of contribution	
Houston, TX 770027363	City; State; Zip Code				\$487.50
Principal occupation / Job title (See Instruction:	s)	9 Employer (See Inst	ructions)		
O In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ate box 11 if applicable.	11 In-kind description Food & Beverage	(if applicable) es for Reception		
2 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	necessary)		
3 Departure city / location	14 Departure date	15 Destination city / loc	cation	16 Arriva	date
7 Means of transportation	·	18 Purpose of travel			-
					······································

The Instr	UCTION GUIDE explains how to con	mplete this form.		1 PAGE#	2/440 Den - 1 55 // -
2 FILER NA	ME Noriega, Melissa (Ms.)		<u>.</u>	3 ACCOUNT # 99999999	3/118 Report: 55/141 (Ethics Commission filers)
4 Date	5 Full name of contributor Herrera, Jesse	out-of-state PAC(ID#			7 Amount of contribution (\$)
03/24/20	O7 6 Contributor address;	City; State; Zip Code	e		\$250.00
8 Principal o	ccupation / Job title (See Instruction	ns)	9 Employer (See In	structions)	1
comp	k if in-kind contribution for travel ou lete boxes 12-16. Otherwise, comp	lete box 11 if applicable.			
	erson(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)	
13 Departure	city / location	14 Departure date	15 Destination city / le	ocation	16 Arrival date
17 Means of tr	ansportation	<del></del>	18 Purpose of travel		
4 Date	5 Full name of contributor Herrera Partners				7 Amount of contribution (\$)
02/02/200	7 6 Contributor address; Houston, TX 770027363	City; State; Zip Code			\$500.00
Principal oc	cupation / Job title (See Instruction	s)	9 Employer (See Inst	ructions)	
O In kind control Check complete	ibution  If in-kind contribution for travel outs te boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	
2 Name of per	son(s) traveling on whose behalf th	ne travel was accepted (s	attach additional pages if	necoccary)	
3. Departure di	ty / location	14 Departure date	15 Destination city / loa	cation	16 Arrival date
o Departure di		<u> </u>	18 Purpose of travel		
7 Means of tra	nsportation				
	nsportation	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE A
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	TION GUIDE explains how to co	mplete this form.		1 PAGE# Schedule: 5	4/118 E	Report: 56/141
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
Date	5 Full name of contributor Hobby, Paul	ut-of-state PAC(ID#	).		7	Amount of contribution (\$)
02/28/2007	6 Contributor address;	City; State; Zip Cod	le	• • • • • • • • • • • • • • • • • • • •		\$250
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)		<del> </del>
In-kind contrib	ution		11 In-kind description	dis a malia a la la la		
Check if i	n-kind contribution for travel ou boxes 12-16. Otherwise, comp	itside Texas and Nete box 11 if applicable.		і (іі арріісавіе)		
Name of perso	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)		·
Departure city	/ location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
Means of trans	portation	<u> </u>	18 Purpose of travel			<u> </u>
			i a poss of dave,			
Date	5 Full name of contributor	Out-of-state PAC/ID#	<del></del>		7	Amount of
	Houston Dock & Marine C	ouncil P.A.C. Fund			c	ontribution (\$)
02/28/2007	6 Contributor address; Pasadena, TX 77506	City; State; Zip Code	······································			\$1,000.
Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Inst	ructions)	<u>.</u>	
In kind contribu	tion	<u> </u>	11 In-kind description	(it applicable)		
Check if in complete t	kind contribution for travel out ooxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.		(п аррпоавле)		
Name of persor	n(s) traveling on whose behalf t	ne travel was accepted (	attach additional pages if	nococeary)		
Departure city /	location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
Means of transp	ortation	<u> </u>	18 Purpose of travel			

# **POLITICAL CONTRIBUTIONS**

The Instruct	ION GUIDE explains how to cor	nplete this form.		1 PAGE#	=/440 D	
2 FILER NAME	Noriega, Melissa (Ms.)			Schedule: 55 3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributor Houston Federation of Te	out-of-state PAC(ID# achers PAC		<u> </u>		Amount of ontribution (\$)
03/08/2007	6 Contributor address; Houston, TX 770275727	City; State; Zip Code	e			\$750.0
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	L	
complete	ution n-kind contribution for travel ou boxee 12 18. Otherwise, comp n(s) traveling on whose behalf	ete box 11 if applicable.				
13 Departure city	location	14 Departure date	15 Destination city / I	ocation	· ·	16 Arrival date
7 Means of trans	portation	<u>.</u>	18 Purpose of travel			<u> </u>
Date 03/21/2007	<ul> <li>Full name of contributor</li> <li>Houston Police Officers Ur</li> <li>Contributor address;</li> </ul>	out-of-state PAC(ID#_ion PAC				mount of tribution (\$)
	Houston, TX 77007	ony, state, 21p sode				\$2,500.00
Principal occupa	ation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)		
complete b	kind contribution for travel outs oxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			· · ·
2 Name of person	(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)		
3 Departure city / I	ocation	14 Departure date	15 Destination city / lo	cation		6 Arrival date
Doparture dry ?	ortation		18 Purpose of travel			
7 Means of transp			<u>.</u>			<u> </u>

The Instruct	TON GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 56	3/118 Report: 58/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Houston Police Retired O	out-of-state PAC(ID# fficers Association PA	AC Fund	<u> </u>	7 Amount of contribution (\$)
03/21/2007	6 Contributor address; Houston, TX 772522288	City; State; Zip Cod	e	••••••	\$750.0
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	
complete	ution n-kind contribution for travel our hoxes 12-18 Otherwise, comp n(s) traveling on whose behalf (	ete box 11 if applicable.			
13 Departure city /	/ location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		
Date	5 Full name of contributor Hulen, Harry	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/30/2007	6 Contributor address; Houston, TX 770622821	City, State, Zip Code			\$100.00
Principal occupa	ation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)	·
In-kind contribut     Check if in- complete b	tion -kind contribution for travel outs oxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In kind description	(if applicable)	
2 Name of person	(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	
3 Departure city / I	ocation	14 Departure date	15 Destination city / lo	cation	16 Arrival date
7 Means of transpo	ortation		18 Purpose of travel	 	
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The Instruct	TON GUIDE explains how to con	nplete this form.		1 PAGE# Schedule: 57	/118 Report: 59/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
1 Date	5 Full name of contributor I.B.E.W C.O.P.E.	X out-of-state PAC(ID#	C00027342		7 Amount of contribution (\$)
02/26/2007	6 Contributor address; Washington, DC 20001	City; State; Zip Code			\$500.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	
L complete	in-kind contribution for travel out boxes 12-18. Otherwise, comp	ete box 11 if applicable.			
z Name or perac	on(s) traveling on whose behalf t	ne travel was accepted	(attach additional pages	if necessary)	
3 Departure city	/ location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
Means of trans	sportation		18 Purpose of travel		
Date	5 Full name of contributor I.L.A. #24 Policial Action F	out-of-state PAC(ID#_und			7 Amount of contribution (\$)
02/28/2007	6 Contributor address; Houston, TX 77012	Clty; State; Zip Code			\$500.0
Principal occup	L Dation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)	
Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description		
Name of person	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
Departure city /	location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
Means of transp	portation	· ·	18 Purpose of travel		
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The Instruction Guide explains how to comp	plete this form.		1 PAGE # Schedule: 58	/118 R	eport: 60/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999		Commission filers)
4 Date 5 Full name of contributor   I.L.A. Local 1351 Political II	out-of-state PAC(ID#_nterest Committee				Amount of ontribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77012-1096	City; State; Zip Code	······			\$500.00
8 Principal occupation / Job title (See Instructions	s) ·	9 Employer (See Ins	structions)	<u> </u>	
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		·· ··	·
12 Name of person(s) traveling on whose behalf th	e travel was accepted (	(attach additional pages if	f necessary)		
13 Departure city / location	14 Departure date	15 Destination city / Id	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel		_	
I	out-of-state PAC(ID#_				Amount of Intribution (\$) \$500.00
Principal occupation / Jub title (See Instructions)		9 Employer (See Inst	tructions)		
10 In-kind contribution  Check if in-kind contribution for travel outsid complete boxes 12-18. Otherwise, complete		11 In kind description	(if applicable)	<u> </u>	
12 Name of person(s) traveling on whose behalf the	travel was accepted (a	attach additional pagés if	necessary)	,	
13 Departure city / location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel	-	1	
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The Instruct	TON GUIDE explains how to con	nplete this form.		1 PAGE# Schedule: 59	9/118 Report: 61/141		
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999			
4 Date	5 Full name of contributor Jackson, Loren	out-of-state PAC(ID#			7 Amount of contribution (\$)		
02/02/2007	6 Contributor address; Houston, TX 770964324	City; State; Zip Code	e ·	•••••	\$100.0d		
8 Principal occu	pation / Job title (See Instruction	ıs)	9 Employer (See Ins	structions)	<u>.</u>		
complete	ution in-kind contribution for travel out boxes 12-18. Otherwise, compl on(s) traveling on whose behalf t	lete box 11 if applicable.					
13 Departure city		14 Departure date			46 Aminal data		
10 Dopuisi o org	, iocaudii	14 Departure date	15 Destination city / lo	эсаноп	16 Arrival date		
17 Means of trans	portation		18 Purpose of travel	•	· · · · · · · · · · · · · · · · · · ·		
Date	5 Full name of contributor Jard, James	out-of-state PAC(ID#_			7 Amount of contribution (\$)		
03/10/2007	6 Contributor address; Houston, TX 770244468	City; State; Zip Code			\$500.00		
Principal occup	Dation / Job title (See Instructions	5)	9 Employer (See Inst	tructions)			
complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description				
2 Name of persor	n(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages if	necessary)			
3 Departure city /	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date		
7 Means of transp	portation	<u> </u>	18 Purpose of travel				
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The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 60	0/118 Report: 62/141		
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	•		
4 Date	5 Full name of contributor Jerry Valdez Governmenta	al Affairs	1		7 Amount of contribution (\$)		
03/10/2007	6 Contributor address; Austin. TX 78711	City; State; Zip Code		•••••	\$250.0		
B Principal occup	pation / Job title (See Instructions	s)	9 Employer (See Ins	structions)			
Complete l	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.					
2 Name of persor	n(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages i	if necessary)			
13 Departure city /	location	14 Departure date	15 Destination city / kg	ocation	16 Arrival date		
17 Means of transp	portation		18 Purpose of travel				
1 Date	5 Full name of contributor [ John Whitmire Campaign	out-of-state PAC(ID#			7 Amount of contribution (\$)		
4	6 Contributor address; Co	City; State; Zip Code	••••		\$1,000.0		
Principal occupa	ation / Job title (See Instructions	)	9 Employer (See Ins	tructions)			
complete b	kind contribution for travel outsi poxes 12-18. Otherwise, complet	te box 11 if applicable.	11 In kind description				
2 Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages if	necessary)			
3 Departure city / I	ocation	14 Departure date	15 Destination city / lo	cation	16 Arrival date		
7 Means of transpo	ortation		18 Purpose of travel				
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The Instructi	ON GUIDE explains how to con	plete this form.		1 PAGE # Schedule: 61/1	18 Report: 63/141
2 FILER NAME	Noriega, Melissa (Ms.)				Ethics Commission filers)
4 Date	5 Full name of contributor Joiner, John	out-of-state PAC(ID#_	)	7	Amount of contribution (\$)
03/10/2007	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$100.00
8 Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	
L_I complete	n-kind contribution for travel out boxes 12 18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description	,	
12 Name of perso	n(s) traveling on whose behalf (	he travel was accepted (	attach additional pages i	f necessary)	
13 Departure city	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of trans	portation		18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor Joiner, Patricia	out-of-state PAC(ID#_		7	Amount of contribution (\$)
02/02/2007	O Contributor address;	City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$250.00
B Principal occup	ation / Job title (See Instructions	S)	9 Employer (See Inst	tructions)	
In-kind contribution  Check if in complete to	tion -kind contribution for travel outs oxes 12-18. Otherwise, comple	side Texas and ste box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of persor	(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
7 Means of transp	ortation	1	18 Purpose of travel	· · ·	
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FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(118 Report: 64/141 (Ethics Commission filers)
Date	5 Full name of contributor Joiner, Patricia				7 Amount of contribution (\$)
02/28/2007	6 Contributor address; Houston, TX 77024	City; State; Zip Code	e		\$500.0
Principal occu	pation / Job title (See Instruction	is)	9 Employer (See Ins	structions)	
complete لـــا	in-kind contribution for travel out hoxes 12-18 Otherwise, compl	ote box 11 if applicable.			
	on(s) traveling on whose behalf t	he travel was accepted	(attach additional pages i	f necessary)	
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
Means of trans	sponation		18 Purpose of travel		
nate	b Full name of contributor   Jones, Neal	Out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/22/2007	6 Contributor address; Austin, TX 78701	City, State, Zip Code	•••••••••••••••••••••••••••••••••••••••		\$500.0
Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Inst	ructions)	
In-kind contribution Check if in complete I	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ate box 11 if applicable.	11 In kind decoription	(if applicable)	
Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	
Departure city /	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of transp	portation		18 Purpose of travel		
			<u> </u>		
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The Instruc	TION GUIDE explains how to co	mplete this form.		1 PAGE#	
- EU ED ALAM	N 14 0	·····		Schedule: 63/1	18 Report: 65/141
FILER NAME	Noriega, Melissa (Ms.)		•	3 ACCOUNT # (E 99999999	Ethics Commission filers)
Date	5 Full name of contributor Kahn, W.B.	out-of-state PAC(ID#		7	Amount of contribution (\$)
04/02/2007	6 Contributor address; Houston, TX 77024	City; State; Zip Coc	de		\$250.0
Principal occi	upation / Job title (See Instructio	ns)	9 Employer (See In	structions)	·
In-kind contril Check if	oution in-kind contribution for travel ou e boxes 12-18 Otherwise, comp	tside Texas and lote box 11 if applicable	11 In-kind description	n (if applicable)	
2 Name of pers	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages	if necessary)	·
3 Departure city	//location	14 Departure date	15 Destination city / I	ocation .	16 Arrival date
7 Means of tran	sportation		18 Purpose of travel		
		·	To Furpose of travel		
Date	5 Full name of contributor Kamdar, Jagat (Mr.)	out-of-state PAC(ID#	)	7	Amount of contribution (\$)
03/21/2007	6 Contributor address; Houston, TX 77095	City; State; Zip Code	······································		\$250.00
Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)	
In-kind contribu	ution n-kind contribution for travel out boxes 12-18. Otherwise, compli	side Texas and	11 In-kind description	(if applicable)	
	n(s) traveling on whose behalf the		attach additional pages if	necessary)	
Departure city	/ location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
Means of trans	portation		18 Purpose of travel		<u>.</u>

The Instruction	ON GUIDE explains how to co	mplete this form.		1		A (4.4.0	Da	- 00/4.4
2 FILER NAME	Noriega, Melissa (Ms.)		,	3	Schedule: 6 ACCOUNT # 99999999			t: 66/141 lission filers)
4 Date	5 Full name of contributor Keeper, Samuel			<u></u>	· · · · · ·	7		unt of oution (\$)
04/02/2007	6 Contributor address; Houston, TX 77098	City; State; Zip Cod	e					\$100.0
Principal occup	ation / Job title (See Instruction	ns)	9 Employer (See In	struc	ctions)	<u> </u>		
Complete I	tion n-kind contribution for travel of noves 12-18. Otherwise, comp n(s) traveling on whose behalf	loto box 11 if applicable.						
3 Departure city /	location	14 Departure date	15 Destination city / Id	ocati	ion		16	Arrival date
7 Means of transp			18 Purpose of travel					
03/28/2007	Full name of contributor Kelley, Russell     Contributor address, Houston, TX 78701	_		• • •		7	Amou contribu	
Principal occupa	tion / Job title (See Instruction	s)	9 Employer (See Inst	ructi	ions)			_
complete bo	kind contribution for travel outs exes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In kind description					
2 Name of person(	s) traveling on whose behalf th	ne travel was accepted (a	uttach additional pages if	nece	essary)			•
Departure city / lo	ocation	14 Departure date	15 Destination city / loc	atio	n .	_	16 A	rrival date
Means of transpo	rtation		18 Purpose of travel	_			<u>+</u>	

