Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIGN	MANUE NEC		•		OOVER ON	LLI PO I
The C/OH Instruction Guil	DE explains how to comple	ete this form.	1 ACCOUNT # (Ethics Commission 00057417	on filers)	2 PAGE# 1 of 108	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	FIRST Melissa		MI	OFFICE U	ISE ONLY
NAME	NICKNAME	LAST Noriega		SUFFIX	Date Received	II 61
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT 4430 Pease Houston, TX 77023	/ SUITE #; C	ITY; STATE;	ZIP CODE	Date Hand-delivered	or. Date Postmarked
5 CAMPAIGN TREASURER	MS/MRS/MR MS.	Tommie		MI	Date Processed	
NAME	NICKNAME	LAST Noriega		SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO 80) 8203 Misty Vale Houston, TX 77075	-		STATE;	ZIP CÓDE	
7 CAMPAIGN TREASURER PHONE	(713) 635-4772	NE NUMBER	EXTENS	ON		
8 REPORT TYPE	January 15	30th day before elections and the second sec		led \$500 limit		campaign treasurer fficeholder only) tach C/OH - FR)
9 PERIOD COVERED	Month Day Ye 04/03/2007	ar THRO	Mod UGH	oth Day	Year	
10 ELECTION	ELECTION DATE Month Day Ye 05/12/2007	ar ELECTION TY	_		General	X Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE Housto District	SOUGHT (if known on City Counc 3) cil At-Large	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expend Candidates are required to d	itures are campaign exp isclose this information o	enditures made by oth only if they receive notif	ers without the ca ication of the dire	andidate's prior consent act campaign expenditur	or approval. re.
INDIVIDUALS	Address/PO Box; Apt. / Suite	a#; City; State;	Zip Code			
additional pages						
	I	GO ТО	PAGE 2			

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas	78711-2070	(512)463-5800	1-800-325-8506
CANDIDATE	/ OFFICEH	OLDER REP	ORT:	F	ORM C/OH
SUPPORT &				Cover	SHEET PG 2
14 C/OH NAME Norie	ga, Melissa (Ms.)			15 ACCOUNT # 00057417	(Ethics Commission filers)
16 NOTICE FROM	have been made with	ice of political expenditures out the candidate's or office y receive notice of such exp	by political committees to support the cholder's knowledge or consent. Candid penditures	candidate / officeholder. T ates and officeholders are	hese expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
•	GENERAL	COMMITTEE ADDRESS		33333	
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
additional pages		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
17 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHER THAN SES OF LOANS), UNLESS ITEMIZED	\$	3,039.00
		OLITICAL CONTRIBUTIO THAN PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS)	\$	84,124.20
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURE	S OF \$50 OR LESS, UNLESS ITEMIZE	\$	817.32
	4. TOTAL F	OLITICAL EXPENDITURE	S	\$	60,721.62
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION Y OF THE REPORTING PE	NS MAINTAINED AS OF THE ERIOD	\$	75,521.76
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF A Y OF THE REPORTING P	LL OUTSTANDING LOANS AS OF THI ERIOD	\$	5,000.00
18 AFFIDAVIT					
	CLAUDIA A SEGU Notary Public STATE OF TEXA ly Comm. Exp. August 9,	RA STATE	I swear, or affirm, under penaltis true and correct and include me under Title 15, Election Co	s all information requir	ed to be reported by
AFFIX NOTARY S	STAMP / SEAL ABOV	E		V	. 1
Sworn to and subscrib	_, _		SQ NOVHQQ. hand and seal of office.	, this the	day
Mardia	a land	and Clau	dia A. Sogura		
Signature of officer admi	nistering eath (Print name of off	ficer administering oath	Title of officer admir	nistering oath

The INSTRUCTION GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 1/86 Report: 3/108		
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	ommission filers)
4 Date 5 Full name of contributor CAcosta, Hipolito	out-of-state PAC(ID#				Amount of ntribution (\$)
04/04/2007 6 Contributor address; C	ity; State; Zip Code				\$250.00
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	te box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	mach additional pages	ii liecessary)		
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 of contributor [Acosta, Hipolito	out-of-state PAC(ID#)			Amount of ntribution (\$)
04/26/2007 6 Contributor address; C	City; State; Zip Code	.,,			\$386.21
8 Principal occupation / Job title (See Instructions))	9 Employer (See In:	structions)		
10 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 12-18. Otherwise, complete	ide Texas and te box 11 if applicable.	11 In-kind description Reception food			
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transportation	· , ——— ,	18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	٠	
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The Instruction Guide explains how	to complete this form.		1 PAGE# Schedule: 2/8	36 Report: 4/108
2 FILER NAME Noriega, Melissa (l	Ms.)		3 ACCOUNT# 00057417	(Ethics Commission filers)
4 Date 5 Full name of contr Adrian Garcia Cam)		7 Amount of contribution (\$)
04/25/2007 6 Contributor addre				\$500.00
8 Principal occupation / Job title (See In:	9 Employer (See In	structions)		
10 In-kind contribution Check if in-kind contribution for trecomplete boxes 12-18. Otherwise	e, complete box 11 if applicable.	<u> </u>	ng and postage	
12 Name of person(s) traveling on whose	behalf the travel was accepted (attach additional pages	if necessary)	
13 Departure city / location	14 Departure date	15 Destination city /	ocation	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel	<u> </u>	
4 Date 5 Full name of contra Adrogue, Sophia (N	1s.))		7 Amount of contribution (\$)
	1s.)			
Adrogue, Sophia (N	As.) City; State; Zip Code		structions)	contribution (\$)
Adrogue, Sophia (No. 105/02/2007) 6 Contributor address 8 Principal occupation / Job title (See Institution Check if in-kind contribution complete boxes 12-18. Otherwise	As.) ss; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable.	9 Employer (See In	n (if applicable)	contribution (\$)
Adrogue, Sophia (No. 05/02/2007 6 Contributor address 8 Principal occupation / Job title (See Inc. 10 In-kind contribution Check if in-kind contribution for trees.)	As.) ss; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable.	9 Employer (See In	n (if applicable)	contribution (\$)
Adrogue, Sophia (No. 05/02/2007 6 Contributor address 8 Principal occupation / Job title (See Inc. 10 In-kind contribution Check if in-kind contribution for transplete boxes 12-18. Otherwise	As.) ss; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable.	9 Employer (See In	n (if applicable) if necessary)	contribution (\$)
Adrogue, Sophia (No. 05/02/2007 6 Contributor address 8 Principal occupation / Job title (See Inc. 10 In-kind contribution Check if in-kind contribution for transplete boxes 12-18. Otherwise 12 Name of person(s) traveling on whose	As.) se; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable. behalf the travel was accepted (9 Employer (See In 11 In-kind description attach additional pages	n (if applicable) if necessary)	contribution (\$) \$150.00
Adrogue, Sophia (No. 05/02/2007) 6 Contributor address 8 Principal occupation / Job title (See Inc. 10 In-kind contribution Check if in-kind contribution for transplate boxes 12-18. Otherwise 12 Name of person(s) traveling on whose 13 Departure city / location	As.) se; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable. behalf the travel was accepted (9 Employer (See In 11 In-kind description attach additional pages	n (if applicable) if necessary)	contribution (\$) \$150.00
Adrogue, Sophia (No. 05/02/2007) 6 Contributor address 8 Principal occupation / Job title (See Inc. 10 In-kind contribution Check if in-kind contribution for transplate boxes 12-18. Otherwise 12 Name of person(s) traveling on whose 13 Departure city / location	As.) se; City; State; Zip Code structions) avel outside Texas and a, complete box 11 if applicable. behalf the travel was accepted (9 Employer (See In 11 In-kind description attach additional pages	n (if applicable) if necessary)	contribution (\$) \$150.00