	ION GUIDE explains how to com			1 PAGE#	
			<u> </u>	1	/118 Report: 67/141
P FILER NAME	Noriega, Melissa (Ms.)	·		1	(Ethics Commission filers)
Date	5 Full name of contributor Kelly, Billy	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/28/2007	6 Contributor address; South Houston, TX 77587	City; State; Zip Code	<b>a</b>		\$100.0
Principal occup	pation / Job title (See Instruction	is)	9 Employer (See Ins	structions)	
complete	n-kind contribution for travel out hoxes 12-18 Otherwise, compl	lete box 11 if applicable.			
2 Name of perso	n(s) traveling on whose behalf t	ne travel was accepted (	(attach additional pages i	f necessary)	
3 Departure city /	location	14 Departure date	15 Destination city / k	ocation	16 Arrival date
7 Means of trans	onation		18 Purpose of travel		<del></del>
Date	<b>5</b> ruii name or contributor   Kennedy, Nathelyne	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/28/2007	6 Contributor addrcss; G	City; State; Zip Code			\$100.0
Principal occup	ation / Job title (See Instructions	3)	9 Employer (See Inst	tructions)	
complete b	kind contribution for travel outs ooxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description	•	
Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	
Departure city /	ocation	14 Departure date	15 Destination city / los	cation	16 Arrival date
Means of transp	ortation		18 Purpose of travel		
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			in, Texas 78711-2070		(512)4	63-580	00 1-800-325-85
POLIT	TICAL CONTRIE R THAN PLEDO	BUTIONS GES OR LOA	ANS	٠			SCHEDULE A
The Instruc	сттом Guide explains how to co	omplete this form.		1	PAGE #	014.4.0	2 + 00/4
2 FILER NAMI	E Noriega, Melissa (Ms.)			3	ACCOUNT # 99999999		Report: 68/141 s Commission filers)
4 Date	5 Full name of contributor Killough, Haleta	out-of-state PAC(ID#				7	Amount of contribution (\$)
03/10/2007	6 Contributor address; Austin, TX 70701		9	••	••••••		<b>\$100</b> .0
8 Principal occ	upation / Job title (See Instruction	ons)	9 Employer (See Ins	struc	ctions)		
complet	f in-kind contribution for travel of e boxes 12-18. Otherwise, com	plete box 11 if applicable.	11 In-kind description				
12 Name of pers	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	ne	cessary)	•	
13 Departure city	y / location	14 Departure date	15 Destination city / lo	cati	ion		16 Arrival date
17 Means of tran	sportation		18 Purpose of travel				
Date	5 Full name of contributor Kleinworth, Thomas	out-of-state PAC(ID#_	)			7	Amount of contribution (\$)
03/24/2007	Contributor address; Houston, TX 77025	City; State; Zip Code	······································				\$100.00
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See Instr	ruct	ions)		
O In-kind contribu	ution in-kind contribution for travel out boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind description (	lf aş	oplicable)		
	n(s) traveling on whose behalf t		uttach additional pages if n	100	essary)		
3 Departure city	/ location	14 Departure date	15 Destination city / local	atio	on .		16 Arrival date
7 Means of trans	portation		18 Purpose of travel				
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The Instruction	ON GUIDE explains how to con	plete this form.		•	PAGE #	7/118	Report: 69/141
FILER NAME	Noriega, Melissa (Ms.)						s Commission filers)
Date	5 Full name of contributor Koonce, Sharon	out-of-state PAC(ID#		L		7	Amount of contribution (\$)
02/02/2007	6 Contributor address;	City, State; Zip Cod	e	•••			\$100
Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Ins	struct	ions)	<u>.l</u>	<u> </u>
complete l	n-kind contribution for travel outs boxes 12-16. Otherwise, comple	ete box 11 if applicable.					
Name of persor	n(s) traveling on whose behalf th	ne travel was accepted	(attach additional pages if	f nece	essary)		
Departure city /	location	14 Departure date	15 Destination city / Ic	catio	n	<del></del>	16 Arrival date
Means of transp	portation		18 Purpose of travel				<u> </u>
Date	5 Full name of contributor [ Kuffner, Charles III	out-of-state PAC(ID#_				7	Amount of contribution (\$)
	6 Contributor address; (	City; State, Zip Code	······································		********		\$100.0
Principal occupa	tion / Job title (See Instructions	)	9 Employer (See Inst	ructio	ons)		
In-kind contributi Check if in-	on kind contribution for travel outsi oxes 12-18. Otherwise, complet	de Texas and e box 11 if applicable.	11 In-kind description (	ir app	olicable)		
Name of person(	s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if i	nocos	seary)		
Departure city / k	ocation	14 Departure date	15 Destination city / loc	ation	<u>.                                    </u>		16 Arrival date
Means of transpo	ortation		18 Purpose of travel				
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The Instruct	non Guide explains how to con	nplete this form.		1 PAGE#		
FUEDMANE	Alaviana Alalia (A.A.)			Schedule: 68	3/118 . R	eport: 70/141
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOLINT # (Ethics Commission filers) 99999999		
Date	5 Full name of contributor Lanier, Bob	out-of-state PAC(ID#			7	Amount of contribution (\$)
03/29/2007	6 Contributor address;	City; State; Zip Codi	e	•••••		\$2,000.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	·	
n-kind contrib	ution	· · · · · · · · · · · · · · · · · · ·	11 In-kind description	(if applicable)		
Check if	in-kind contribution for travel out boxes 12-18. Otherwise, compl	side Texas and		(ii applicable)		
	on(s) traveling on whose behalf			necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
Means of trans	portation	<u> </u>	18 Purpose of travel	<del></del>	·	<u> </u>
		•	To the appeal of the vot			
Date	5 Full name of contributor LAN-PAC	out-of-state PAC(ID#_				Amount of ontribution (\$)
02/28/2007	6 Contributor address; Houston, TX 77042	City; State; Zip Code				\$1,000.0
Principal occup	ation / Job title (See Instructions	5)	9 Employer (See Inst	ructions)		
in-kind contribu	tion		11 in-kind description	fif applicable)		<u>.                                    </u>
complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.				
Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
Departure city./	location	14 Departure date	15 Destination city / for	cation		16 Arrival date
Means of transp	portation	<u> </u>	18 Purpose of travel		J.	
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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 69/118 Report: 71/141			
2 FILER NAME Noriega, Melissa (	LER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999		
4 Date 5 Full name of cont Laster, Michael	5 Full name of contributor  ut-of-state PAC(ID#		7 Amount of contribution (\$)			
02/02/2007 6 Contributor addre	ss; City; State; Zip Cod	le		\$100.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)				
10 In-kind contribution  Check if in-kind contribution for tracomplete boxes 12-16. Otherwise						
12 Name of person(s) traveling on whose	behalf the travel was accepted	(attach additional pages i	f necessary)			
13 Departure city / location	n 14 Departure date 15 Destination city / loca		ocation	16 Arrival date		
17 Means of transportation		18 Purpose of travel				
U3/07/2007 6 Contributor addres	butor out-of-state PAC(ID#_ s; City; State; Zip Code		7	Amount of contribution (\$)		
LaPorte, TX 77571  Principal occupation / Job title (See Inst	9 Employer (See Inst	tructions)				
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)				
2 Name of person(s) traveling on whose b		attach additional pages if	nocossary)	<u></u>		
3 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date		
Means of transportation		18 Purpose of travel				
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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 70/118 Report: 72/141			
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 99999999				
4 Date 5 Full name of contributor Ledvina, Joseph	5 Full name of contributor  ut-of-state PAC(ID#			7 Amount of contribution (\$)		
04/02/2007 6 Contributor address;	City; State; Zip Code	9		-	\$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)				
10 In-kind contribution  Check if in-kind contribution for travel our complete boxes 12-18. Otherwise, comp	lete box 11 if applicable.	11 In-kind description				
12 Name of person(s) traveling on whose behalf	the travel was accepted (	(attach additional pages it	necessary)		-	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	-	16 Arrival date	
17 Means of transportation		18 Purpose of travel			· <u>1</u>	
4 Date 5 Full name of contributor Lindsay, Larissa	ut-of-state PAC(ID#_				Amount of ntribution (\$)	
03/24/2007 6 Contributor address; Houston, TX 77007	City; State; Zip Code	··· <u>j</u>			\$100.00	
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	ne travel was accepted (a	ittach additional pages if	necessary)			
3 Departure city / location	14 Departure date	15 Destination city / loc	eation		16 Arrival date	
7 Means of transportation		18 Purpose of travel				
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The Instruction Guide explains how to complete this form.			,	1 PAGE# Schedule: 7	1/118 Report: 73/141
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
Date	5 Full name of contributor Linebarger Goggan Blair	out-of-state PAC(ID# & Sampson LLP		·	7 Amount of contribution (\$)
02/28/2007	6 Contributor address; Austin, TX 78760	City; State; Zip Cod	le	• • • • • • • • • • • • • • • • • • • •	\$1,500
Principal occu	pation / Job title (See Instruction	ons)	9 Employer (See Inst	ructions)	
In-kind contrib	ution	·	11 In-kind description	(if applicable)	
Check if i	n-kind contribution for travel or boxes 12-18. Otherwise, comp	utside Texas and plete box 11 if applicable.	1 .	(п аррисавіе)	
	n(s) traveling on whose behalf			necessary)	· ·
Departure city	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of trans	portation		18 Purpose of travel		
		•	TO THE POST OF ELEVE		
Date	5 Full name of contributor Lipton, Diane	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/02/2007		City; State; Zip Code		· · · · <sub>:</sub> · · · · · · · · ·	\$100.6
Principal occurs	Houston, TX 772682467	101	In such to		
			9 Employer (See Instri	uctions)	
In-kind contribut			11 In-kind description (II	applicable)	
Check if in complete b	kind contribution for travel out oxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	1	,	
Name of person	(s) traveling on whose behalf the	he travel was accepted (a	attach additional pages if n	ecessary)	
Departure city /	ocation	14 Departure date	15 Destination city / loca	tion	16 Arrival date
Means of transp	ortation		18 Purpose of travel	<del></del>	
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POLITICAL CONTRIB	UTIONS	tin, Texas 78711-2070	(512)4	1-800-325-85 SCHEDULE A
OTHER THAN PLEDG	ES OR LOA	ANS		
The Instruction Guide explains how to con	nplete this form.		1 PAGE#	2/118 Report: 74/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	
4 Date 5 Full name of contributor Locke Liddell & Sapp LLP	out-of-state PAC(ID#		<u> </u>	7 Amount of contribution (\$)
03/21/2007 6 Contributor address; Houston, TX 77002	City; State; Zip Code			\$1,000.00
8 Principal occupation / Job title (See Instruction	is)	9 Employer (See Ins	structions)	1
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18 Otherwise, complete 12 Name of person(s) traveling on whose behalf the contribution on whose behalf the contribution of person(s) traveling on whose behalf the contribution of person(s) traveling on whose behalf the contribution of person(s) traveling on whose behalf the contribution of the con	ete box 11 if applicable.		``	
12 Name of person(s) traveling on whose behalf t	ne travel was accepted	(attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation	1	18 Purpose of travel		
Date 5 ⊢uii name of contributor   Londa, Jeffrey				7 Amount of contribution (\$)
03/24/2007 6 Contributor address; (Houston, TX 77007	Dity, State, Zip Code			\$250.00
8 Principal occupation / Job title (See Instructions	•)	9 Employer (See Inst	ructions)	
In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		

Schedule: 73/118 Report: 75/141    Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 73/118 Report: 75/141   ACCOUNT # Genics Commission filers   Schedule: 75/141   Account of contribution (\$)    Os/26/2007   6 Contributor address; City, State; Zip Code   Schedule: 75/141   Account of contribution   Schedule: 75/141   Account of contribution   Schedule: 75/141   Account of contribution   Schedule: 75/141   Schedule: 75/141   Account of contribution   Schedule: 75/141	The Instruction Guide explains how to co	mulate this for-		1 PAGE#		
Date   5 Full name of contributor   out-of-state PAC(ID#   99999999	The members and a copy and now to co	implete this form.	<u> </u>		3/118 F	Report: 75/141
Contribution (\$)   Contribution address;   City; State;   Zip Code   State   City; State;   Zip Code   State;   Zip Code   State   City; State;   Zip Code   State   Zip Code   Zip	FILER NAME Noriega, Melissa (Ms.)		. 1	3 ACCOUNT#		
State   Stat	Date 5 Full name of contributor Lopez, Arthur	out-of-state PAC(ID#		<u></u>		
In-kind contribution				• • • • • • • • • • • • • • • • • • • •		\$250
Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival data  Means of transportation  18 Purpose of travel  Date  5 Full name of contributor  Luna, Al  Contributor address; City: State; Zip Code Houston, TX 77027  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  11 In-kind description (if applicable)  In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Principal occupation / Job title (See Instruction	ns)	9 Employer (See In	structions)		
Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date  Means of transportation  18 Purpose of travel  7 Amount of contribution (\$)  9 Employer (See Instructions)  19 Employer (See Instructions)  10 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Check if in-kind contribution for travel of complete boxes 12-18. Otherwise, comp	elete box 11 if applicable.			<u>,</u>	
Means of transportation    18 Purpose of travel	Name of person(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)	<u></u>	
Date   5 Full name of contributor   out-of-state PAC(ID#   )   7 Amount of contribution (\$)  O2/28/2007   0 Contributor address; City; State; Zip Code   \$5  Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)  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.  Name of person(s) traveling on whose behalf the travel was accented (attach additional pages if necessary)  Departure city / location   14 Departure date   15 Destination city / location   16 Arrival date	Departure city / location	14 Departure date	15 Destination city / fe	ocation		16 Arrival date
City; State; Zip Code  Houston, TX 77027  Principal occupation / Job tritle (See Instructions)  In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  Contribution (\$)  State; Zip Code  \$5  In-kind description (if applicable)  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.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Means of transportation		18 Purpose of travel			<u> </u>
Principal occupation / Job title (See Instructions)  9	Luna, Al				-	ontribution (\$)
In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date		ony, state, zip code				\$500
Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Principal occupation / Job title (See Instruction	s)	9 Employer (See Inst	tructions)		
Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location	Check if in-kind contribution for travel out	side Texas and	11 In-kind description	(if applicable)	-	
TO Allival date			I attach additional pagas if	nocoseary)		
Means of transportation 18 Purpose of travel	Departure city / location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
	Means of transportation		18 Purpose of travel			
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The instruct	TION GUIDE explains how to co	mplete this form.		1 PAGE#		
<del></del>			Schedule: 7		4/118 Report: 76/141	
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)	
Date	5 Full name of contributor Lyn, Kurt	out-of-state PAC(ID#	!)	<u> </u>	7 Amount of contribution (\$)	
03/21/2007	6 Contributor address; Sugar Land, TX 77479	City; State; Zip Cod	e		\$75	
Principal occu	pation / Job title (See Instructio	ns)	9 Employer (See Ins	structions)		
In-kind contrib		Add Town	11 In-kind description	(if applicable)		
complete	n-kind contribution for travel ou boxes 12-18. Otherwise, comp	itside Texas and elete box 11 if applicable.	. }			
	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	necessary)		
Departure city	/ location	14 Departure date	15 Destination city / lo	cation	16 Arrival date	
Means of trans	portation		18 Purpose of travel	<u>.                                    </u>		
Date	5 Full name of contributor Maldonado, Danette	out-of-state PAC(ID#_			7 Amount of contribution (\$)	
02/02/2007	6 Contributor address, Houston, TX 770234535	City; State; Zip Code	,		\$100.	
Principal occup	ation / Job title (See Instruction	·	9 Employer (See Insti	ructions)		
In-kind contribu	tion		11 In kind description (	if applicable)		
Complete t	-kind contribution for travel out poxes 12-18. Otherwise, complete	ete box 11 if applicable.		,	•	
Name of person	(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if r	necessary)		
Departure city /	location	14 Departure date	15 Destination city / loc	ation	16 Arrival date	
Means of transp	ortation		18 Purpose of travel			
				<del></del>		