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	The Instruction	อง Guine explains how to comp	lete this form.		1 PAGE # Schedule: 3/8	6 Repo	ort: 5/108
2	FILER NAME	ME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4	Date	5 Full name of contributor DAFSCME PEOPLE	out-of-state PAC(ID#	C00011114)			Amount of ontribution (\$)
	05/01/2007	[• • • • • • • • • • • • • • • • • • •	City; State; Zip Code				\$3,000.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See In:	structions)			
10 In-kind contribution Check if in-kind contribution for travel 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 necessions).				<u> </u>			
12	Name of person	ii(s) traveling on whose bentan tr	e alayor mas accopica (c	- Page			
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 05/02/2007	5 Full name of contributor Akin Gump Strauss Hauer &	out-or-state PAC(ID#	on Committee			Amount of ontribution (\$)
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In:	structions)		
	Complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if 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		•	

	The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE # Schedule: 4/8	6 Repo	irt: 6/108
2	Z FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417		
4	Alexander, Donna						Amount of ontribution (\$)
	04/10/2007		City; State; Zip Code				\$100.00
8	Principal occup	pation / Job title (See Instructions))	9 Employer (See In	structions)	. <u></u>	
	☐ complete	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet n(s) traveling on whose behalf the	te box 11 if applicable.	11 In-kind description			
		<u> </u>					
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation	·	18 Purpose of travel			
4	Date 04/10/2007	5 Full name of contributor Almendarez, Mary (Ms.) 6 Contributor address;					Amount of contribution (\$) \$100.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)	l	
	Complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description			
12	! Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	ir necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			
							,

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

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	THE MOINDUIL				Schedule: 6/		
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4	Date	5 Full name of contributor [Annise Parker Campaign)	·. , ·······		Amount of ontribution (\$)	
	04/25/2007	6 Contributor address; C	City; State; Zip Code	,			\$500.00
В	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)	_	
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description Reception print	n (if applicable) ng and postage		
12	Name of perso	n(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 /	ocation		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			· · · · · · · · · · · · · · · · · · ·
4	Date	5 Full name of contributor [Appel, Madeleine	Out-of-state PAC(ID#)		7 0	Amount of ontribution (\$)
	04/15/2007	6 Contributor address;	City; State; Zip Code				\$100.00
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See In	structions)		
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind descriptio		·	
	Check if i complete	n-kind contribution for travel outs	te box 11 if applicable.				
12	Check if i complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	te box 11 if applicable.		if necessary)		16 Arrival date
12	Check if i complete Name of perso	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the location	te box 11 if applicable. e travel was accepted (attach additional pages	If necessary)		16 Arrival date
12	Check if i complete Name of perso Departure city	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the location	te box 11 if applicable. e travel was accepted (attach additional pages 15 Destination city /	If necessary)		16 Arrival date
12	Check if i complete Name of perso Departure city	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the location	te box 11 if applicable. e travel was accepted (attach additional pages 15 Destination city /	If necessary)		16 Arrival date

OTHER THAN PLED	GES OR LOA				
The Instruction Guide explains how to	complete this form.		1 PAGE# Schedule: 7/8	6 Repor	t: 9/108
2 FILER NAME Noriega, Melissa (Ms.	ILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # 00057417	(Ethics Co	mmission filers)
4 Date 5 Full name of contribut Appel, Madeleine	tor				mount of ntribution (\$)
04/23/2007 6 Contributor address;					\$100.00
8 Principal occupation / Job title (See Instru	ctions)	9 Employer (See In	structions)		
10 In-kind contribution Check if in-kind contribution for trave complete boxes 12-18. Otherwise, or 12 Name of person(s) traveling on whose bel	omplete box 11 if applicable.	11 In-kind description			
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 contribu Ascot, Mary	tor)			mount of ntribution (\$)
04/17/2007 6 Contributor address;	City; State; Zip Code	1			\$150.00
8 Principal occupation / Job title (See Instru	ctions)	9 Employer (See In	structions)		
10 In-kind contribution Check if in-kind contribution for trave complete boxes 12-18. Otherwise, complete boxes 12-18.	ol outside Texas and omplete box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
12 Name of person(s) traveling on whose be	half the travel was accepted	(attach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation		18 Purpose of travel			
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UINER	THAN PLEDGE	13 OK LOA				
The Instruction	อพ Guide explains how to comp	lete this form.		1 PAGE # Schedule: 8/8	36 Repo	ort: 10/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethles C	ommission filers)
4 Date	5 Full name of contributor [Barnstone, George & France)			Amount of ontribution (\$)	
04/17/2007	6 Contributor address; C	City; State; Zlp Code	.,			\$182.02
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In:	structions)		•
			<u></u>	rages and party s	upplies	
12 Name of perso	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 / I	ocation		16 Arrival date
17 Means of trans	portation	<u> </u>	18 Purpose of travel			
4 Date	5 Full name of contributor [Becerra, Polo (Mr.)	out-of-state PAC(ID#_)	. .		Amount of ontribution (\$)
04/10/2007	6 Contributor address; C	City; State; Zip Code				\$650.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description Reception Food			
12 Name of perso	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 / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
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The Instruction Guide explains how to comple	ete this form.		1 PAGE# Schedule: 9/8	6 Repo	t: 11/108		
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	ommission filers)		
4 Date 5 Full name of contributor Dinderim, Gary) 7 Amount of contribution (\$)				
04/04/2007 6 Contributor address; Ci	ity; State; Zip Code				\$100.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See In:	structions)				
10 In-kind contribution Check if in-kind contribution for travel outsic complete boxes 12-18. Otherwise, complete 12 Name of person(s) traveling on whose behalf the	e box 11 if applicable.	11 In-kind description			·		
12 Maine of person(s) determine on whose bonds are							
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 of contributor Binderim, Gary	_				Amount of ntribution (\$)		
04/26/2007 6 Contributor address; Ci	ity; State; Zip Code				\$100.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)					
10 In-kind contribution Check if in-kind contribution for travel outside complete boxes 12-18. Otherwise, complete	e box 11 if applicable.	11 In-kind description					
12 Name of person(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)		-		
13 Departure city / location	14 Departure date	15 Destination city /	ocation		16 Arrival date		
17 Means of transportation		18 Purpose of travel					
				•	-		

The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 10	/86 Rep	ort: 12/108	
FILER NAME	Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file 00057417				
\$ Date	5 Full name of contributor [Bischoff, Richard	_				Amount of ntribution (\$)	
04/17/2007	1	city; State; Zip Code				\$500.00	
B Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)			
☐ complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description				
13 Departure city		14 Departure date	15 Destination city /			16 Arrival date	
17 Means of trans	sportation		18 Purpose of travel				
4 Date	5 Full name of contributor [Black Navarro, Yolanda	out-of-state PAC(ID#_)			Amount of ntribution (\$)	
04/10/2007	6 Contributor address; C	City; State; Zip Code				\$100.00	
8 Principal occu	Dealion / Job title (See Instructions)	9 Employer (See Instructions)				
10 In-kind contrib Check if i complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)			
	on(s) traveling on whose behalf th		(attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of trans	7 Means of transportation						
							

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

13 Departure city / location

17 Means of transportation

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

14 Departure date

15 Destination city / location

18 Purpose of travel

	POLITION OTHER	CAL CONTRIBUTED THAN PLEDGE	ITIONS ES OR LOAI	NS		S	CHEDULE	Α
	The Instruction	อง Guide explains how to comp	lete this form.		1 PAGE# Schedule: 11	/86 Rep	ort: 13/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission filers	3)
4	Date	5 Full name of contributor [Blair, Nelda	out-of-state PAC(ID#)			Amount of ntribution (\$)	
	04/24/2007	6 Contributor address; C	City; State; Zip Code	,			\$	500.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)			
	complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description				
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13	Departure city i	location	14 Departure date	15 Destination city /	ocation		16 Arrival d	ate
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Boles, Nancy)			Amount of ontribution (\$)	
	04/23/2007	6 Contributor address;	City; State; Zip Code				\$	5100.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)	<u> </u>		
10	In-kind contribu	ulion		11 In-kind description	n (if applicable)			

16 Arrival date

POLITION OTHER	CAL CONTRIBUTHAN PLEDGE	TIONS S OR LOAI	NS		S	CHEDULE A
The INSTRUCTION	on Guide explains how to comp	ete this form.		1 PAGE#	/86 Repo	ort: 14/108
2 FILER NAME	Noriega, Melissa (Ms.)		Schedule: 12/86 Report: 14/108 3 ACCOUNT # (Ethics Commission file) 00057417			
4 Date	5 Full name of contributor [Box, James					mount of atribution (\$)
04/24/2007	6 Contributor address; City; State; Zip Code					\$250.00
8 Principal occup	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	rture city / location 14 Departure date 15 Destination city / location					16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date	5 Full name of contributor [Brady, Gerald	out-of-state PAC(ID#)			Amount of ntribution (\$)
04/24/2007	6 Contributor address;	City; State; Zip Code		······································		\$250.00
8 Principal occup	I. pation / Job title (See Instructions	s)	9 Employer (See In	structions)		
10 In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ste box 11 if applicable.	11 In-kind description	n (if applicable)		
	on(s) traveling on whose behalf th		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	tion city / location 16 Arrival date		
17 Means of trans	sportation		18 Purpose of trave		<u>.</u>	

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The INSTRUCTION	ON GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 13	/86 Rep	ort: 15/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417		
Date	5 Full name of contributor Brown, David	out-of-state PAC(ID#_)			Amount of entribution (\$)
04/26/2007	6 Contributor address;	City; State; Zip Code				\$500.00
Principal occup	pation / Job title (See Instructions	structions)	_			
☐ complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	ote box 11 if applicable.	11 In-kind description		·	
			·			16 Arrival date
3 Departure city	/ location	14 Departure date	15 Destination city /		10 Anivardate	
7 Means of trans	portation	18 Purpose of travel				
Date	5 Full name of contributor Canonico, Christopher	out-of-state PAC(ID#_)	· · · · · · · · · · · · · · · · · · ·		Amount of ontribution (\$)
04/24/2007	6 Contributor address;	City; State; Zip Code				\$150.00
Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structions)		
☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ate box 11 if applicable.	11 In-kind description			
2 Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
7 Means of transportation			18 Purpose of travel			
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The Instruc	TION GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 14	/86 Rep	ort: 16/108
FILER NAMI	E Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission file <i>r</i> s)
Date	5 Full name of contributor Capelo, Jaime					Amount of ntribution (\$)
04/26/2007		ity; State; Zip Code				\$500.00
Principal occ	cupation / Job title (See Instructions)	9 Employer (See In	structions)		
comple	if in-kind contribution for travel outsi	te box 11 if applicable.	11 In-kind description			
2 Name of per	rson(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)		
3 Departure c	ity / location	14 Departure date	15 Destination city /	location		16 Arrival date
7 Means of tra	Insportation		18 Purpose of trave			
Date	5 Full name of contributor [Carol Alvarado Campaign	out-of-state PAC(ID#_)			Amount of ontribution (\$)
04/25/200	7 6 Contributor address;	City; State; Zip Code				\$500.00
Principal oc	cupation / Job title (See Instructions		9 Employer (See I	nstructions)		
0 In-kind cont	ribution if in-kind contribution for travel outs ete boxes 12-18. Otherwise, comple	side Texas and ste box 11 if applicable.	11 In-kind description Reception prin	on (if applicable) ting and postage		
12 Name of pe	rson(s) traveling on whose behalf th	ne travel was accepted	(attach additional pages	if necessary)		
13 Departure o	ity / location	14 Departure date	15 Destination city	location	*	16 Arrival date
7 Means of tr	ansportation		18 Purpose of trave	1		
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The INSTRUC	חוסא Guide explains how to comp	lete this form.		1 PAGE# Schedule: 15	i/86 Rep	ort: 17/108	
FILER NAMI	E Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417			
Date	5 Full name of contributor [Castillo, Jose C	_				Amount of ntribution (\$)	
04/24/2007	6 Contributor address; C	City; State; Zip Code				\$150.00	
Principal occ	supation / Job title (See Instructions)	9 Employer (See In	structions)			
☐ comple	if in-kind contribution for travel outs te boxes 12-18. Otherwise, complo	te box 11 if applicable.	11 In-kind description				
2 Name of per	son(s) traveling on whose behalf th	e travel was accepted (attaci additional pages			· .	
3 Departure ci	ty / location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of tra	nsportation	<u>L </u>	18 Purpose of travel				
Date 04/10/200	5 Full name of contributor [Cavazos, Sylvia 6 Contributor address;					Amount of intribution (\$)	
Principal occ	cupation / Job title (See Instructions	s)	9 Employer (See Instructions)				
☐ comple	if in-kind contribution for travel outs te boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind descriptio				
12 Name of per	son(s) traveling on whose behalf the	ie travel was accepted (attach additional pages	ii necessary)			
13 Departure ci	ty / location	14 Departure date	15 Destination city /	location	_	16 Arrival date	
	17 Means of transportation						
17 Means of tra							
17 Means of tra							