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The Instruction Guide explains how to co	omplete this form.		1 PAGE # Schedule: 75	/118 Report: 77/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Mario Gallegos Campaig	out-of-state PAC(ID#			7 Amount of contribution (\$)
02/28/2007 6 Contributor address; Galona Park, TX 77647	City; State; Zip Cod	e		\$1,000.00
8 Principal occupation / Job title (See Instructi	ons)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel of complete boxes 12-16. Otherwise, com	plete box 11 if applicable.		·	
12 Name of person(s) traveling on whose behal	f the travel was accepted	(attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
5 Full name of contributor Markson, Daniel  03/08/2007 6 Contributor address; San Antonio, TX 78210	out-of-state PAC(ID#_			7 Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instruction	ns)	9 Employer (See Inst	ructions)	
10 In-kind contribution  Check if in-kind contribution for travel ou complete boxes 12-18. Otherwise, comp	lete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on whose behalf	the travel was accepted (a	attach additional pages if	necessary)	
3 Departure city / location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
7 Means of transportation		18 Purpose of travel		
	<u> </u>			-

The Instruction Guide explains how	to complete this form.	•	1 PAGE # Schedule: 76	S/118 Report: 78/141
2 FILER NAME Noriega, Melissa (M	As.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contri Matamoros, Abelard	butor			7 Amount of contribution (\$)
03/30/2007 6 Contributor address	s; City; State; Zip Cod	e		\$250.00
8 Principal occupation / Job title (See Inst	ructions)	9 Employer (See In	structions)	
10 In-kind contribution  Check if in-kind contribution for tra	complete box 11 if applicable.		_	
12 Name of person(s) traveling on whose b	ehalf the travel was accepted	(attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel		
Date 5 Full name of contrib Mattox, Kenneth	utor out-of-state PAC(iD#_			7 Amount of contribution (\$)
03/24/2007	, , , ,			\$250.00
Principal occupation / Job title (See Instr	uctions)	9 Employer (See Inst	ructions)	<del></del>
O In-kind contribution  Check if in-kind contribution for trav complete boxes 12-18. Otherwise, of	el outside Texas and complete box 11 if applicable.	11 In-kind description	(if applicable)	
2 Name of person(s) traveling on whose be	shalf the travel was accepted (	attach additional pages if	necessarv)	
3 Departure city / location	14 Departure date	15 Destination city / loc	eation	16 Arrival date
7 Means of transportation		18 Purpose of travel		
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	non Guide explains how to cor	nplete this form.		1 PAGE#		
				Schedule:	77/118 F	Report: 79/141
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT / 99999999		Commission filers)
Date	5 Full name of contributor Matuszak, Edward	out-of-state PAC(ID#		<u> </u>	7	Amount of contribution (\$)
02/28/2007	6 Contributor address; LaPorte, TX 77571	City; State; Zip Cod	e		-	\$500.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	<u> </u>	
complete	in-kind contribution for travel out boxes 12-18. Otherwise, comp	lete box 11 if applicable.			<u></u>	
Name of person	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	f necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
Means of trans	sportation		18 Purpose of travel			I
Date	5 Full name of contributor Mayfield, Charles	ut-of-state PAC(ID#_	)			Amount of ontribution (\$)
03/05/2007	6 Contributor address; Houston, TX 77023	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$250.0
Principal occup	Dation / Job title (See Instructions	5)	9 Employer (See Inst	ructions)	<u></u>	
In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and stee box 11 if applicable.	11 In-kind description (	(if applicable)		
Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if I	necessary)		
Departure city /	location	14 Departure date	15 Destination city / loc	cation		16 Arrival date
Means of trans	portation	<u> </u>	18 Purpose of travel			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 78/118 Report: 80/141				
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999				
1 Date	5 Full name of contributor Meisgeier, Steve	out-of-state PAC(ID#		<u> </u>			7	Amount of contribution (\$)
02/02/2007	6 Contributor address;	City; State, Zip Cod						\$200.
Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In	struc	tions)		l	<u> </u>
complete	n-kind contribution for travel our boxes 12-18. Otherwise, comp	lete box 11 if applicable.						
	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	if ned	essary)			
3 Departure city /	location	14 Departure date	15 Destination city / le	ocati	on			16 Arrival date
Means of transp	portation		18 Purpose of travel			<del>"</del> .		-
Date	5 Full name of contributor Meisgeier Jr, Charles Jr.	ut-of-state PAC(ID#_			· · · · · · · · · · · · · · · · · · ·		7	Amount of contribution (\$)
02/02/2007	Contributor address; Houston, TX 77099-2660	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	,			٠	\$100.0
Principal occupa	ation / Job title (See Instructions	5)	9 Employer (See Inst	tructi	ons)			
In-kind contribut Check if incomplete b	ion kind contribution for travel outs oxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(it ap	plicable)		-	
Name of person	(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages if	nece	eeary)			
Departure city / I	ocation	14 Departure date	15 Destination city / loc	cation	n			16 Arrival date
Means of transpo	ortation		18 Purpose of travel					.1
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The Instruction Guide explains how to con	nplete this form		1 PAGE#		
				9/118 R	eport: 81/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date 5 Full name of contributor Mendez, David	out-of-state PAC(ID#	)	<u> </u>	7	Amount of ontribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77005	City; State; Zip Cod	e	••••••		\$250.0
Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	<u>!</u>	
10 In-kind contribution  Check if in-kind contribution for travel out complete hoxes 12-18. Otherwise, compl	ete box 11 if applicable.				
2 Name of person(s) traveling on whose behalf t	he travel was accepted	(attach additional pages it	necessary)		
3 Departure city / location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
7 Means of transportation		18 Purpose of travel			
Date 5 Full name of contributor Menke, Karen	out-of-state PAC(ID#_				Amount of ntribution (\$)
02/02/2007 6 Contributor address, Kingwood, TX 773392407	Olty; State; ZIp Code				\$75.00
Principal occupation / Job title (See Instructions	5)	9 Employer (See Inst	ructions)	<u>-</u>	
In-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description (			
2 Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if r	necessary)		
3 Departure city / location	14 Departure date	15 Destination city / loc	ation		16 Arrival date
Means of transportation		18 Purpose of travel	•	, <u>.</u> .	
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The INSTRUCTION GUIDE explains how to	complete this form.		1 PAGE#	
EU ED MANGE AND A STATE OF THE		Schedule: 80,	/118 Report: 82/141	
FILER NAME Noriega, Melissa (Ms.	H NAME Nonega, Melissa (Ms.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
Date 5 Full name of contribut Miller, William	Or Out-of-state PAC(ID#			7 Amount of contribution (\$)
03/22/2007 6 Contributor address; Austin, TX 78703	City; State; Zip Cod	e		\$50 ·
Principal occupation / Job title (See Instruc	tions)	9 Employer (See In:	structions)	
In-kind contribution		11 In-kind description	(if applicable)	
Check if in-kind contribution for travel complete boxes 12-18. Otherwise, co	mplete box 11 if applicable.			
Name of person(s) traveling on whose beha	alf the travel was accepted	(attach additional pages i	f necessary)	<u> </u>
Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
Moano of transportation		18 Purpose of travel		
<u> </u>		i uspose of traver		
Date 5 Full name of contributor Mincberg, David	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/15/2007 6 Contributor address; Houston, TX 77046	City; Stato; Zip Code			\$250
Principal occupation / Joh title (See Instructi	one)	9 Employer (3ee Inst	ructions)	
In-kind contribution  Check if in-kind contribution for travel o	uteido Teves and	11 In-kind description	(if applicable)	
Complete boxes 12-18. Otherwise, com	plete box 11 if applicable.		_	
Name of person(s) traveling on whose behal	f the travel was accepted (a	attach additional pages if i	necessary)	
Departure city / location	14 Departure date	15 Destination city / loc	ation	16 Arrival date
Means of transportation .	<b>L</b>	18 Purpose of travel		
	<del></del>	<u>,                                    </u>		
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The Instruction Guide explains how to complete this form.				1 PAGE# Schedule: 8	1/118 F	Report: 83/141	
2 FILER NAME	R NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 99999999			
Date	5 Full name of contributor Mintz, David	out-of-state PAC(fD#			7	Amount of contribution (\$)	
03/22/2007	6 Contributor address;	City; State; Zip Code	······································	••••••••••		\$100.00	
Principal occup	ation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	<u> </u>		
complete	tion n-kind contribution for travel out boxes 12-10. Otherwise, compl n(s) traveling on whose behalf t	ete box 11 if applicable.	<del></del> .				
3 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	<u></u> .	16 Arrival date	
7 Means of transp	portation	]	18 Purpose of travel		<u> </u>		
Date	5 Full name of contributor Monty, Jacob	out-of-state PAC(ID#_				Amount of ontribution (\$)	
04/02/2007	6 Contributor address; Houston, TX 77084	City; State; Zip Code	·			\$375.00	
Principal occupa	ation / Job title (See Instructions	3)	9 Employer (See Inst	ructions)			
Complete b	kind contribution for travel outs oxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description	· · · · ·			
2 Name of person	(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)			
Departure city / I	ocation	14 Departure date	15 Destination city / loc	cation		16 Arrival date	
Means of transpo	ortation		18 Purpose of travel		. :		
					•		

The Instruc	πον Guide explains how to cor	mplete this form.			AGE #	2/118	Report: 84/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 A	CCOUNT #		s Commission filers)
4 Date	5 Full name of contributor Morales, Teresa	out-of-state PAC(ID#	)			7	Amount of contribution (\$)
03/22/2007	6 Contributor address;		e				\$100.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structio	ns)	<u>.l</u>	
LJ complete	in-kind contribution for travel ou boxes 12 18. Otherwise, comp	lete box 11 if applicable.				<del></del> .	
2 Name of person	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages it	f neces	ssary)		
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation			16 Arrival date
/ Means of trans	sportation		18 Purpose of travel				
Date	5 Full name of contributor Morrill, George	out-of-state PAC(ID#_		:	<del></del>	7	Amount of sontribution (\$)
03/08/2007	6 Contributor address; Houston, TX 77023	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		,		\$100.00
Principal occup	Dation / Jub title (See Instruction	s)	9 Employer (See Inst	ruction	ns)	<del></del>	
In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if appli	icable)		
2 Name of person	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necess	ary)		
Departure city /	location	14 Departure date	15 Destination city / loc	cation		<del></del> .	16 Arrival date
Means of transp	portation	<u> </u>	18 Purpose of travel		<del>-</del>	···	
	<u> </u>						

## POLITICAL CONTRIBUTIONS

The INSTRUCTION GUIDE explains how to complete this form.			<u> </u>	1 PAGE#	0/440 6	
2 FILER NAM	1E Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Report: 85/141 Commission filore)
4 Date	5 Full name of contribute Mosier, Diane (Ms.)	or out-of-state PAC(ID#		0000000	7	Amount of contribution (\$)
03/31/200	6 Contributor address; Houston, TX 77008	City; State; Zip Code	9	•••		\$200.00
8 Principal occ	cupation / Job title (See Instruct	tions)	9 Employer (See Ins	structions)	.L	
comple	ibution if in-kind contribution for travel ( to boxes 12-10. Otherwise, con son(s) traveling on whose beha	riplete box 11 if applicable.	11 In-kind description			
13 Departure cit	y / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of tran	nsportation		18 Purpose of travel		<del></del>	
9 Date 02/28/2007	<ul> <li>5 Full name of contributor Musslewhite, Benton</li> <li>6 Contributor address;</li> <li>Houston, TX 77096</li> </ul>	out-of-state PAC(ID#				Amount of shribution (\$) \$100.00
Principal occu	pation / Job title (See Instruction	ons)	9 Employer (See Instr	uctions)	,	
complete	in-kind contribution for travel ou boxes 12-18. Otherwise, comp	plete box 11 if applicable.	11 In-kind description (i			<u>.                                    </u>
2 Name of perso	on(s) traveling on whose behalf	the travel was accepted (a	ttach additional pages if n	ессэзагу)		
3 Departure city	/ location	14 Departure date	15 Destination city / local	ation		16 Arrival date
7 Means of trans	portation		18 Purpose of travel			

	mplete this form.		1 PAGE#	1/140 December 20/444
FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	1/118 Report: 86/141 (Ethics Commission filers)
Date 5 Full name of contributor Nair, Sasidharan				7 Amount of contribution (\$)
03/21/2007 6 Contributor address; Stafford, TX 774972515	City; State; Zip Code	e		\$250 \$250
Principal occupation / Job title (See Instructio	ns)	9 Employer (See In:	structions)	
In-kind contribution  Check if in-kind contribution for travel ou complete boxes 12-18. Otherwise, comp	itside Texas and lete box 11 if applicable.	11 In-kind description	(if applicable)	
Name of person(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	necessary)	· · · · · · · · · · · · · · · · · · ·
Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
Means of transportation		18 Purpose of travel		I
Date 5 Full name of contributor Newell, Stephanie	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/30/2007 6 Contributor address; Houston, TX 77024	City; State; Zip Code			\$100
Principal occupation / Job title (See Instruction	9)	9 Employer (See Inst	ructions)	
n-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	11 In-kind description	if applicable)	
Name of nercon(o) traveling on whom his table	ne travel was accepted (a	attach additional pages if	necessary)	
Name of person(s) traveling on whose behalf the		15 Destination city / loc	ation	16 Arrival date
	14 Departure date	13 Destination dry/100		ſ
Departure city / location	14 Departure date	18 Purpose of travel	,	
Departure city / location  Means of transportation	14 Departure date		· · · · · · · · · · · · · · · · · · ·	

	том Guide explains how to con	nplete this form.		1 PAGE#	
FILER NAMI	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	5/118 Report: 87/141 (Ethics Commission filers)
Date	5 Full name of contributor Norma Chavez Campaign	out-of-state PAC(ID#			7 Amount of contribution (\$)
03/28/2007	6 Contributor address; El Paso, TX 79903	City; State; Zip Code	e	• • • • • • • • • • • • • • • • • • • •	\$100.
Principal occ	upation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	
In-kind contril	bution	·	11 In-kind description	(if applicable)	
Check if complet	in-kind contribution for travel out e boxes 12-18. Otherwisc, compl	side Texas and lete box 11 if applicable.		(pp)	
	on(s) traveling on whose behalf t			necessary)	
Departure city		Tab D			
Departure dis	// location	14 Departure date	15 Destination city / Id	ocation	16 Arrival date
Means of tran	sportation	<u> </u>	18 Purpose of travel	<u> </u>	
			to ruipose oi traver	·	
			1		
Date	5 Full name of contributor Nunez, Eduardo	out-of-state PAC(ID#_			7 Amount of contribution (\$)
	Nunez, Eduardo	out-of-state PAC(ID#_			contribution (\$)
03/26/2007	Nunez, Eduardo  6 Contributor address;	City; State; Zip Code		ructions)	
03/26/2007  Principal occu  In-kind contrib  Check if i	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs	City; State; Zip Code			contribution (\$)
03/26/2007  Principal occu  In-kind contrib  Check if i complete	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions	City; State; Zip Code  Si)  iide Texas and ** ite box 11 if applicable.	9 Employer (See Inst	(if applicable)	contribution (\$)
03/26/2007  Principal occu  In-kind contrib  Check if i complete	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  side Texas and ste box 11 if applicable. the travel was accepted (a	9 Employer (See Inst 11 In-kind description attach additional pages if	(if applicable) necessary)	contribution (\$) \$250.(
Principal occu In-kind contrib Check if i complete Name of perso	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  Si)  iide Texas and ** ite box 11 if applicable.	9 Employer (See Inst	(if applicable) necessary)	contribution (\$)
O3/26/2007  Principal occu  In-kind contrib  Check if i complete Name of person	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  side Texas and ste box 11 if applicable. the travel was accepted (a	9 Employer (See Inst 11 In-kind description attach additional pages if	(if applicable) necessary)	contribution (\$) \$250.0
Principal occu In-kind contrib Check if i complete Name of perso	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  side Texas and ste box 11 if applicable. the travel was accepted (a	9 Employer (See Inst 11 In-kind description of the second	(if applicable) necessary)	contribution (\$) \$250.0
O3/26/2007  Principal occu In-kind contrib Check if i complete Name of person	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  side Texas and ste box 11 if applicable. the travel was accepted (a	9 Employer (See Inst 11 In-kind description of the second	(if applicable) necessary)	contribution (\$) \$250.0
Principal occu In-kind contrib Check if i complete Name of perso	Nunez, Eduardo  6 Contributor address; The Woodlands, TX 77382  pation / Job title (See Instructions  ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	City; State; Zip Code  side Texas and ste box 11 if applicable. the travel was accepted (a	9 Employer (See Inst 11 In-kind description of the second	(if applicable) necessary)	contribution (\$) \$250.0