Texas Ethics Com	mission	P.O.Box 12070	Austin	. Texas 78711-2070	(512)46	3-5800	1-800-325-8506
POLITIC OTHER	CAL CO	NTRIBUTION PLEDGES O	NS R LOA	NS		S(CHEDULE A
The Instruction	N Guide explain	s how to complete this	form.		1 PAGE # Schedule: 16	/86 Repo	rt: 18/108
2 FILER NAME	Noriega, Mel	ssa (Ms.)			3 ACCOUNT# 00057417	(Ethics Cor	mmission filers)
4 Date	5 Full name of CDM PAC	f contributor	state PAC(ID#_)	-		mount of tribution (\$)
04/24/2007	6 Contributor	address: City; Sta	te; Zip Code				\$500.00
8 Principal occup	ation / Job title (See Instructions)		9 Employer (See In	structions)		
☐ complete	n-kind contributio boxes 12-18. Oti	n for travel outside Texas nerwise, complete box 11	if applicable.	11 In-kind description			
12 Name of person	n(s) traveling on	whose behalf the travel v	vas accepted (attach additional pages	if necessary)		
13 Departure city	location	14 De	parture date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation			18 Purpose of trave			
4 Date 04/23/2007	5 Full name of Cernosek, Mi						mount of ntribution (\$) \$100.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See I	nstructions)	<u> </u>	
☐ complete	n-kind contribution boxes 12-18. Of	on for travel outside Texa herwise, complete box 1 whose behalf the travel	1 if applicable.				
13 Departure city	/ location	14 De	parture date	15 Destination city	location		16 Arrival date
17 Means of trans	sportation			18 Purpose of trave	al .		
				<u>.l</u> .			

	The Instruction	N Guide explains how to comp	lete this form.		1 PAGE# Schedule: 17	/86 <u>Rep</u>	ort: 19/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
	Date	5 Full name of contributor [Chase Gray, Saundria	out-of-state PAC(ID#				Amount of ntribution (\$)
(04/11/2007	6 Contributor address; C	ity; State; Zip Code				\$126.41
}	Principal occup	pation / Job title (See Instructions		9 Employer (See In	structions)		
	L complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.		ages party supplie	os	
2	Name of perso	n(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 /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
i	Date	5 Full name of contributor [Colon, Edgardo)			Amount of ontribution (\$)
(04/10/2007	6 Contributor address:	City: State: Zip Code				\$100.00
)	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	nstructions)		
		n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of perso	on(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 /	location		16 Arrival date
17	7 Means of transportation			18 Purpose of trave			
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The INSTRUCTION	ON Guide explains how to comp	plete this form.		1 PAGE # Schedule: 18/	86 Rep	ort: 20/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
Date	5 Full name of contributor Cottingham, Martha					Amount of intribution (\$)
04/04/2007	6 Contributor address:	City; State; Zip Code				\$150.00
Principal occup	pation / Job title (See Instructions	5)	9 Employer (See In	structions)		
In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ste box 11 if applicable.	11 In-kind description	n (if applicable)		
2 Name of perso	n(s) traveling on whose behalf ti	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city /		16 Arrival date	
Means of trans	portation		18 Purpose of travel	-		
Date	5 Full name of contributor Council, Kenneth	ut-of-state PAC(ID#_)			Amount of ontribution (\$)
04/15/2007	6 Contributor address;	City; State; Zip Code				\$100.00
Principal occup	Dation / Job title (See Instruction	s)	9 Employer (See In	structions)		
complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind descriptio			
2 Name of perso	n(s) traveling on whose behalf t	ne travel was accepted (· · · · · · · · · · · · · · · · · · ·
3 Departure city	/ location	14 Departure date	15 Destination city / location			16 Arrival date
7 Means of trans	sportation	<u> </u>	18 Purpose of travel			
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	POLITION OTHER	CAL CONTRIBU THAN PLEDGE	TIONS S OR LOA!	NS	_	S	CHEDULE A
=	The Instruction	อง Guide explains how to compl	ete this form.	1 PAGE # Schedule: 19/86 Report: 21/108			
2	FILER NAME	Norioga, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417			
4	Date	5 Full name of contributor Courtin, Adam & Andrea					mount of tribution (\$)
	04/05/2007	6 Contributor address; Ci	ity; State; Zip Code	1 6400			
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)		
	☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	e box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
1:	3 Departure city	/ location	14 Departure date	15 Destination city /	location	_	16 Arrival date
1	7 Means of trans	sportation		18 Purpose of travel			
4	Date	5 Full name of contributor [Cromack, Dan	out of-state PAC(ID#)			Amount of intribution (\$)
	05/02/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See In	nstructions)		
1	In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	lde Texas and te box 11 if applicable.	11 In-kind description	on (if applicable)		
1		on(s) traveling on whose behalf th		attach additional pages	if necessary)		
1	3 Departure city	/ location	14 Departure date	15 Destination city	location		16 Arrival date
1	7 Means of trans	sportation		18 Purpose of trave	<u>.</u>		
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	The Instruction	พ Guide explains how to compl	ete this form.		1 PAGE# Schedule: 20/	86 Rep	ort: 22/108		
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	ommission filers)		
4	Date	5 Full name of contributor [] CWA COPE	out-of-state PAC(ID#				Amount of ntribution (\$)		
	04/26/2007	6 Contributor address; C	ity; State; Zip Code				\$1,000.00		
8	Principal occup	ation / Job title (See Instructions		9 Employer (See In:	structions)		·		
	Comptete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description					
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city i	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 [Daley, Elvia	out-of-state PAC(ID#)			Amount of ontribution (\$)		
	04/26/2007	6 Contributor address; C	City: State: Zip Code			<u>-</u>	\$50.00		
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)		:		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)				
1:	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel					
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Texas Ethics Con	nmission	P.O.Box 12070	Austin	, Texas 78711-2070	(512)46	3-5800	1-800-325-8	350 <u>6</u>
POLITI	CAL CO	NTRIBUTION PLEDGES O	NS R LOA	NS		s	CHEDULE A	\
The Instruction	on Guide explain	s how to complete this	form.		1 PAGE # Schedule: 21	/86 Repo	ort: 23/108	
2 FILER NAME	Noriega, Mel	issa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	mmission filers)	
4 Date	5 Full name of Daley, Elvia	f contributor 🔲 out-of-	state PAC(ID#_)			mount of ntribution (\$)	
04/30/2007	6 Contributor	address; City; Stat	te; Zip Code				\$50	0.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)			
10 In-kind contribution Check if i	n-kind contributio	n for travel outside Texas nerwise, complete box 11	s and if applicable.	11 In-kind description	n (if applicable)			
12 Name of perso	on(s) traveling on	whose behalf the travel w	vas accepted (attach additional pages	if necessary)			
13 Departure city	/ location	14 Dep	parture date	15 Destination city /	location		16 Arrival date	
17 Means of trans	sportation			18 Purpose of travel				
4 Date	5 Full name of Dees, J Gord						Amount of ntribution (\$)	
04/11/2007	6 Contributor		ate; Zip Code			† 	\$200)O.C
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See In	estructions)	<u></u>		
10 In-kind contrib	in-kind contribution	on for travel outside Texa herwise, complete box 11	s and 1 if applicable.	11 In-kind description	n (if applicable)			
		whose behalf the travel v		(attach additional pages	if necessary)		·	
13 Departure city	/ location	14 De	parture date	15 Destination city /	location		16 Arrival date	
17 Means of trans	sportation	·		18 Purpose of trave			<u> </u>	
								