The Instruction Guide expl	ains how to complete this form.		1 PAGE#	5/118 Report: 88/141
2 FILER NAME Noriega, M	Melissa (Ms.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full nam Ogg, Kimbi	e of contributor	)#)	<u> </u>	7 Amount of contribution (\$)
03/08/2007 6 Contribut	or address; City; State; Zip Co	ode		\$100.00
8 Principal occupation / Job title	e (See Instructions)	9 Employer (See In	structions)	
complete boxes 12-18. (	tion for travel outside Texas and Otherwise, complete box 11 if applicable			
12 Name of person(s) traveling of	n whose behalf the travel was accepte	d (attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / le	ocation	16 Arrival date
17 Means of transportation	<u></u>	18 Purpose of travel		
4 Date 5 Full name Oser, Georg	of contributor	#		7 Amount of contribution (\$)
03/24/2007 6 Contribute Houston, TX		de		\$100.00
Principal occupation / Job title	(See Instructions)	9 Employer (See Ins	tructions)	
In-kind contribution  Check if in-kind contribution complete boxes 12-18. O	on for travel outside Texas and therwise, complete box 11 if applicable	11 In-kind description	(if applicable)	
12 Name of person(s) traveling or	whose behalf the travel was accepted	I (attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
7 Means of transportation	<u> </u>	18 Purpose of travel		<b>_</b>
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The Instruction Guide explains how to complete this form.			<del></del>
		1 PAGE#	7/118 Report: 89/141
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC(ID# Outdoor PAC			7 Amount of contribution (\$)
02/28/2007 6 Contributor address; City; State; Zip Cod Houston, TX 77055	le.		\$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Ins	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	L		
12 Name of person(s) traveling on whose behalf the travel was accepted	(attach additional pages if	necessary)	
13 Departure city / location 14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation	18 Purpose of travel	·	
Date 5 Full name of contributor out-of-state PAC(ID#_Paisano Interests			7 Amount of contribution (\$)
03/30/2007 6 Contributor address; City; State; Zip Code Houston, TX 77084	••••••		\$500.00
Principal occupation / Job title (See Instructions)	9 Employer (See Inst	ructions)	
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)	
2 Name of person(s) traveling on whose behalf the travel was accepted (	attach additional pages if r	necessary)	
3 Departure city / location 14 Departure date	15 Destination city / loc	eation	16 Arrival date
7 Means of transportation	18 Purpose of travel		
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SCHEDULE A

Electronic Filing Version

The Instruct	TION GUIDE explains how to con	mplete this form.		1 PAGE#	2/119 Banari 00/144
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	3/118 Report: 90/141 (Ethics Commission filers)
Date	5 Full name of contributor Parker, Steven	out-of-state PAC(ID#			7 Amount of contribution (\$)
02/02/2007	6 Contributor address;		е		\$100.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	<u> </u>
complete	in-kind contribution for travel ou boxes 12-18. Otherwise, comp	lete box 11 if applicable.		, , ,	
2 Name of perso	on(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)	
3 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
Means of trans		<u>] :                                     </u>	18 Purpose of travel		
Date	5 Full name of contributor Pena, Emilio	Out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/28/2007	6 Contributor address; Houston, TX 77002	City; State; Zip Code			\$200.0
Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Inst	ructions)	
complete t	kind contribution for travel outs poxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description		-
! Name of person	a(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
Departure city /	location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of transp	ortation		18 Purpose of travel		<u> </u>
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The Instruction Guide explains how to co	mplete this form.		1 PAGE # Schedule: 89/118	Poport: 01/141
2 FILER NAME Noriega, Melissa (Ms.)	FILER NAME Noriega, Melissa (Ms.)			cs Commission filers)
4 Date 5 Full name of contributor Perez, Mary Ann (Ms.)	_ ` -		7	Amount of contribution (\$)
03/08/2007 6 Contributor address; Houston, TX 77017	City; State; Zip Code			\$800.00
8 Principal occupation / Job title (See Instruction	ons)	9 Employer (See Ins	structions)	· · · · · · · · · · · · · · · · · · ·
10 In-kind contribution  Check if in-kind contribution for travel or complete boxes 12-18. Otherwise, comp	olete box 11 if applicable.		ints and supplies	
12 Name of person(s) traveling on whose behalf	the travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transportation		18 Purpose of travel	-	1
Date  5 Full name of contributor Perez, Robert  03/08/2007  6 Contributor address;	out-of-state PAC(ID#		7	Amount of contribution (\$)
Houston, TX 782120164	,,,,			\$250.00
Principal occupation / Job title (See Instruction	ns)	9 Employer (See Inst	ructions)	
O In-kind contribution  Check if in-kind contribution for travel our complete boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind description	(if applicable)	
2 Name of person(s) traveling on whose behalf	the travel was accepted (a	attach additional pages if	necessary)	
3 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
7 Means of transportation	<del></del>	18 Purpose of travel		
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The INSTRUCTION	N GUIDE explains how to com	The INSTRUCTION GUIDE explains how to complete this form.			0/118 Report: 92/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Phillip, Sherly	out-of-state PAC(ID#_			7 Amount of contribution (\$)
10		City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$100.00
8 Principal occupa	ation / Job title (See Instructions	s)	9 Employer (See Ins	structions)	<u> </u>
complete b	kind contribution for travel outs	ete box 11 if applicable.		tion	
12 Name of person	(s) traveling on whose behalf th	ne travel was accepted (	attach additional pages	f necessary)	
13 Departure city /	ocation	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 Means of transpo	ortation		18 Purpose of travel		
4 Date !	5 Full name of contributor [ Planned Parenthood of Hou	out-of-state PAC(ID#_ uston & SE TX Action	Fund PAC		7 Amount of contribution (\$)
	6 Contributor address; C	City; State; Zip Code			\$1,000.00
8 Principal occupat	tion / Job title (See Instructions	)	9 Employer (See Ins	tructions)	
complete bo	kind contribution for travel outsi oxes 12-18. Otherwise, complet	te box 11 if applicable.	11 In-kind description		
12 Name of person(s	s) traveling on whose behalf the	e travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / lo	ocation	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transpo	urtation		18 Purpose of travel	<u>´</u>	
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The Instruct	The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 9:	I/118 Report: 93/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Plumbers Local 68 PAC F	out-of-state PAC(ID# und		<del></del>	7 Amount of contribution (\$)
03/07/2007	6 Contributor address; Houston, TX 77249-8746	City; State; Zip Code	·····	••••••	\$5,000.0
8 Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	I
LI complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	oto box 11 if applicable.			
12 Name of perso	n(s) traveling on whose behalf t	the travel was accepted in	(attach additional pages i	f necessary)	•
13 Departure city	location	14 Departure date	15 Destination city / F	ocation	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		
4 Date	5 Full name of contributor Ramirez, Ricardo	out-of-state PAC(ID#		<del></del>	7 Amount of contribution (\$)
03/10/2007	6 Contributor address, Baytown, TX 77520	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$200.0
Principal occup	ation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)	
In-kind contribution  Check if in complete to	tion -kind contribution for travel outs ooxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In kind description	(If applicable)	,
12 Name of persor	(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
3 Departure city /	location	14 Departure date	15 Destination city / to	cation	16 Arrival date
7 Means of transp	ortation		18 Purpose of travel		·
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The Instruction Guide explains how to com		//118 Report: 94/141		
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date 5 Full name of contributor Reagan, Billy	out-of-state PAC(ID#_		-	7 Amount of contribution (\$)
02/28/2007 6 Contributor address; Houston, TX 77030	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$200.00
8 Principal occupation / Job title (See Instruction	is)	9 Employer (See Ins	structions)	
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete	oto box 11 if applicable.	11 In-kind description	·	
12 Name of person(s) traveling on whose behalf the	he travel was accepted (	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation	,16 Arrival date
17 Means of transportation		18 Purpose of travel		
Date     Full name of contributor   Reed, William	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/22/2007 6 Contributor address; Houston, TX 770593130	City; Slate, Zip Cude			\$100.00
8 Principal occupation / Job title (See Instructions	5)	9 Employer (See ins	tructions)	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation	<del></del>	18 Purpose of travel		
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The Instruction Guide explains how to com	plete this form.	-	1 PAGE # Schedule: 93	/118 Re	eport: 95/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date 5 Full name of contributor Reliant Energy, Inc. PAC	_	)			Amount of ontribution (\$)
03/29/2007 6 Contributor address; Houston, TX 77001-0148	City; State; Zip Code				\$1,000.00
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)		
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf t	he travel was accepted (	attach additional pages i	f necessary)		•
13 Departure city / location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
5 Full name of contributor Richard Raymond Campai 02/15/2007 6 Contributor address;  Laredo, TX 78045	i out-of-state PAC(ID#_gn City; State; Zip Code				Amount of ntribution (\$)
8 Principal occupation / Job title (See Instructions	s)	9 Employer (Scc Ins	tructions)	·	
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ate box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel			·
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## POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		nplete this form.		1 PAGE# Schedule: 94	1/11R R	leport: 96/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Full name of contributor Richardson, Randle	out-of-state PAC(ID#			7 .	Amount of contribution (\$)
03/07/2007	6 Contributor address;	City; State; Zip Code	e	• • • • • • • • • • • • • • • • • • • •		\$1,000.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	<b>l.</b>	······································
complete	ution n-kind contribution for travel out buxes 12-18. Otherwise, compl in(s) traveling on whose behalf t	ete box 11 if applicable.	<del></del>			
3 Departure city		14 Departure date	15 Destination city / I			116 Amindada
	, 10000011	14 Departure date	13 Destination City / ii	ocation		16 Arrival date
7 Means of trans	portation		18 Purpose of travel			<u> </u>
Date	5 Full name of contributor Robinson, Marchris	ut-of-state PAC(ID#_				Amount of ontribution (\$)
03/21/2007	6 Contributor address; Houston, TX 77041	City; State; Zip Code	······································			\$100.00
Principal occup	ation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)		<del></del>
In-kind contribu Check if in complete i	tion I-kind contribution for travel outs poxes 12-18. Otherwise, comple	side Texas and ste box 11 if applicable.	11 In-kind description	(if applicable)		
Name of persor	n(s) traveling on whose behatf th	e travel was accepted (:	attach additional pages if	necessary)		
Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
Means of transp	portation	<u> </u>	18 Purpose of travel			