POLITIC OTHER	CAL CONTRIBUTHAN PLEDGE	TIONS S OR LOAM	NS		s	CHEDULE A
The INSTRUCTIO	N Guide explains how to compl	ete this form.		1 PAGE# Schedule: 22		
2 FILER NAME	Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file 00057417			ommission filers)
4 Date	5 Full name of contributor Delgado, Rigoberto	out-of-state PAC(ID#)			Amount of ntribution (\$)
04/10/2007	6 Contributor address; C	ity; State; Zip Code				\$100.00
8 Principal occup	ation / Job title (See Instructions))	9 Employer (See In	structions)		
complete l	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	te box 11 if applicable.	11 In-kind description			
12 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a				
13 Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel			
4 Date	5 Futl name of contributor [Diaz Gonzalez, Irma	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/26/2007	6 Contributor address; C	City; State; Zip Code				\$250.00
8 Principal occup	Loation / Job title (See Instructions	9)	9 Employer (See In	nstructions)		
10 In-kind contribu	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and le box 11 if applicable.	11 In-kind description	on (if applicable)	. <u> </u>	
	on(s) traveling on whose behalf th		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of trave	i		

	POLITION OTHER	CAL CONTRIBU THAN PLEDGE		s	CHEDULE A				
	The Instruction	on Guide explains how to compl	ete this form.		1 PAGE# Schedule: 23	/86 Repo	ort: 25/108		
2	FILER NAME	Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers 00057417					
4	Date	5 Full name of contributor Eichhorn, Roger					Amount of ntribution (\$)		
	04/30/2007	6 Contributor address; C	ity; State; Zip Code	\$25 ode					
8	Principal occup	Leation / Job title (See Instructions)		9 Employer (See In	structions)				
		n-kind contribution for travel outsi boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description					
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	7 Means of trans	sportation		18 Purpose of travel					
4	Date 04/05/2007	5 Full name of contributor [Engelhart, Michael 6 Contributor address; C				7 00	Amount of ontribution (\$) \$150.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See In	nstructions)				
	☐ complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ite box 11 if applicable.	11 In-kind description					
1:	2 Name of person	on(s) traveling on whose behalf the	ie travel was accepted (
1	3 Departure city	/ location	14 Departure date	15 Destination city	location		16 Arrival date		
1	7 Means of trans	sportation	I	18 Purpose of trave	1				

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	The Instruction	on Guide explains how to comp	lete this form.		1 PAGE# Schedule: 24/	86 Rep	ort: 26/108	
2	FILER NAME	Noriega, Melissa (Ms.)		-	3 ACCOUNT # 00057417	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [Engelhart, Michael					Amount of ntribution (\$)	
	04/05/2007	6 Contributor address; C	City; State; Zip Code			. <u>.</u>	\$100.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)				
10	In-kind contribu	ntion 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) Reception food and beverages				
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 /	ocation		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Espinosa, Martha	_				Amount of intribution (\$)	
	04/20/2007	6 Contributor address; C	City; State; Zip Code				\$250.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)			
10	In-kind contribu	ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	lde Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)			
12		n(s) traveling on whose behalf th		attach additional pages	if necessary)			
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
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1-800-325-8506 (512)463-5800 Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 25/86 Report: 27/108 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Noriega, Melissa (Ms.) 00057417 Amount of 5 Full name of contributor out-of-state PAC(ID# 4 Date contribution (\$) Foxhall, Irene \$500.00 City; State; Zip Code 6 Contributor address; 04/26/2007 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 15 Destination city / location 14 Departure date 13 Departure city / location 18 Purpose of travel 17 Means of transportation Amount of 5 Full name of contributor out-of-state PAC(ID#_ Date contribution (\$) Friedrichs, Edwin \$250.00 6 Contributor address; City: State: Zip Code 04/24/2007 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 14 Departure date 15 Destination city / location 13 Departure city / location 18 Purpose of travel 17 Means of transportation

The INSTRUCT	TION GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 26/86	Report: 28/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (E 00057417	Ethics Commission filers)
Date	5 Full name of contributor Fulbright & Jaworski LLP	out-of-state PAC(ID#_)	7	Amount of contribution (\$)
04/26/2007	6 Contributor address:	City; State; Zip Code			\$1,000.00
Principal occ	upation / Job title (See Instruction:	5)	9 Employer (See In	nstructions)	
In-kind contrib	oution in-kind contribution for travel out e boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind descriptio	n (if applicable)	
Name of pers	on(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)	
Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
Means of tran	sportation		18 Purpose of travel		seem lang
Date	5 Full name of contributor Fuller, Jacque	out-of-state PAC(ID#_	1	7	Amount of contribution (\$)
05/02/2007	6 Contributor address;	City; State; Zip Code			\$100.00
Principal occu	pation / Job title (See Instructions	5)	9 Employer (See In	nstructions)	
Complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind descriptio		
Name of pers	on(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)	
Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
Means of tran	sportation	<u>l.</u> .	18 Purpose of travel	·	
					