The Instruction Guide explains how to comp	plete this form.		1 PAGE# Schedule: 95	/118 R	eport: 97/141
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date 5 Full name of contributor Rodriguez, Cynthia	out-of-state PAC(ID#_				Amount of ontribution (\$)
02/28/2007 6 Contributor address; Seabrook. TX 77586	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions	s)	9 Employer (See Ins	structions)		· · ·
10 In-kind contribution  Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete boxes 12-18.		11 In-kind description	(if applicable)		
12 Name of person(s) traveling on whose behalf the		L attach additional pages i	f necessary)		·
13 Departure city / location	14 Departure date	15 Destination city / le	ocation		16 Arrival date
17 Means of transportation	` _	18 Purpose of travel			
4 Date 5 Full name of contributor [ Rosales, Raul	out-of-state PAC(ID#_	· .			Amount of entribution (\$)
03/10/2007 6 Contributor address; C	Dity; State; Zip Code		,		\$100.00
8 Principal occupation / Job title (See Instructions	)	9 Employer (See Ins	tructions)		
10 In-kind contribution  Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete		11. In-kind description	(if applicable)	<u>-</u>	
12 Name of person(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13 Departure city / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transportation		18 Purpose of travel			
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Texas Luiles Co			ıstin, Texas 78711-2070	(512)	463-5800 1-800-325-850
OTHE	ICAL CONTRI R THAN PLED	BUTIONS GES OR LO	ANS		SCHEDULE A
The Instruct	ION GUIDE explains how to c	omplete this form.		1 PAGE#	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributo Rugg, Robert	out-of-state PAC(ID	)#)	30333333	7 Amount of contribution (\$)
04/02/2007	6 Contributor address; Houston, 1X 77062	City; State; Zip Co	de		\$1,000.00
8 Principal occup	pation / Job title (See Instructi	ons)	9 Employer (See Ins	structions)	1
complete	n-kind contribution for travel o boxes 12-18. Otherwise, com	Diete box 11 if applicable	11 In-kind description		
12 Name of person	n(s) traveling on whose behal	f the travel was accepted	d (attach additional pages if	necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transp	portation		18 Purpose of travel	<del>-</del>	
L Date	5 Full name of contributor Ruiz, David	ut-of-state PAC(ID#			7 Amount of contribution (\$)
I	6 Contributor address; Houston, TX 77008	City; State; Zip Code	······································		. \$100.00
Principal occupa	tion / Job title (See Instruction	ne)	9 Employer (See Instr	uctions)	
In-kind contributi Check if in-	on kind contribution for travel out oxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description (i	f applicable)	
2 Name of person(	s) traveling on whose behalf t	he travel was accepted (	attach additional pages if n	ecessary)	
Departure city / Id	ocation	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transpo	rtation		18 Purpose of travel	·	
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Texas Ethics Co			stin, Texas 78711-2070	(512)	463-5800 1-800-325-85
POLIT	ICAL CONTRII R THAN PLED	BUTIONS GES OR LO	ANS		SCHEDULE A
The Instruc	TION GUIDE explains how to co	omplete this form.		1 PAGE#	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT#	97/118 Report: 99/141 (Ethics Commission filers)
4 Date	5 Full name of contributor	D out-of-state PAC/ID	*	99999999	1=
	Ryan, Vincent Jr.	- Constitution of the cons	·———)		7 Amount of contribution (\$)
02/02/2007	6 Contributor address; Houston, TX 77025	City; State; Zip Cod	le		\$200.0
8 Principal occu	pation / Job title (See Instruction	ons)	9 Employer (See Ins	structions)	
10 In-kind contrib Check if i	oution in-kind contribution for travel o boxes 12-18. Otherwise, com	utside Texas and	11 In-kind description	(if applicable)	
12 Name of perso	on(s) traveling on whose behalf	f the travel was accepted	(attach additional pages if	necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of trans			18 Purpose of travel		
l Date	5 Full name of contributor Saenz, Graciela	Out-of-state PAC(ID#	)		7 Amount of contribution (\$)
02/02/2007	6 Contributor address: Houston, TX 77023	City; State; Zip Code			\$200.00
Principal occupa	ation / Job title (See Instruction	ns)	9 Employer (See Instr	ructions)	
In-kind contribut  Check if in complete b	tion -kind contribution for travel out poxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description (i	f applicable)	
2 Name of person	n(s) traveling on whose behalf t	he travel was accepted (a	attach additional pages if n	ecessary)	
3 Departure city /	location	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transp	ortation	1	18 Purpose of travel		
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Texas Ethics Co	1.0.5		stin, Texas 78711-207	0 (512)4	63-5800	1-800-32	25-85
POLIT	ICAL CONTRI R THAN PLED	BUTIONS GES OR LO	ANS			EDULE	
The Instruct	TION GUIDE explains how to co	omplete this form.		1 PAGE#			
2 FILER NAME	Noriega, Melissa (Ms.)	· · · · · · · · · · · · · · · · · · ·		3. ACCOUNT #	8/118 Report: (Ethics Commis		
4 Date	5 Full name of contributor Saenz, Graciela	out-of-state PAC(ID	#	99999999	7 Amou		
03/08/2007	6 Contributor address; Houston, TX 77023	City; State; Zip Coo	de	· · · · · · · · · · · · · · · · · · ·			50.0
8 Principal occu	pation / Job title (See Instruction	ons)	9 Employer (See Ins	structions)			
Complete	n-kind contribution for travel of boxes 12-18. Otherwise, com	plote box 11 if applicable	11 In-kind description			<u> </u>	
12 Name of perso	n(s) traveling on whose behall	the travel was accepted	(attach additional pages if	necessary)	<del></del>		_
13 Departure city	location	14 Departure date	15 Destination city / lo	cation	16 A	rrival date	
17 Means of trans	portation		18 Purpose of travel				
4 Date	5 Full name of contributor Salazar, Epifanio	ut-of-state PAC(ID#_			7 Amount contribution	of on (\$)	<del>_</del> _
03/29/2007	6 Contributor address, Sugar Land, TX 77479	City; State; Zip Code	• • • • • • • • • • • • • • • • • • •			\$1,000	).00
Principal occups	ation / Job title (See Instruction	s)	9 Employer (See Instr	uctions)		<u> </u>	
Complete b	kind contribution for travel out oxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description (i	·			
	(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if n	Acessary)			
3 Departure city / le	ocation	14 Departure date	15 Destination city / loca	ation	16 Arri	val date	_
Means of transpo	rtation	·	18 Purpose of travel			<del></del>	$\dashv$
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THE INSTRUCT	ION GUIDE explains how to co	mplete this form.		1 PAGE#		_
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUN 999999	T# (Ethic	Report: 101/141 s Commission filers)
Date	5 Full name of contributor Salazar, Isauro	ut-of-state PAC(ID	#)	339999	7	Amount of contribution (\$)
03/10/2007	6 Contributor address; Baytown, TX 77520	City; State; Zip Cod	de			\$400.0
Principal occup	pation / Job title (See Instruction	ens)	9 Employer (See Ins	structions)		
complete	n-kind contribution for travel or boxes 12-18. Otherwise, comp	lete box 11 if applicable	11 In-kind description		· · · · · · · · · · · · · · · · · · ·	
	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	necessary)		
Departure city /	location	14 Departure date	15 Destination city / lo	cation	·	16 Arrival date
Means of transp	portation		18 Purpose of travel			<u> </u>
Date	5 Full name of contributor Samuel, Joy	out-of-state PAC(ID#	)	<del>-</del>	7 0	Amount of ontribution (\$)
	6 Contributor address; Missouri Čity, TX 77459	City; State, Zip Code	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		\$100.00
Principal occupa	tion / Job title (Sec Instruction	5)	9 Employer (See Instr	ructions)		
In-kind contribution  Check if in-licomplete bo	on kind contribution for travel outs exes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind description (i	f applicable)		
Name of person(s	s) traveling on whose behalf th	e travel was accepted (	attach additional pages if n	ecessary)		
Departure city / lo	cation	14 Departure date	15 Destination city / loca	ation		16 Arrival date
Means of transpo	rtation		18 Purpose of travel			
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TOXAG ETTICS OF	P.U.BO	X 12070 A	ustin, Texas 78711-2070	)(512)46	63-5800 1-800-325-85
POLIT OTHEI	ICAL CONTRII R THAN PLED	BUTIONS GES OR LO	DANS		SCHEDULE A
The Instruct	non Guide explains how to co	emplete this form.		1 PAGE#	0/110 December 400/444
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	0/118 Report: 102/141 (Ethics Commission filers)
4 Date	5 Full name of contributor Samuels, Marc	out-of-state PAC(	ID#)		7 Amount of contribution (\$)
03/22/2007	6 Contributor address; Austin, TX 78701	City; State; Zip C	code		\$500.0
8 Principal occur	pation / Job title (See Instruction	ons)	9 Employer (See Ins	structions)	
complete	n-kind contribution for travel or boxes 12-18. Otherwise, com	olete box 11 if applicat	11 In-kind description		
12 Name of perso	n(s) traveling on whose behalf	the travel was accepte	ed (attach additional pages if	necessary)	
13 Departure city	location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		-
Date	5 Full name of contributor Sanchez, Abel	out-of-state PAC(ID	#)		7 Amount of contribution (\$)
03/30/2007	6 Contributor address; Houston, TX 77090	City; State; Zip Co	de		\$100.00
Principal occupa	ation / Job title (See Instruction	s)	9 Employer (See Instr	uctions)	· · · · · · · · · · · · · · · · · · ·
In-kind contribut Check if in- complete b	ion kind contribution for travel out oxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable	11 In-kind description (i	f applicable)	
2 Name of person	(s) traveling on whose behalf t	ne travel was accepted	d (attach additional pages if n	ecessary)	
Departure city / I	ocation	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transpo	ortation		18 Purpose of travel		
			<u>.l.</u> ,		

	The Instruct	וסא Guine explains how to co	mplete this form.		1 PAGE#	
2	FILER NAME	Mariana Maria (14)			Schedule: 10	01/118 Report: 103/141
	TILEN NAME				3 ACCOUNT # 99999999	(Ethics Commission filers)
4	Date	5 Full name of contributor Schechter, Arthur	out-of-state PAC(ID)	')	<u> </u>	7 Amount of contribution (\$)
(	02/28/2007	6 Contributor address;	City; State; Zip Coc	le	• • • • • • • • • • • • • • • • • • • •	\$500.0
8	Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	
(	complete	n-kind contribution for travel ou hoxes 12-18. Otherwise, comp	lete box 11 if applicable			
		n(s) traveling on whose behalf	the travel was accepted	(attach additional pages i	f necessary)	
13 [	Departure city /	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
17 N	Means of transp	portation	<del></del>	18 Purpose of travel		
!	Date	5 Full name of contributor Schwartz, A.R.	ut-of-state PAC(ID#			7 Amount of contribution (\$)
00	į į		City; State; Zip Code			\$100.00
		Austin, TX 78701				
P		ation / Job title (See Instruction	s)	9 Employer (See Inst	ructions)	<u> </u>
<b>0</b> In	rincipal occupa	ation / Job title (See Instruction ion	ida Teyar and	9 Employer (See Inst		·
<b>0</b> In	rincipal occupa n-kind contributi Check if in- complete bo	ation / Job title (See Instruction	ide Texas and	11 In-kind description (	If applicable)	·
0 In	rincipal occupantincipal occup	ation / Job title (See Instruction ion kind contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf th	ide Texas and	11 In-kind description (	If applicable)	16 Arrival date
0 In	rincipal occupan-kind contribution  Check if incomplete became of person(	ation / Job title (See Instruction ion kind contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf the ocation	side Texas and ste box 11 if applicable. e travel was accepted (a	11 In-kind description (  Itach additional pages if a	If applicable)	16 Arrival date
0 In	rincipal occupantincipal occup	ation / Job title (See Instruction ion kind contribution for travel outs oxes 12-18. Otherwise, comple (s) traveling on whose behalf the ocation	side Texas and ste box 11 if applicable. e travel was accepted (a	11 In-kind description ( attach additional pages if a	If applicable)	16 Arrival date

SCHEDULE A

Electronic Filing Version

The Instruction Guide explains how to comple	ete this form.		1 PAGE#	20/440 D
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999	02/118 Report: 104/141 (Ethics Commission filers)
4 Date 5 Full name of contributor ☐ Schwartz, Marilyn	out-of-state PAC(ID#_		0000000	7 Amount of contribution (\$)
03/05/2007 6 Contributor address; City Austin, TX 78701	y; State; Zip Code			\$100.
Principal occupation / Job title (See Instructions)		9 Employer (See Ins	structions)	
In-kind contribution  Check if in-kind contribution for travel outside complete boxes 12-18. Otherwise, complete to	box 11 if applicable	11 In-kind description	,	
2 Name of person(s) traveling on whose behalf the tr	avel was accepted (a	attach additional pages if	necessary)	,
3 Departure city / location 12	4 Departure date	15 Destination city / lo	cation	16 Arrival date
7 Means of transportation		18 Purpose of travel		
Scott Hochberg Campaign  03/23/2007 6 Contributor address: City;				7 Amount of contribution (\$)
Houston, TX 77036  Principal occupation / Job title (See Instructions)	<del></del>			
		9 Employer (See Instr	uctions)	
In-kind contribution  Check if in-kind contribution for travel outside T complete boxes 12-18. Otherwise, complete boxes	exas and x 11 if applicable.	11 In-kind description (i		·
Name of person(s) traveling on whose behalf the trav	vel was accepted (atta	ach additional pages if n	ecessary)	
Departure city / location 14	Departure date 1	5 Destination city / loca	tion	16 Arrival date
Means of transportation		18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	

02/28/2007

6 Contributor address;

Houston, TX 77056

\$500.00

SCHEDULE A

Amount of

contribution (\$)

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. 1 PAGE# Schedule: 103/118 Report: 105/141 FILER NAME Noriega, Melissa (Ms.) 3 ACCOUNT # (Ethics Commission filers) 9999999 4 Date 5 Full name of contributor ut-of-state PAC(ID# Silverman, Barry

City; State; Zip Code

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)

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

Date Full name of contributor ut-of-state PAC(ID# Amount of Silverman, Charles contribution (\$) 02/02/2007 6 Contributor address; City; State; Zip Code \$200.00

Houston, TX 77077 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)

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

	CTION GUIDE explains how to co	mplete this form.	<del>_</del>	1 PAGE#	04/110 D	. 100%
2 FILER NAM	IE Noriega, Melissa (Ms.)	,		3 ACCOUNT#	04/118 Report (Ethics Commiss	
Date	5 Full name of contributor Simmons, Bertie	out-of-state PAC(ID#		99999999	7 Amoun	
02/11/2007	6 Contributor address; Houston, TX 77005	City; State; Zip Cod	e	· · · · · · · · · · · · · · · · · · ·	Sommod	\$200.
Principal occ	cupation / Job title (See Instruction	ns)	9 Employer (See Ins	itructions)		
complete	f in-kind contribution for travel ou e boxes 12-18. Otherwise, comp	lete hox 11 if applicable.	11 In-kind description		<u> </u>	,
	son(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	necessary)		
Departure city	// location	14 Departure date	15 Destination city / lo	cation	16 Arı	ival date
Means of tran	aportation		18 Purpose of travel			<u> </u>
Dato 03/30/2007	5 Full name of contributor Sindelar, H. Richard 6 Contributor address; Houston, TX 770963735	out-of-state PAC(ID#_			7 Amount of contribution	of n (\$) \$500.00
Principal occur	nation / Job title (See Instructions	P)	9 Employer (See Instr	uctions)		<del>-</del>
In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description (i	r		
Check if in complete						
Check if in complete		14 Departure date	15 Destination city / loca	tion	16 Arriv	al date
Check if ir complete Name of persor	location	14 Departure date	15 Destination city / loca 18 Purpose of travel	ition	16 Arriv	al date

# POLITICAL CONTRIBUTIONS

SCHEDULF A

	ON GUIDE explains how to co	omplete this form.		1 PAGE#	<u> </u>
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
Date	5 Full name of contributor Singh, Varinder	out-of-state PAC(II	)#)	3333333	7 Amount of contribution (\$)
03/29/2007	6 Contributor address; Houston, TX 77041	City; State; Zip Co	de	••••••	\$2,500
Principal occup	ation / Job title (See Instruction	ons)	9 Employer (See In	structions)	
comblete t	-kind contribution for travel of poxes 12-18. Otherwise, com	plete box 11 if applicable	11 In-kind description		
	(s) traveling on whose behalf	the travel was accepted	d (attach additional pages i	f necessary)	
Departure city /	location	14 Departure date	15 Destination city / Id	ocation	16 Arrival date
Means of transp	ortation	<u> </u>	18 Purpose of travel		
4	5 Full name of contributor Smith, Edward	Out-of-state PAC(ID#			7 Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	·····································		\$100.0
Principal occupat	ion / Job title (Gee Instruction	ა)	9 Employer (See Insti	ructions)	•
complete box	ind contribution for travel outs xes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description (		· · · · · · · · · · · · · · · · · · ·
Name of person(s	) traveling on whose behalf the	ne travel was accepted (	attach additional pages if n	ecessary)	
Departure city / loc	cation	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transport	tation	<u>.                                    </u>	18 Purpose of travel	<del></del> _	
			<u> </u>		

# **POLITICAL CONTRIBUTIONS**

The Instruction Guide explains how to complete this form.  2 FILER NAME Noriega, Melissa (Ms.)			1 PAGE#	
			Schedule: 106/118 Report: 108/141  3 ACCOUNT # (Ethics Commission filers) 999999999	
5 Full name of contributor Sobhi, Lydia				7 Amount of contribution (\$)
03/05/2007 6 Contributor address; Houston, TX 77077	City; State; Zip Coo			\$100.0
Principal occupation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	
O In-kind contribution  Check if in-kind contribution for travel or complete hoxes 12-18. Otherwise, comp	olcte box 11 if applicable	11 In-kind description	,	
2 Name of person(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	necessary)	· .
3 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
7 Means of transportation	<b>.</b>	18 Purpose of travel		<u> </u>
Date 5 Full name of contributor Staley, Sharon	ut-of-state PAC(ID#_			7 Amount of contribution (\$)
03/31/2007 6 Contributor address; Houston, TX 770812809	City; State; Zip Code			\$100.00
Principal occupation / Job title (See Instruction	5)	9 Employer (See Instr	uctions)	·
In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	ete box 11 if applicable.	11 In-kind description (r		<u> </u>
Name of person(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if n	ecessary)	
Departure city / location	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transportation		18 Purpose of travel	<del></del>	

#### POLITICAL CONTRIBUTIONS

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OTHER	HAN PLED	SES OR LOA	ANS			
The Instruction	ON GUIDE explains how to co.	mplete this form.		1 PAGE#	<b>=</b>	·
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT#		Report: 109/141 Commission filers)
4 Date	5 Full name of contributor Stanley, Alfred	out-of-state PAC(ID#		99999999	7	Amount of contribution (\$)
02/02/2007	6 Contributor address;	City; State; Zip Cod	e	•••••••		\$100.00
8 Principal occup	ation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	<u> </u>	
complete c	tion -kind contribution for travel out poxes 12 18. Otherwise, comp (s) traveling on whose behalf	lete box 11 if applicable.	11 In-kind description	·	· · ·	
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
17 Means of transpo	ortation	<u> </u>	18 Purpose of travel			
	Stein, Jay	out-of-state PAC(ID#				Amount of intribution (\$)
į.	Houston, TX 770061721					\$250.00
Principal occupat	ion / Job title (See Instructions	)	9 Employer (See Instr	uctions)		
complete bo	ind contribution for travel outsi xes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description (i			
2 Name of person(s	traveling on whose behalf the	e travel was accepted (a	ttach additional pages if n	oooooary)		
3 Departure city / loc	cation	14 Departure date	15 Destination city / loca	ation		16 Arrival date
7 Means of transpor	tation		18 Purpose of travel			

Date   5 Full name of contributor	THE INSTRUC	TION GUIDE explains how to co	omplete this form,		1 PAGE#	
Date   Stuff   ? FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT#		
Stopping   Stopping	Date	5 Full name of contributor Stogner, Virginia	out-of-state PAC(ID	#	9999999	
In-kind contribution	03/11/2007		City; State; Zip Co	de	• • • • • • • • • • • • • • • • • • • •	\$596
Check if in-kind contribution for travel outside Texas and complete hows 12-18. Otherwice, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date  17 Amount of contribution (\$)  Date  5 Full name of contributor  Stone, Kathleen  Date  5 Full name of contributor  Check if in-kind description (if applicable)  Food & Beverages for Reception  16 Arrival date  17 Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  In-kind contribution  Check if in-kind contribution for travel outside Texas and complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Principal occu	upation / Job title (See Instruction	ons)	9 Employer (See In:	structions)	
Means of transponation  18 Purpose of travel  18 Purpose of travel  19 Purpose of travel  19 Purpose of travel  19 Purpose of travel  19 Purpose of travel  10 Purpose of travel  10 Purpose of travel  11 Purpose of travel  12 Purpose of travel  13 Purpose of travel  14 Purpose of travel  15 Full name of contributor of contribution (\$)  16 Contributor address; City; State; Zip Code	Check if complete	in-kind contribution for travel or a boxes 12-18. Otherwise, com	plete box 11 if applicable	Food & Beverag	es for Reception	
Date    Stone, Kathleen	Departure city	/ location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
Storie, Kathleen  Contribution (\$)  Contributor address; City; State; Zip Code  Frincipal occupation / Job title (See Instructions)  In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  Contribution (\$)  In-kind description (if applicable)  The kind description (if applicable)  Departure city / location  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.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)	Means of trans	sponation		18 Purpose of travel		
Houston, TX 770435216  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Date	5 Full name of contributor Stone, Kathleen	out-of-state PAC(ID#		7	
In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  11 In-kind description (if applicable)  Applicable (attach additional pages if necessary)  Departure city / location  13 Departure date  14 Departure date  15 Destination city / location  16 Arrival date	02/02/2007		City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$100.0
Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Instr	uctions)	<del></del>
Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  Departure city / location  14 Departure date  15 Destination city / location  16 Arrival date	Check if in complete b	kind contribution for travel out oxes 12-18. Otherwise, comple	ete box 11 if applicable.			
Mans of transportation 16 Arrival date	Name of person	(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if n	ecessary)	
leans of transportation 18 Purpose of travel	Departure city / I	ocation	14 Departure date	15 Destination city / loca	ation	16 Arrival date
	leans of transp	ortation	L	18 Purpose of travel		

#### POLITICAL CONTRIBUTIONS

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The Instruct	ION GUIDE explains how to c	omplete this form.		1 PAGE#	100/440	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Report: 111/141 Commission filers)
4 Date	5 Full name of contributor Stout, Bob	out-of-state PAC(ID	#		7	Amount of
02/28/2007	6 Contributor address; Houston, TX 77005	City; State; Zip Coo	de			\$250.
Principal occup	eation / Job title (See Instruction	ons)	9 Employer (See Ins	structions)	<u>L</u>	•
complete t	tion I-kind contribution for travel of poxes 12-18. Otherwise, com I(s) traveling on whose behalf	plote box 11 if applicable	11 In-kind description . (attach additional pages if			
Departure city /		14 Departure date	15 Destination city / lo			16 Arrival date
Means of transp	ortativn		18 Purpose of travel			
03/29/2007	Terrell, Burnham  Contributor address;  Houston, TX 77023	out-of-state PAC(ID#				Amount of ntribution (\$) \$100.00
Principal occupat	ion / Job title (Sec Instruction	s)	9 Employer (See Instru	uctions)		
In-kind contribution Check if in-k complete bo	on ind contribution for travel outs xes 12-18. Otherwise, comple	side Texas and	11 In-kind description (II	аррисавіе)		
Name of person(s	) traveling on whose behalf th	ne travel was accepted (a	ttach additional pages if ne	ecessary)	<u> </u>	•
Departure city / lo	cation	14 Departure date	15 Destination city / loca	tion	1	6 Arrival date
feans of transpor	tation		18 Purpose of travel		<u>,                                     </u>	<del>,</del>
		<u>_</u>				

	THAN PLED		ANS		
The Instruct	TION GUIDE explains how to co	mplete this form.		1 PAGE#	10/118 Report: 112/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Texas Democratic Party	out-of-state PAC(ID	,		7 Amount of contribution (\$)
03/29/2007	6 Contributor address; Austin, TX 78701	City, State, Zip Cod	de	· · · · · · · · · · · · · · · · · · ·	\$1,000.0
8 Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)	
complete	n-kind contribution for travel ou boxes 12-18. Otherwise, comp	ilete box 11 if applicable.	11 In-kind description Voter File Acces	S	·
	n(s) traveling on whose behalf	ine travel was accepted	(attach additional pages if	f necessary)	
13 Departure city /	location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date
7 Means of transp	portation	· <b>L</b>	18 Purpose of travel		
Date	5 Full name of contributor Thaker, Mrugesh	ut-of-state PAC(ID#_			7 Amount of contribution (\$)
J.	6 Contributor addroce; Houston, TX 77077	City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••		\$180.00
Principal occupa	ition / Job title (See Instruction	s)	9 Employer (See Instr	ructions)	
Complete bt	kind contribution for travel outs oxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In kind description (i Beverages for eve	ent	
Name of person(	s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages if n	ecessary)	
Departure city / lo	ocation	14 Departure date	15 Destination city / loca	ation	16 Arrival date
Means of transpo	rtation		18 Purpose of travel		
<u> </u>					

#### **POLITICAL CONTRIBUTIONS**

	CTION GUIDE explains how to	complete this form.	***************************************	1 PAGE#	
PILER NAM	E Noriega, Melissa (Ms.)	)		Schedule: 1  3 ACCOUNT # 99999999	11/118 Report: 113/141 (Ethics Commission filers)
Date	5 Full name of contribute Timmaraju, Mini	Or Out-of-state PAC(ID)	*	33333399	7 Amount of contribution (\$)
03/21/2007	6 Contributor address; Sugar Land, TX 77479286	City; State; Zip Coo	de	••••••	\$100.0
Principal occ	upation / Job title (See Instruct	ions)	9 Employer (See In:	structions)	<u> </u>
Complete	bution in-kind contribution for travel of a hoxes 12-18. Otherwice, con on(s) traveling on whose beha	nplete box 11 if applicable	11 In-kind description		
Departure city	/ location	14 Departure date	15 Destination city / Ic	ocation	16 Arrival date
Means of tran	sportation		18 Purpose of travel	<del>-</del>	
Date 02/28/2007	5 Full name of contributor Tinsley, James & Eleano 6 Contributor address; Houston, TX 77046	out-of-state PAC(ID#_r  City; State; Zip Code			7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See Instr	ructions)	
complete	n-kind contribution for travel ou boxes 12-18. Otherwise, comp	lete box 11 if applicable.	11 In-kind description (		
	n(s) traveling on whose behalf	the travel was accepted (a	uttach additional pages if r	ecessary)	
Departure city /	location	14 Departure date	15 Destination city / local	ation	16 Arrival date
Means of transp	ortation	- <del></del>	18 Purpose of travel		
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Trevino, Date  7 Amount of contribution (\$)  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  10 In-kind contribution  Check if in-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-19. 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 / location  16 Arrival description (if applicable)  17 Means of transportation  18 Purpose of travel  3 Date  5 Full name of contributor cut-of-state PAC(ID#	4 Date	8.5"			99999999		
B 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 boxs 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 / location  16 Arrival date  17 Amount of contribution out-of-state PAC(ID#	· Date	Trovino, Dale					Amount of contribution (\$)
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-19. 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 / location  16 Arrival description (if applicable)  17 Means of transportation  18 Purpose of travel  18 Purpose of travel  19 O3/00/2007  10 Contributor address; City; State; Zip Code  10 Houston, TX 77063  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  10 In-kind description (if applicable)	04/02/2007	Contributor address;	City; State; Zip Cod	de			\$500.0
Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box II if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  13 Departure city / location  14 Departure date  15 Destination city / location  16 Arrival data data data additional pages if necessary)  17 Means of transportation  18 Purpose of travel  19 Date  5 Full name of contributor out-of-state PAC(ID# TSC Fund  10 O3/00/2007  C Contributor address; City; State; Zip Code  Houston, TX 77063  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  10 In-kind contribution  Check if in-kind contribution for travel outside Texas and contribution (if applicable)	8 Principal occu	ccupation / Job title (See Instruction	ons)	9 Employer (See Ins	tructions)	<u></u>	<del></del>
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)  13 Departure city / location  14 Departure date  15 Destination city / location  16 Arrival data  17 Means of transportation  18 Purpose of travel  7 Amount of contribution (\$)  03/00/2007  6 Contributor address; City; State; Zip Code Houston, TX 77063  9 Employer (See Instructions)  9 In-kind contribution  11 In-kind description (if applicable)	Check if i	if in-kind contribution for traval as	itside Texas and		(if applicable)		
17 Means of transportation  18 Purpose of travel  18 Purpose of travel  7 Amount of contribution (\$)  03/30/2007  6 Contributor address; City; State; Zip Code Houston, TX 77063  9 Employer (See Instructions)  11 In-kind description (if applicable)	12 Name of perso	rson(s) traveling on whose behalf	the travel was accepted	(attach additional pages if	necessary)		
Date  5 Full name of contributor	13 Departure city	ity / location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
O3/30/2007  6 Contributor address; City; State; Zip Code Houston, TX 77063  9 Employer (See Instructions)  11 In-kind contribution (if applicable)	17 Means of trans	nsportation	1	18 Purpose of travel			
O3/30/2007  6 Contributor address; City; State; Zip Code Houston, TX 77063  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  O In-kind contribution Check if in-kind contribution for travel outside Toyon and	Date	5 Full name of contributor TSC Fund	out-of-state PAC(ID#_				Amount of
O In-kind contribution  Check if in-kind contribution for travel outside Toyon and	03/30/2007		City; State; Zip Code	, 			\$500.00
T VIECK IT IT-KING COntribution for travel outside Toyon and	Principal occups	Lupation / Job title (See Instructions	6)	9 Employer (See Instru	uctions)		
	Check if in-	in-kind contribution for travel outs	ide Texas and te box 11 if applicable	11 In-kind description (if	applicable)		
2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)	Name of person	on(s) traveling on whose behalf th	e travel was accepted (a	l Ittach additional pagos if no	pooceary)		
3 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date	Departure city / lo	/ location	14 Departure date	15 Destination city / local	tion		6 Arrival date
7 Means of transportation 18 Purpose of travel	Means of transpo	portation		18 Purpose of travel			
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#### POLITICAL CONTRIBUTIONS

The Instruction Guide explains ho	w to complete this form.	· · · I	GE #
2 FILER NAME Noriega, Melissa	(Ms.)	3 AC	nedule: 113/118 Report: 115/141  COUNT # (Ethics Commission filers)  999999
4 Date 5 Full name of con Turner, Raymond	tributor  ut-of-state PAC(ID	#)	7 Amount of contribution (\$)
02/02/2007 6 Contributor address	,, _,, _,, _,,	de	\$500.0
8 Principal occupation / Job title (See In	estructions)	9 Employer (See Instructions	)
10 In-kind contribution  Check if in-kind contribution for t complete boxes 12-18. Otherwis  Name of person(s) traveling on whose	e, complete box 11 if applicable	11 In-kind description (if applic	•
13 Departure city / location			ry)
o Doparture dity / location	14 Departure date	15 Destination city / location	16 Arrival date
7 Means of transportation		18 Purpose of travel	
Turner, Haymond	ibutor out-of-state PAC(ID#_	······································	7 Amount of contribution (\$) \$1,000.00
Houston, TX 77017  Principal occupation / Job title (See Insi	tructions)	9 Employer (See Instructions)	
		9 Employer (See Instructions)	
In-kind contribution  Check if in-kind contribution for tra complete boxes 12-18. Otherwise,	complete box 11 if applicable.	11 In-kind description (if applicat	
2 Name of person(s) traveling on whose b	ehalf the travel was accepted (a	attach additional pages if necessary	
Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
Means of transportation		18 Purpose of travel	
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		GES OR LU	ANO		
	TION GUIDE explains how to c	omplete this form.		1 PAGE#	14/118 Report: 116/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	(Ethics Commission filers)
4 Date	5 Full name of contributor Turner, Yvonne	out-of-state PAC(ID	#)		7 Amount of contribution (\$)
03/08/2007	6 Contributor address; Houston, TX 77017	City; State; Zip Coo	,		\$250.
8 Principal occu	pation / Job title (See Instruction	ons)	9 Employer (See In	nstructions)	1
complete	in-kind contribution for travel o boxes 12-18. Otherwise, com	plete box 11 if applicable	11 In-kind descriptio		•
	on(s) traveling on whose behal	the travel was accepted	(attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
7 Means of trans	portation		18 Purpose of travel		
Date	5 Full name of contributor Walker, Juanita	out-of-state PAC(ID#_			7 Amount of contribution (\$)
03/30/2007	6 Contributor address; Houston, TX 77061	Clty; State; Zip Code	······································		\$100.00
Principal occupa	ation / Job title (See Instruction	s)	9 Employer (See Inst	tructions)	
In-kind contribut Check if in complete b	ion -kind contribution for travel out oxes 12-18. Otherwise, compl	side Texas and	11 In-Kind description	(if applicable)	· · · · · · · · · · · · · · · · · · ·
Name of person	(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	necessary)	
Departure city / I	ocation	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of transpo	ortation		18 Purpose of travel		
<u>.</u>		- <del></del> .			· · · · · · · · · · · · · · · · · · ·

	TION GUIDE explains how to co	mplete this form.	·	1 PAGE#	15/110 D
2 FILER NAMI	E Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999	15/118 Report: 117/141 (Ethics Commission filers)
Date	5 Full name of contributor White, Douglas	out-of-state PAC(ID#			7 Amount of contribution (\$)
04/02/2007	6 Contributor address; Houston, TX 77005	City; State; Zip Cod		• • • • • • • • • • • • • • • • • • • •	\$100
Principal occi	upation / Job title (See Instruction	ns)	9 Employer (See Inst	tructions)	
complete	oution in-kind contribution for travel ou boxes 12-18. Otherwise, comp on(s) traveling on whose behalf	ilete box 11 if applicable.	11 In-kind description		
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Departure city	/ location	14 Departure date	15 Destination city / loc	eation	16 Arrival date
Means of trans	sportation		18 Purpose of travel		
Date	J Full name or contributor Williams Birnberg & Ander	U out-of-state PAC(ID#_sen LLP			7 Amount of contribution (\$)
02/02/2007	6 Contributor address; Houston, TX 770573746	City; State, Zip Code			\$500.0
Principal occup	pation / Job title (See Instruction	3)	9 Employer (See Instru	uctions)	·
	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, compte	side Texas and ate box 11 if applicable.	11 In kind description (if	applicable)	<del> </del>
In-kind contribution Check if in complete			ittach additional pages if		· · · · · · · · · · · · · · · · · · ·
Check if in complete	n(s) traveling on whose behalf th	e travel was accepted (a	mach additional pages if he	ecessary)	
Check if in complete	n(s) traveling on whose behalf th	e travel was accepted (a	15 Destination city / loca		16 Arrival date
Check if in complete Name of person	n(s) traveling on whose behalf the		<u>.                                    </u>		16 Arrival date
Check if it complete  Name of person  Departure city /	n(s) traveling on whose behalf the		15 Destination city / local		16 Arrival date