P.O.Box 12070

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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 27/86	Report: 29/108	
2	FILER NAME	Noriega, Melissa (Ms.)				thics Commission filers)	
4	Date	5 Full name of contributor [Garcia, Ana (Dr.)	out-of-state PAC(ID#)	: 7	Amount of contribution (\$)	
	04/30/2007	6 Contributor address; (City; State; Zip Code			\$250.00	
8	Principal occup	I pation / Job title (See Instructions)	9 Employer (See I	Instructions)		
	Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.				
12	! Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional page:	s if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city	/ location	16 Arrival date	
17	Means of trans	portation	<u> </u>	18 Purpose of trave	el	· · · · · · · · · · · · · · · · · · ·	
4	Date	5 Full name of contributor Garcia, Carlos II	out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
	04/24/2007	6 Contributor address:	City; State; Zip Code			\$150.00	
8	Principal occur	Loation / Job title (See Instructions	s)	9 Employer (See	Instructions)		
10	In-kind contribe	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and stee box 11 if applicable.	11 In-kind descripti	ion (if applicable)		
12		n(s) traveling on whose behalf the		attach additional page	s if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city	/ location	16 Arrival date	
17	Means of trans	sportation		18 Purpose of trave	el		
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Texas Ethics Con	nmission	P.O.Box 120	70 Au	stin, Texas 78711-2070	(512)463	3-5800 <u>1-80</u>	0-325-8506
POLITION OTHER	CAL COI	NTRIBUT PLEDGE	TIONS S OR LO	ANS		SCHEDU	JLE A
The INSTRUCTE	ON GUIDE explains	how to comple	te this form.		1 PAGE# Schedule: 28/	/86 Report: 30/10	08
2 FILER NAME	Noriega, Meli	ssa (Ms.)			3 ACCOUNT# 00057417	(Ethics Commission	filers)
4 Date	5 Full name o Garcia, Gloria	f contributor		D#)		7 Amount of contribution	
05/02/2007	6 Contributor	address; Cit	y; State; Zip C	ode			\$100.00
8 Principal occup	pation / Job title (S	See Instructions)		9 Employer (See In	structions)		
☐ Comptete	in-kind contributio boxes 12-18. Oth	ierwise, complete	box 11 if applica	11 In-kind description			
12 Name of perso	on(s) traveling on	whose behalf the	travel was accept	ted (attach additional pages	if necessary)		
13 Departure city	/ location		14 Departure da	te 15 Destination city /	location	16 Arriv	val date
17 Means of trans	sportation			18 Purpose of travel			
4 Date	5 Full name of Garcia, Sylvia			ID#)		7 Amount o contribution	
04/10/2007	6 Contributor	address: Ci	ty: State; Zip C	Code			\$100.00
8 Principal occu	pation / Job title (See Instructions)	···	9 Employer (See In	nstructions)		
10 In-kind contrib	oution in-kind contribution boxes 12-18. Oti	n for travel outsid	le Texas and box 11 if applica	11 In-kind descriptionable.	on (if applicable)		
				ted (attach additional pages	if necessary)		
13 Departure city	// location		14 Departure da	te 15 Destination city /	location	16 Arri	val date
17 Means of tran	sportation			18 Purpose of trave	ı		
<u> </u>			<u> </u>				

	The Instruction	Guide explains how to compl	ete this form.		1 PAGE# Schedule: 29	/86 Rep	ort: 31/108	
2	FILER NAME	Noriega, Mellssa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	ommission filers)	
4		5 Full name of contributor [Garver, Michael	out-of-state PAC(ID#	7			7 Amount of contribution (\$)	
:	04/24/2007	6 Contributor address; C	ity; State; Zip Code				\$250.00	
8	Principal occupa	tion / Job title (See Instructions)		9 Employer (See Instructions)				
	complete b	kind contribution for travel outsioxes 12-18. Otherwise, complet	e box 11 if applicable.	11 In-kind description				
12	Name of person	(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)			
13	Departure city / I	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of transp	ortation		18 Purpose of travel				
4	Date	5 Full name of contributor [Garza, Beatrice	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	04/30/2007	6 Contributor address; C	lity; State; Zip Code				\$100.00	
8	Principal occupa	ation / Job title (See Instructions		9 Employer (See In	nstructions)			
10	In-kind contribut Check if in-	tion -kind contribution for travel outsi boxes 12-18. Otherwise, complet	ide Texas and le box 11 if applicable.	11 In-kind description Reception food				
12		(s) traveling on whose behalf th		attach additional pages	if necessary)			
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of transp	portation		18 Purpose of trave	1			

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	The Instruction	อง Guide explains how to comp	ete this form.		1 PAGE# Schedule: 30/	86 Rep	ort: 32/108
2	FILER NAME	Noriega, Melissa (Ms.)	-		3 ACCOUNT# 00057417	(Ethles C	ommission filers)
4	Date	5 Full name of contributor [Garza Ridge, Celina					Amount of ntribution (\$)
	04/10/2007	6 Contributor address; C	ity; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions		9 Employer (See In	structions)		
	<u> </u>			11 In-kind description	- (if conlicable)		
10	In-kind contribu			11 in-king descriptio	ii (ii appiicabie)		
	Check if it	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	de Texas and te box 11 if applicable.				
46		n(s) traveling on whose behalf th		ettach additional pages	if necessary)		
12	Name of person	n(s) traveling on whose behalf th	a traver was accepted (attaci additional pages			
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
				49 Dumon of traval			
17	Means of trans	portation		18 Purpose of travel			1
_				<u> </u>		7	Amount of
4	Date	5 Full name of contributor [George, Karen (Ms.)	_ out-of-state PAC(IU#_				entribution (\$)
		George, Naren (MS.)					
	05/00/0007	6 Contributor address; C	city; State; Zip Code				\$250.00
	05/02/2007	6 Contributor address,	ny, Siale, Elp couu				•======================================
_	Principal page	 pation / Job title (See Instructions	1	9 Employer (See In	estructions)		
8	Principal occup	Silon tand file (see manachais	,	Employor (coo ii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	In-kind contribu	ıtion		11 In-kind descriptio	n (if applicable)		
	Check if in	n-kind contribution for travel outs	ide Texas and				
		boxes 12-18. Otherwise, comple		<u> </u>			
12	Name of perso	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 /	location		16 Arrival date
	Departure only	Nocation					
17	Means of trans	portation		18 Purpose of travel			
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OTHER THAN PLEDGES OR LOANS						
The Instruction Guide explains		1 PAGE # Schedule: 31/86 Report: 33/108				
2 FILER MANUE Moneya, Menada (Ma.)			3 ACCOUNT # 00057417			
4 Date 5 Full name of Gonzaloz, Sylv	contributor)			mount of ntribution (\$)	
04/10/2007 6 Contributor a	address; City; State; Zip Code				\$50.00	
8 Principal occupation / Job title (S	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
10 In-kind contribution Check if in-kind contribution complete boxes 12-18. Other	for travel outside Texas and erwise, complete box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city / location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17 Means of transportation	18 Purpose of travel					
	4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution (\$)					
04/30/2007 6 Contributor address: City; State; Zip Code				\$50.00		
8 Principal occupation / Job title (S	ee Instructions)	9 Employer (See In	structions)			
	for travel outside Texas and erwise, complete box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13 Departure city / location	15 Destination city /	/ location 16 Arriva		16 Arrival date		
17 Means of transportation		18 Purpose of travel		. <u></u> l		
						
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Texas Ethics Commission

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	UINEK	THAN PLEDGE	3 ON LOA					
The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 32/86 Report: 34/108				
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	0057417		
4	Date	Full name of contributor out-of-state PAC(ID# Greenwood, Kelly)			Amount of intribution (\$)	
	04/05/2007	6 Contributor address; C	City; State; Zip Code				\$100.00	
8	8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
	L_ 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				
							40 4 - 1 - 1 - 1 - 1	
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Gregg, Kerry	out-of-state PAC(ID#)			Amount of ontribution (\$)	
	04/23/2007	6 Contributor address; C	City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		\$250.00	
8	Principal occup	Detion / Job title (See Instructions)	9 Employer (See In	structions)			
		n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description	·			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation	<u> </u>	18 Purpose of travel		<u> </u>		
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The Instruction Guide explains how	w to complete this form.		1 PAGE # Schedule: 33/86 Report: 35/108			
FILER NAME Noriega, Melissa	(Ms.)	COUNT # (Ethics Commission filers) 057417				
Date 5 Full name of con Griffin, Wilma	Full name of contributor		7 Amount of contribution (\$)			
04/13/2007 6 Contributor addr			\$75.00			
Principal occupation / Job title (See I	nstructions)	9 Employer (See Instruction	9 Employer (See Instructions)			
·	se, complete box 11 if applicable.	11 In-kind description (if appli				
2 Name of person(s) traveling on whos	e behalf the travel was accepted	(attach additional pages if necess	sary)			
3 Departure city / location	14 Departure date	e 15 Destination city / location 16 Arrival date				
7 Means of transportation		18 Purpose of travel				
Date 5 Full name of con Gutierrez, Theresa	ntributor		7 Amount of contribution (\$)			
04/26/2007 6 Contributor addr	ess: City: State; Zip Code)	\$100.00			
Principal occupation / Job title (See In	nstructions)	9 Employer (See Instruction	s)			
In-kind contribution Check if in-kind contribution for complete boxes 12-18. Otherwise	travel outside Texas and se, complete box 11 if applicable.	11 In-kind description (if applicable)				
2 Name of person(s) traveling on whos	e behalf the travel was accepted	(attach additional pages if necess	sary)			
3 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date			
7 Means of transportation	I,	18 Purpose of travel				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						
The Instruction Guide explains how to complete this form.				1 PAGE# Schedule: 34/86 Report: 36/108		
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date	H A A Better Government Fund				7 A	mount of ntribution (\$)
04/03/2007	04/03/2007 City; State; Zip Code \$1,00				\$1,000.00	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)			
Check if in complete	10 tn-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.					
12 Name of perso	n(s) traveling on whose behalf the	e travel was accepted (a	attach addilional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	18 Purpose of travel				
4 Date	5 Full name of contributor [Hernandez, Leticia	out-of-state PAC(ID#_)			Amount of ntribution (\$)
04/26/2007		City; State; Zip Code				\$100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	nstructions)		
10 In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description (if applicable)				
	on(s) traveling on whose behalf th		attach additional pages	if necessary)		•
13 Departure city / location 14 Departure date 1		15 Destination city /	location 16 Arrival date		16 Arrival date	
17 Means of transportation			18 Purpose of travel			
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	The Instruction	אס Guide explains how to compl	lete this form.		1 PAGE# Schedule: 35/86	Report: 37/108		
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (E 00057417	thics Commission filers)		
4	Date	5 Full name of contributor [Hoffman, Linda	out-of-state PAC(ID#)	7	Amount of contribution (\$)		
	04/24/2007	6 Contributor address: C	ity; State; Zip Code			\$293.00		
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)			
	☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	te box 11 if applicable.	<u> </u>	and beverages			
12	2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date							
13	3 Departure city i	/ location	14 Departure date	15 Destination city /	location	16 Arrival date		
17	7 Means of trans	portation		18 Purpose of travel				
_	Date	Ta - : : : : : : : : : : : : : : : : : :						
4	28.0	5 Full name of contributor [HomePAC Greater Houston] 7	7 Amount of contribution (\$)		
4	04/11/2007	HomePAC Greater Houston	Builders Assoc					
8	04/11/2007	HomePAC Greater Houston	Builders Assoc			contribution (\$)		
8	04/11/2007 Principal occup In-kind contribut Check if it complete	HomePAC Greater Houston 6 Contributor address; pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	Duilders Assoc City; State; Zip Code ide Texas and the box 11 if applicable.	9 Employer (See Ir 11 In-kind description	nstructions) on (if applicable)	contribution (\$)		
8	04/11/2007 Principal occup In-kind contribut Check if it complete	6 Contributor address; Contributor address; Contributor address; Contributor address; Contribution / Job title (See Instructions	Duilders Assoc City; State; Zip Code ide Texas and the box 11 if applicable.	9 Employer (See Ir 11 In-kind description	nstructions) on (if applicable)	contribution (\$)		
11	04/11/2007 Principal occup In-kind contribut Check if it complete	HomePAC Greater Houston 6 Contributor address; pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	Duilders Assoc City; State; Zip Code ide Texas and the box 11 if applicable.	9 Employer (See Ir 11 In-kind description	nstructions) In (if applicable) If necessary)	contribution (\$)		
1:	O4/11/2007 Principal occup In-kind contribut Check if it complete Name of person	HomePAC Greater Houston 6 Contributor address; pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind descriptio	istructions) in (if applicable) if necessary)	contribution (\$) \$1,000.00		
1:	O4/11/2007 Principal occup In-kind contribu Check if in complete Name of perso Departure city	HomePAC Greater Houston 6 Contributor address; pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind description attach additional pages	istructions) in (if applicable) if necessary)	contribution (\$) \$1,000.00		
1:	O4/11/2007 Principal occup In-kind contribu Check if in complete Name of perso Departure city	HomePAC Greater Houston 6 Contributor address; pation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf the	ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind description attach additional pages	istructions) in (if applicable) if necessary)	contribution (\$) \$1,000.00		