Full name of contributor mpelberg, Robert  Contributor address;  Iston, TX 770075862  / Job title (See Instruction contribution for travel out 12-18. Otherwise, compaveling on whose behalf to the contribution on	City; State; Zip Code  ns)  tside Texas and lete box 11 if applicable.	9 Employer (See In: 11 In-kind description	3 ACCOUNT # 99999999 structions)  (if applicable)	(Ethics	Report: 118/141 s Commission filers)  Amount of contribution (\$)  \$100.0
Full name of contributor mpelberg, Robert  Contributor address;  Iston, TX 770075862  / Job title (See Instruction contribution for travel out 12-18. Otherwise, compaveling on whose behalf to the contribution on the contribution of the contribution for travel out 12-18. Otherwise, compaveling on whose behalf the contribution of the contribution for travel out 12-18. Otherwise, compaveling on whose behalf the contribution of the contribution for travel out 12-18. Otherwise, compaveling on whose behalf the contribution of the contributor of the contributor address;	City; State; Zip Code  ns)  tside Texas and lete box 11 if applicable the travel was accepted	9 Employer (See In: 11 In-kind description (attach additional pages i	99999999 structions) n (if applicable)	7	Amount of contribution (\$)
Contributor address; Iston, TX 770075862  / Job title (See Instruction contribution for travel out 12-18. Otherwise, complaveling on whose behalf to	City; State; Zip Code  ns)  tside Texas and lete box 11 if applicable the travel was accepted	9 Employer (See In: 11 In-kind description (attach additional pages i	structions)  n (if applicable)  f necessary)		contribution (\$)
ston, TX 770075862  / Job title (See Instruction contribution for travel out 12-18. Otherwise, comp aveling on whose behalf to	City; State; Zip Codes  ns)  tside Texas and lete box 11 if applicable, the travel was accepted	9 Employer (See In: 11 In-kind description (attach additional pages i	structions)  n (if applicable)  f necessary)		\$100.0
contribution for travel out 12-18. Otherwise, comp aveling on whose behalf to on	tside Texas and lete box 11 if applicable the travel was accepted	11 In-kind description (attach additional pages i	f necessary)		
12-18. Otherwise, comp aveling on whose behalf (	lete box 11 if applicable the travel was accepted	(attach additional pages i	f necessary)		
12-18. Otherwise, comp aveling on whose behalf (	lete box 11 if applicable the travel was accepted	(attach additional pages i	f necessary)		
ion		· .			
	14 Departure date	15 Destination city / lo			
on			ocation		16 Arrival date
on	-				l a samu
		18 Purpose of travel	<del></del>		
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ull name of contributor e, Edmond	UUI-OF-SIBIE FAC(ID#_		<del></del>	7	Amount of ontribution (\$)
************	• • • • • • • • • • • • • • • • • • • •				Ontribution (\$)
1000	City; State; Zip Code		,		\$500.00
Job title (See Instructions	s) .	9 Employer (See Inst	truotions)		
		11 In kind description	(# ultratur)		· · · · · · · · · · · · · · · · · · ·
12-18. Otherwise, comple	ete box 11 if applicable.				
veling on whose behalf th	ne travel was accepted (	attach additional pages if	necessary)	-	
n	14 Departure date	15 Destination city / loc	cation		16 Arrival date
n	<u>L</u>	18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		<u> </u>
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	contributor address:  Ston, TX 770461209  Job title (See Instructions)  contribution for travel outs 12-18. Otherwise, comple	Contributor address: City: State: Zip Code ston, TX 770461209  Job title (See Instructions)  Contribution for travel outside Texas and 12-18. Otherwise, complete box 11 if applicable. veling on whose behalf the travel was accepted (and the contribution of the complete box 11 if applicable.)	Contributor address: City: State: Zip Code  Ston, TX 770461209  Job title (See Instructions)  9 Employer (See Instructions)  11 In-kind description  contribution for travel outside Texas and 12-18. Otherwise, complete box 11 if applicable.  veling on whose behalf the travel was accepted (attach additional pages if	Contributor address: City: State: 7ip Code  Ston, TX 770461209  Job title (See Instructions)  9	Contributor address: City: State: 7 ip Code  Ston, TX 770461209  Job title (See Instructions)  9

The Ins	TRUCTION GUIDE explains how	to complete this form.		1 PAGE# Schedule: 1	17/118 Report: 119/141
2 FILER N	AME Noriega, Melissa (N	ls.)		3 ACCOUNT # 99999999	
4 Date	5 Full name of contril Ybarra, Eric	Outor out-of-state PAC(ID)	#		7 Amount of contribution (\$)
02/02/2	6 Contributor address	c; City; State; Zip Coc	,,		\$200.0
8 Principal	occupation / Job title (See Inst	ructions)	9 Employer (See In	structions)	<u> </u>
com	ontribution ck if in-kind contribution for trav plete boxes 12-18. Otherwisc, person(s) traveling on whose b	complete box 11 if applicable			
	city / location	14 Departure date	15 Destination city / le		16 Arrival date
7 Means of	transportation	<u>.                                    </u>	18 Purpose of travel		
Date	5 Full name of contribution Ybarra, Eugene	ntor out-of-state PAC(ID#			7 Amount of contribution (\$)
00/08/20	O7 G Contributor address; La Porte, TX 77571	City; State; Zip Code	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$200.00
Principal o	ccupation / Job title (See Instru	ctions)	9 Employer (See Inst	ructions)	
In-kind con	tribution k if in-kind contribution for trave lete boxes 12-18. Otherwise, co	l outside Texas and	11 In-kind description	(if applicable)	
	erson(s) traveling on whose bel		L attach additional pages if	necessary)	
Departure of	city / location	14 Departure date	15 Destination city / loc	cation	16 Arrival date
Means of tr	ansportation	<u> </u>	18 Purpose of travel		

The Instructi	ON GUIDE explains how to co	mplete this form.		1 PAGE#			400/444
FILER NAME	Noriega, Melissa (Ms.)			3 ACC	Schedule: 118/118 Report: 120/14  3 ACCOUNT # (Ethics Commission filers) 999999999		
Date	5 Full name of contributor Ybarra, Russell	out-of-state PAC(ID#		<u></u>	7		ount of ibution (\$)
02/28/2007	6 Contributor address; Houston, TX 77005	City; State; Zip Cod	e				\$500.0
Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)			
complete	ntion n-kind contribution for travel ou boxes 12-18. Otherwise, comp n(s) traveling on whose behalf	lete box 11 if applicable.					
Departure city /	location	14 Departure date	15 Destination city / lo	cation		16	Arrival date
Means of transp	portation		18 Purpose of travel	<del></del>			
Dale	5 Full name or contributor Ybarra, Russell (Mr.)	out-of-state PAC(ID#_		<del></del>	7		unt of oution (\$)
K	6 Contributor address; Houston, TX 77005	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	•••••			\$3,500.00
Principal occupa	ation / Job title (See Instruction	9)	9 Employer (See Insti	ructions)			<u> </u>
In-kind contributi Check if in- complete be	ion kind contribution for travel outs oxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description (	if applicab	ole) .		
Name of person(	s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if r	ecessary	)	-	
Departure city / le	ocation	14 Departure date	15 Destination city / loc	ation	<u> </u>	16	Arrival date
Means of transpo	Ortation		18 Purpose of travel				
	,						

LOANS				SCHEDULE E
The Instruction G	IDE explains how to complete this form.		1 PAGE # Schedule:	1/1 Report: 121/141
<u></u>	loriega, Melissa (Ms.)			# (Ethics Commission filers)
TOTAL OF UN	ITEMIZED LOANS:	<b>ಎಎಎಎಎ</b>		\$
Date of loan 01/17/2007	7 Name of lender	out-of-state PAC (ID#		9 Loan Amount (\$) \$5,000.0
Is lender a financial Institution?	8 Lender address; City; State; 7218 Rolling Meadow Dr. Richmond, TX 77469	Zip Code	••••	10 Interest rate 5%
No Principal occupation	/ Job title (See Instructions)	13 Employer (See Instr		11 Maturity date 01/15/2008
GUARANTOR INFORMATION  IN not applicable	16 Name of guarantor  17 Guarantor address; City; State;	Zip Code	·····	18 Amount Guaranteed (\$)
INFORMATION	17 Guarantor address; City; State;	Zip Code		18 Amount Guaranteed (\$)
INFORMATION  INFORMATION	17 Guarantor address; City; State;			18 Amount Guaranteed (\$)
INFORMATION    X   not applicable  Principal Occupation	17 Guarantor address; City; State;			18 Amount Guaranteed (\$)
INFORMATION    X   not applicable  Principal Occupation	17 Guarantor address; City; State;	20 Employer		
INFORMATION  In not applicable  Principal Occupation	17 Guarantor address; City; State;	20 Employer	·	

Electronic Filing Version

POLITI	CAL EXPENDI			(312	<u> </u>	SCHEDULE F
The Instruction	ON GUIDE explains how to con	plete this form.		1 PAGE# Schedule:	5/20 Re	port: 126/141
2 FILER NAME	Noriega, Melissa (Ms.)		<del> </del>	3 ACCOUNT 99999999	# (Ethics	Commission filers)
4 Date 03/05/2007		City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			Amount (\$) \$8,128.2
8 Purpose of pay (See instruction Printing of Ya	rment ns regarding type of information Ird signs, bumper stickers a	required.) nd lapel stickers	9 ** Complete if direct Candidate / Officehold	expenditure to b der name:	cnefit Car	didate/Officeholder •
	r travel outside Texas (complet		Office sought: Office held:			
O Name of person	(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addition	onal pages if nec	cssary)	<u>.</u>
1 Departure city /	location	12 Departure date	13 Destination city / lo	cation		14 Arrival date
5 Means of transp	ortation		16 Purpose of travel		<del></del> -	
03/07/2007	5 Payee name Campaign Strategies 6 Payee address; C 3815 Montrose Blvd, Ste Houston, TX 77006	ity; State; Zip Code a. 101			7	Amount (\$) \$992.06
Purpose of paym (See instructions Photography S	regarding type of information r	equired.)	9 * Complete if direct e Candidate / Officeholde	expenditure to be er name:	nefit Cand	idate/Officeholder **
Payment for t	travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
Name of person(s	s) traveling on whose behalf the	expenditure for travel v	vas made (attach addition	al pages if neces	ssary)	
Departure city / lo	cation	12 Departure date	13 Destination city / loca	ation		14 Arrival date
Means of transpor	rtation		16 Purpose of travel			
		,	;			

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

	03/06/2007	6	Payee address; 2910 Houston Ave. Houston, TX 77009	City; State; Zip Coc	de	\$6,666.67
8	Purpose of pay (See instruction Consulting Fo	ns r	egarding type of information	on required.)	9 ** Complete if direct expenditure to benefit Ca Candidate / Officeholder name:	ndidate/Officeholder
	Payment fo	or tra	vel outside Texas (compl	ete boxes 10-16)	Office sought: Office held:	
10	Name of persor	n(s)	traveling on whose behalf	the expenditure for trave	el was made (attach additional pages if necessary)	
11	Departure city /	loca	ation	12 Departure date	13 Destination city / location	14 Arrival date

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03/08/2007

15 Means of transportation

15 Means of transportation

# 14 Arrival date

Texas Ethics Co	mmission P.O.Box 120	070 Austin, Texas	s 78711-2070	(512)40	63-5800	0 1-800-325-85
POLIT	ICAL EXPEND	TURES	·			SCHEDULE F
The Instruct	пом Guide explains how to cor	nplete this form.		1 PAGE# Schedule: 10	 0/20 R€	eport: 131/141
	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		Commission filers)
4 Date	5 Payee name FTD.com		<del></del>	<u></u>	7	Amount (\$)
04/01/2007	I =	City; State; Zip Code e	9			\$57.35
8 Purpose of pa (See instruction Flowers for fi	lyment ons regarding type of information funeral of constituent	n required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	L efit Cano	fidate/Officeholder
☐ Payment fo	Payment for travel outside Texas (complete boxes 10-16)					
10 Name of person	n(s) traveling on whose behalf t	12 Departure date	was made (attach addition		ary)	14 Arrival date
15 Means of transp	portation		16 Purpose of travel			
4 Date 03/08/2007	5 Payee name Griffin, Martha (Ms.) 6 Payee address; (3403 Sophora Place Sugar, TX 77479	City; State; Zip Code			7	Amount (\$) \$420.01
Purpose of payi (See instruction Reimburseme gas and misc.	ns regarding type of information ent for: Campaign Office Su	required.) pplies, voter data,	9 · · Complete if direct e Candidate / Officeholde	expenditure to benef or name:	it Candid	Jate/Officeholder **
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
Name of person	(s) traveling on whose behalf th	e expenditure for travel w	vas made (attach addition	ial pages if necessa	ry)	
1 Departure city / I	ocation	12 Departure date	13 Destination city / loca	ation	T	14 Arrival date
5 Means of transpo	ortation		16 Purpose of travel			

exas Etnics Co	Ras Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070		(512)4	63-5800	1-800-325-8		
POLIT	TICAL EXPENDI	TURES			S	CHEDULE F	
The Instruc	TION GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 1	1/20 Rep	ort: 132/141	
2 FILER NAME	E Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		ommission filers)	
4 Date	5 Payee name Griffin, Martha (Ms.)	<u> </u>		3333333	7	Amount	
03/31/2007	6 Payee address; 3403 Sophora Place Sugar Land, TX 7747	City; State; Zip Code	e	······································		(\$) \$54.23	
8 Purpose of pa (See instruction Reimbursen	ayment ions regarding type of information ment for meeting refreshment	n required.)	9 ** Complete if direct Candidate / Officehol	t expenditure to ben der name:	lefit Candid	date/Officeholder **	
			Office sought:		•		
	for travel outside Texas (complet	•	Office held:				
<b>10</b> маше огрегас	on(s) traveling on whose behalf t	he expenditure for travel	I was made (attach addition	onal pages if necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / Io	ocation		14 Arrival date	
15 Means of trans	sportation	L	16 Purpose of travel	<del> </del>			
4 Date	5 Payee name Griffin, Martha (Ms.)			<del></del>	7	Amount (\$)	
04/02/2007	6 Payee address; C 3403 Sophora Place Sugar Land, TX 77479	City; State; Zip Code				\$326.07	
Purpose of pay (See instruction Reimbursement Data	yment ns regarding type of information o ent for Campaign Office Supp	required.) olies and Voter	9 ** Complete if direct e Candidate / Officeholde	expenditure to benefine name.	fit Candida	te/Officeholder **	
	r travel outside Texas (complete	·	Office sought: Office held:				
<ul><li>Name of person</li></ul>	n(s) traveling on whose behalf the	expenditure for travel v	vas made (attach addition	nal pages if necessa	ıry)		
Departure city /	location	12 Departure date	13 Destination city / loca	ation	14	1 Arrival date	
Means of transp	ortation		16 Purpose of travel	·			

Texas Ethics Comm			s 78711-2070	(512)4	63-5800	1-800-325-8
POLITIC	AL EXPENDI	TURES			3	CHEDULE F
The Instruction	Guide explains how to com	plete this form.		1 PAGE# Schedule: 12	2/20 Rep	port: 133/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 99999999		ommission filers)
4 Date 5	Payee name Griffin, Martha (Ms.)				7	Amount (\$)
04/02/2007	Payee address; 3403 Sophora Place Sugar Land, TX 77475	City; State; Zip Cod	e	••••••		\$92.68
Purpose of payme (See instructions Reimbusement	ent regarding type of information for Campaign Staff Lunch	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to ben der name:	nefit Candi	date/Officeholder • '
Payment for tr	avel outside Texas (complete	e boxes 10-16)	Office held:			
Name of person(s)	traveling on whose behalf the	e expenditure for trave	was made (attach addition	onal pages if neces	sary)	
1 Departure city / loc	eation	12 Departure date	13 Destination city / lo	cation		14 Arrival date
5 Means of transport	ation		16 Purpose of travel			· · · · · · · · · · · · · · · · · · ·
Date 5	Payee name Griffin, Martha (Ms.)	<u> </u>			7	Amount (\$)
04/02/2007 6	Payee address; C 3403 Sophora Place Sugar Land, TX 77479	ity; State; Zip Code			·	\$50.17
Purpose of paymer (See instructions re Reimbursement f	egarding type of information r	equired )	9 ** Complete if direct e Candidate / Officeholds	expenditure to bene er name:	fit Candid	ate/Officeholder ••
	vel outside Texas (complete		Office sought: Office held:			:
Name of person(s) t	traveling on whose behalf the	expenditure for travel	was made (attach addition	nal pages if necessa	ary)	
Departure city / loca	tion	12 Departure date	13 Destination city / loc	ation	1	4 Arrival date
Means of transportat	tion .	· ·	16 Purpose of travel			
	,					

Texas Ethics Co	ommission P.O.Box 1207	70 Austin, Texas	s 78711-2070	. <u> </u>	(512)40	63-5800	<u> </u>	1-800-3	25-85
POLIT	ICAL EXPENDIT	TURES				S	CHE	DULE	F
The Instruct	non Guide explains how to com	plete this form.		1 PAG	SE # edule: 13	1/20 Re		74/141	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACC	OUNT #			sion filers)	
4 Date	5 Payee name Griffin, Martha (Ms.)		<u> </u>		99999	7		nount (\$)	
04/02/2007	6 Payee address; ( 3403 Sophora Place Sugar Land, TX 77479	City; State; Zip Code	e						57.06
8 Purpose of pa (See instruction Cell Phone A	ayment ons regarding type of information Allowance - January, Februan	required.) y, March	9 * Complete if direct Candidate / Officehold	t expendit der name	ure to bend	efit Cand	idate/O	fficehold	er ''
Payment for	for travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:						
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	L was made (attach addition	onal page	s if necess	ary)			
11 Departure city	/ location	12 Departure date	13 Destination city / lo	ocation			<b>14</b> Ar	rival date	<del>.</del>
15 Means of trans	portation		16 Purpose of travel		<u>-</u>				
4 Date	5 Payee name Irma's Mexican Restaura	ant		<del></del> _		7	Amo		
02/02/2007	6 Payee address; Ci 22 N. Chenevert Houston, TX 77002	State; Zip Code	······································	• • • • • • •			(~	\$200	).00
B Purpose of pay (See instruction Event Gratuity	ns regarding type of information re	equired.)	9 * Complete if direct e Candidate / Officeholde	expenditu er name:	re to benef	fit Candic	late/Offi	iceholdei	,
	or travel outside Texas (complete i	· · · · · · · · · · · · · · · · · · ·	Office sought: Office held:	<del>-</del>	<u>_</u>				
	n(s) traveling on whose behalf the	expenditure for travel w	vas made (attach addition	nal pages	if necessa	iry)			
1 Departure city /	location	12 Departure date	13 Destination city / loc	ation	-		14 Arriv	val date	<del></del>
5 Means of transp	ortation		16 Purpose of travel						
						<del></del>			

				<u>63-5800</u> 1-800-325-8
ICAL EXPENDI	TURES			SCHEDULE F
ION GUIDE explains how to con	plete this form.		1 PAGE# Schedule: 14	/20 Report: 135/141
Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999	(Ethics Commission filers)
5 Payee name J.C. Lion Properties, In	nc.	<del></del>		7 Amount . (\$)
6 Payee address; 480 Kirby Seabrook, TX //586	City; State; Zip Cod	le		\$2,349.52
lyment ons regarding type of information Fee for Campaign Office	required.)	9 • Complete if direct Candidate / Officehol	t expenditure to bender name:	efit Candidate/Officeholder
	<u> </u>	Office sought: Office held:	·	,
n(s) traveling on whose behalf th	ne expenditure for trave	l was made (attach additio	onal pages if necess	eary)
/ location	12 Departure date	13 Destination city / lo	ocation	14 Arrival date
portation	<u></u>	16 Purpose of travel	<del></del>	
5 Payee name J.C. Lion Properties, Inc.	).	,	<u> </u>	7 Amount (\$)
6 Payee address; C 480 Kirby Seabrook, TX 77586	ity, State; Zip Code			\$1,145.00
ment is regarding type of information r radquarters Rental - April	required.)	9 ** Complete if direct e Candidate / Officeholde	expenditure to bene er name:	fit Candidate/Officeholder **
r travel outside Texas (complete	haves 10-16)	Office sought:		
	•		nal pages if necessa	ry)
ocation	12 Departure date	13 Destination city / loc	ation	14 Arrival date
ortation		16 Purpose of travel	<u> </u>	
		<u> </u>		
	Noriega, Melissa (Ms.)  5 Payee name J.C. Lion Properties, Ir 6 Payee address; 480 Kirby Seabrook, TX //586  by travel outside Texas (completed in the seabrook)  7 location  5 Payee name J.C. Lion Properties, Inc. 7 location  6 Payee address; 480 Kirby Seabrook, TX 77586  6 Payee address; 480 Kirby Seabrook, TX 77586  ment 1s regarding type of information in adquarters Rental - April  travel outside Texas (complete in the seabrook)  1 travel outside Texas (complete in the seabrook)  1 travel outside Texas (complete in the seabrook)  1 travel outside Texas (complete in the seabrook)  1 travel outside Texas (complete in the seabrook)	5 Payee name J.C. Lion Properties, Inc.  6 Payee address; City; State; Zip Code 480 Kirby Seabrook, TX //586  Syment ons regarding type of information required.) Fee for Campaign Office  or travel outside Texas (complete boxes 10-16)  n(s) traveling on whose behalf the expenditure for travel  / location  12 Departure date  5 Payee name J.C. Lion Properties, Inc.  6 Payee address; City; State; Zip Code 480 Kirby Seabrook, TX 77586  ment is reparrling type of information required.) adquarters Rental - April  fravel outside Texas (complete boxes 10-16)  (s) traveling on whose behalf the expenditure for travel  ocation  12 Departure date	Noriega, Melissa (Ms.)  5 Payee name J.C. Lion Properties, Inc.  6 Payee address; City; State; Zip Code 480 Kirby Seabrook, TX //586  yment Instruction ground the substitution of the sub	Noriega, Melissa (Ms.)  5

exas Ethics Co	P.O.Box 120	70 Austin, Texa	as 78711-2070	(512)	163-5800 1	-800-325-
POLIT	ICAL EXPENDI	TURES			SCHEE	DULE F
The Instruct	non Guide explains how to cor	nplete this form.		1 PAGE#	C/00 D + 40	
2 FILER NAME	Noriega, Melissa (Ms.)	· · · · · · · · · · · · · · · · · · ·	· ·	3 ACCOUNT#	6/20 Report: 13	
Date	le Down			99999999	(2000 COMMISSIE	iii iiiei s)
Date	5 Payee name Post Edge Mailing Ser	vice			7 Amo	
02/21/2007	6 Payee address; 2403 Bagby Houston, TX 77006	City; State; Zip Coo	de	••••••		\$ <b>83</b> 7.6
Purpose of pa	yment		9 * Complete if direct	evnenditure to ber	oft Candidata (Off	
(See instruction Campaign B	ons regarding type of information ulk Mail-out	required.)	Candidate / Officehold	expenditire to der ler name:	lefit Candidate/Offi	iccholder *
			Office sought:			
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
Name of perso	n(s) traveling on whose behalf t	he expenditure for trave	el was made (attach additio	nal pages if neces	sary)	·
Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Arriv	val date
<u>-</u>						rai date
Means of transp	portation		16 Purpose of travel			
Date	5 Payee name Premier Printing Co.				7 Amou	ınt
03/07/2007	6. Payee address; C 666 Harwin Dr., Ste. 489 Houston, TX 77036	ity; State; Zip Code		···,··········	(\$)	\$833.87
Purpose of payr (See instruction Printing of Let	S regarding type of information r	oquirod.)	9 · · Complete if direct ex Candidate / Officeholde	xpenditure to bene r name:	fit Candidate/Office	eholder ••
			Office sought:			
Payment for	travel outside Texas (complete	boxes 10-16)	Office held:			
Name of person(	s) traveling on whose behalf the	expenditure for travel	was made (attach addition	al pages if necessa	ary)	<u> </u>
Departure city / Id	ocation	12 Departure date	13 Destination city / loca	tion	14 Arriva	l date
					7 7 4 11 10	date
deans of transpo	ortation		16 Purpose of travel			
		•				

15 Means of transportation

## 14 Arrival date Electronic Filino Version

POLIT	ICAL EXPEND	TURES	· :		:	SCHEDULE F
The Instruct	пом Guide explains how to cor	nplete this form.		1 PAGE# Schedule: 18	B/20 Re	eport: 139/141
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 99999999		Commission filere)
4 Date	5 Payee name Texas Democratic Par	•			7	Amount (\$)
03/05/2007	6 Payee address; 707 Rio Grande St. Austin, TX 78701	City; State; Zip Cod	e			\$250.0
Purpose of pa (See instruction Voter File Lie	ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officehole	expenditure to bender name:	ocfit Cand	didate/Officeholder
_	•		Office sought:			
	or travel outside Texas (complet		Office held:			
Name of perso	on(s) traveling on whose behalf t	he expenditure for trave	l was made (attach additio	onal pages if neces	sary)	
1 Departure city	/ location	12 Departure date	13 Destination city / lo	cation		14 Arrival date
5 Means of trans	portation		16 Purpose of travel			
Date	5 Payee name The Home Depot			<u> </u>	7	Amount (\$)
03/29/2007	6 Payee address; C 6810 Gulf Freeway Houston, TX 77007	City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$81.23
Purpose of pay (See instruction Supplies for C	ment ne regarding typc of information Campaign Signs	required.)	9 ** Complete if direct e Candidate / Officenoide	expenditure to bene er name:	fit Candid	date/Officeholder **
_		•	Office sought:			
	r travel outside Texas (complete	•	Office held:			
Name of person	(s) traveling on whose behalf the	e expenditure for travel	was made (attach addition	al pages if necessa	ary)	
Departure city /	location	12 Departure date	13 Destination city / local	ation		14 Arrival date
Means of transp	ortation		16 Purpose of travel		L	
				<del></del> .		

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 PAGE# Schedule: 19/20 Report: 140/141 2 FILER NAME Noriega, Melissa (Ms.) ACCOUNT # (Ethica Commission filers) 9999999 Date Payee name Amount Wade, Keith (Mr.) (\$) 02/08/2007 6 Payee address; City; State; Zip Code \$2,000.00 410 Pierce St Houston, TX 77002 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Consulting Services Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name **Amount** Wade, Keith (Mr.) (\$) 03/16/2007 6 Payee address; \$2,000.00 City; State; Zip Code P.O. Box 88013 Houston, TX 77288 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Consulting Services Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / focation 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

Texas Ethics Commission	P.O.Box 12070 Austin, Texa	as 78711-2070	(512)4	63-5800	1-800-325-85
POLITICAL EX	PENDITURES			s	CHEDULE F
The Instruction Guide explain	ns how to complete this form.		1 PAGE # Schedule: 2	0/20 Rer	port: 141/141
2 FILER NAME Noriega, Me	lissa (Ms.)		3 ACCOUNT # 99999999		inmmission filers)
03/23/2007	Sherry (Ms.)		3000000	7	Amount (\$)
2809 Han	,,, <u>—</u> , —,	de			\$222.80
Purpose of payment (See instructions regarding type Reimbursement for Campai	e of information required.) gn Office Supplies	9 ° Complete if direct Candidate / Officehole	t expenditure to ber der name:	nefit Candi	date/Officeholder **
Payment for travel outside T	exas (complete boxes 10-16)	Office sought: Office held:			
	whose behalf the expenditure for trave	el was made (attach addition	nnal pages if neces	sary)	-
11 Departure city / location	12 Departure date	13 Destination city / Id	ocation	. [	14 Arrival date
15 Means of transportation		16 Purpose of travel	·		
4 Date 5 Payee name Wythe, Gre	eg (Mr.)	<u> </u>	<u> </u>	7	Amount (\$)
03/19/2007 6 Payee addres 909 Texas Houston, T	ave., #1218				\$2,200.00
Purpose of payment (See instructions regarding type Website creation, web hosting	of information required.) g and tech support	9 · · Complete if direct e Candidate / Officeholds	expenditure to bene er name:	efit Candida	ate/Officeholder ••
Payment for travel outside Te		Office sought: Office held:			
Name of person(s) traveling on window	hose behalf the expenditure for travel	was made (attach addition	nal pages if necess	ary)	
1 Departure city / location	12 Departure date	13 Destination city / loc	ation	1	4 Arrival date
Means of transportation	<del></del>	16 Purpose of travel		<b>_</b>	
				<u> </u>	

03/22/2005 15:45

FEC FORM 1

#### STATEMENT OF ORGANIZATION

(See Instructions)

Office assignment

* NAME				Tree tab city
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the tries	12FE4M5	
International Brotherho	od of Electrical Workers	Committee on Political	<u> </u>	<u> </u>
		<u> </u>	11111	
ADDRESS :- mt x a-1 stricil	900 Seventh St. N.W			<del></del>
(Chack if address			11111	
is changed)	Washington		pc	20001
•	· · · · · · · · · · · · · · · · · · ·			<u> </u>
COMMITTEES E-MAIL ADDRES	88	CITYA	STATE	ZIP CODE 🗻
PACReports@IBEW.OR	3 <del>- 1                                    </del>			
<u>L</u>				<del>┊═┺┉┸═╇┉┸╶╏┈</del> ╏
COMMITTEES WEB PAGE ADD	RESS (URL)	<del></del>		<del></del>
f.,,,,,,,,,,				
	<del></del>	<del></del>	<del>                                      </del>	<del></del>
CONSTRUCTOR CANADIDA		<u> </u>	<del>                                      </del>	<del></del>
COMMITTEES FAX NUMBER				
	<del></del>		•	
2. DATE WWW 1 01	1988			
3. FEC IDENTIFICATION NUMB	ER C	C00027342		
4. IS THIS STATEMENT X	NEW(N) OR	AMENDEO (Aj		
certify that I have exemined this Stateme	and to the best of my knowledg	e sno bellef kin true, correct and c	Contrata	
Type or Print Name of Treasurer	Jon F. Walters			
Signature of Treasurer Electronic	ally Filed by Jon F. Walte	<u> </u>	Date 0.8	22 2005
IDTE: Submittalan of Mase, erroneous, a Ah		et the person staying this Statemer IN SHOULD BE REPORTED!		5.C. 8437g.
Office Use Only		Forfurther Information e Federal Election Commissi Toll Free 900-424-8530 Local 200-864-1400		FEC FORM 1 (Revised 02/2003)

FECFon	m.1 (Revised 02/2000)	Page 2
TYPE OF CO	MMITTEF (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 information below.)	cendidate
Name of Candidate		
Cancidate Party Affiliation	Ornice on Sought: House Senate President	Oistrict
(c)	I his committee supports/opposes only one cantildate, and is NOT an authorized committee.	
Name of Candidate		111
		mogalic,
(d)	This committee is a (or subordinate) committee of the Re	publican,etc.) Party.
(t) <sup>A</sup>	This committee is a separate segregated fund-	
<b>"</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated tommittee.	und or party
Name of Any	Connected Organization of Affiliated Committee	
1 1		1 11
1	1	
Mailing Addre		11.1
man g ran		
	CITY▲ STATEA	ZP CODE A
Relationship		+++ 1
Type of Corr	nected Organization:	
Com	cretion Composition was Central Stock Labor Omerical	ΩΠ

Trade Association

Membership Organization

Cooperative

424 =	103)		Page 3	
Vrile or Type Committee Name	-551 44 111			
	of Electrical Workers Committee on I			
Custodian of Records: Identi passession of Committee bo	ly by name, address, (phone number oks and records.	optional), and position of the	e person in	
Full Name	·			
Mailing Address			· · · · · · · · · · · · · · · · · · ·	
			-	
Title or Position 🖞	CITYA	STATES	ZP CODE A	
	Telephone number			
Treasurer: List the name and name and address of any dea	address (phone number optional) of ignated agent (e.g., assistant treasurer	the treasurer of the commit	tee; and the	
Full Name of Treasurer Jon F. Walt	ters			
Mailing Address	900 Saventh St., N.W.			
	Washington	<u>0c</u>	20001 _	
Title or Position 🖤	CITY	STATEA	ZIP CODE A	
Secretary-Trea	surer 1	relephone number		
Full Name of Designated Agent				
Full Name of Designated				
Full Name of Designated Agent				
Full Name of Designated Agent	CITY ▲	STATEA	ZIP CODE A	

List at banks or other depositories in which the committee deposits funds, holds accounts, resta Benies or Other Depositories: safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