OTHER	R THAN PLEDGE	,5 OK LUAI	1 3			
The Instruct	non Guide explains how to compl	ete this form.		1 PAGE# Schedule: 36/	/86 Report: 38/1	108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Commission	, filers)
4 Date	5 Full name of contributor HornePAC Greater Houston	Builders Assoc)		7 Amount of contribution	
04/24/2007	6 Contributor address; C	ity; State; Zip Code				\$100.00
B Principal occu	upation / Job title (See Instructions))	9 Employer (See In	structions)		
	·	·	<u> </u>		<u> </u>	
10 In-kind contrib			11 In-kind descriptio	n (if applicable)		
Check if	f in-kind contribution for travel outsi te boxes 12-18. Otherwise, complet	te box 11 ir applicable.				
12 Name of pers	son(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)		
12						
انم مساحد م شد	(I	14 Departure date	15 Destination city /	location	16 Am	ival date
13 Departure city	y / location	14 Departure series				
17 Means of tran	nsportation		18 Purpose of travel	ı		
	T. A.	TAC(ID)	 ,		7 Amount	of
4 Date	5 Full name of contributor [HomePAC Greater Houstor	☐ out-of-state PAC(ID# > Ruilders Assoc			contributio	
	Hullier No Grosser				1	
04/24/2007	7 6 Contributor address; C	City; State; Zip Code				\$250.00
U4/27/200.	V)				
		, 				
8 Principal occ	cupation / Job title (See Instructions	;)	9 Employer (See li	nstructions)		
•	•					
			11 In-kind description	on /if applicable)		
10 In-kind contri	ribution if in-kind contribution for travel outs	olde Teyas and	I I HPARIO GOOGLE	Jii (ii appiioe,		
compte لـــا	ete boxes 12-18. Otherwise, comple	ete box 11 if applicable.	<u> </u>			
12 Name of per	rson(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	s if necessary)		
	•					<u>. </u>
13 Departure ci	ity / location	14 Departure date	15 Destination city	/ location	16 Ar	rival date
	•					
· · · · · · ·		<u> </u>	18 Purpose of trave			
17 Means of tra	insponation		I G I GIPOGC 3.	~		
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	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 37	/86 Rep	ort: 39/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417			
4	Date	5 Full name of contributor [Houston Firefighters Politica	out-of-state PAC(ID# il Action Fund)			Amount of ntribution (\$)	
	04/19/2007	6 Contributor address; C	ity; State; Zip Code				\$2,500.00	
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)			
10	In-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	11 In-kind description	(if applicable)				
12	2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	3 Departure city / location 14 Departure date 15 Destination city / location						16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [Johnston, Kevin	out-of-state PAC(ID#				Amount of entribution (\$)	
	04/24/2007	6 Contributor address; C	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$500.00	
8	Principal occup	pation / Job title (See Instructions		9 Employer (See Instructions)				
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable)				
12		n(s) traveling on whose behalf th		attach additional pages	if necessary)	_		
13	Departure city	/ location	14 Departure date	15 Destination city / location			16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				
			<u> </u>					

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	The Natructic	ON GUIDE explains how to comple	ete this form.		1 PAGE# Schedule: 38/	/86 Repo	ort: 40/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	mmission filers)	
4	Date	5 Full name of contributor Jones, Daniel] out-of-state PAC(ID#)		7 Amount of contribution (\$)		
	04/17/2007	6 Contributor address; Ci	ity; State; Zip Code				\$250.00	
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)			
i	☐ complete	n-kind contribution for travel outside boxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description				
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	3 Departure city	/ location	14 Departure date	e 15 Destination city / location 16 Arrival date			16 Arrival date	
17	7 Means of trans	sportation		18 Purpose of travel				
4	Date	5 Full name of contributor [Jones, Jay					Amount of ntribution (\$)	
	04/11/2007		City; State; Zlp Code				\$126.41	
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See In	nstructions)			
	complete	in-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ite box 11 if applicable.		ages party supplie	98		
1:	2 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary) .			
1	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
1	7 Means of trans	sportation		18 Purpose of travel				
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POLITICAL CONTRIBUTIONS

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-	The Instruction	on Guide explains how to compl	lete this form.		1 PAGE# Schedule: 39	/86 Rep	ort: 41/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)	
4	Date	5 Full name of contributor [Jones, Jay H)			Amount of ontribution (\$)	
	04/11/2007	6 Contributor address; C	ity; State; Zip Code				\$200.00	
8	Principal occup	pation / Job title (See Instructions)	1	9 Employer (See In:	structions)			
	Complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	te box 11 if applicable.	11 In-kind description				
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17	Means of trans	portation	18 Purpose of travel					
	Date 5 Full name of contributor out-of-state PAC(ID#_Kalluri, Ramesh							
4	Date		out-of-state PAC(ID#	,			Amount of ontribution (\$)	
4	Date 04/24/2007	Kalluri, Ramesh	out-of-state PAC(ID#_					
8	04/24/2007	Kalluri, Ramesh	City: State; Zip Code	9 Employer (See In	structions)		ontribution (\$)	
8	O4/24/2007 Principal occur In-kind contribut Check if icomplete	Contributor address: 6 Contributor address: Dation / Job title (See Instructions ution In-kind contribution for travel outs boxes 12-18. Otherwise, comple	city: State: Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See In	n (if applicable)		ontribution (\$)	
8	O4/24/2007 Principal occur In-kind contribut Check if icomplete	Exalturi, Ramesh 6 Contributor address: Deation / Job title (See Instructions ution in-kind contribution for travel outs	city: State: Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See In	n (if applicable)		ontribution (\$)	
8 10	O4/24/2007 Principal occur In-kind contribut Check if icomplete	Contributor address: 6 Contributor address: Detailor / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, completion(s) traveling on whose behalf the	city: State: Zip Code i) ide Texas and te box 11 if applicable.	9 Employer (See In	n (if applicable) if necessary)		ontribution (\$)	
10	O4/24/2007 Principal occur In-kind contribut Check if is complete Name of person	6 Contributor address: Contributor address: Contributor address: Contributor address: Contribution / Job title (See Instructions address) ution in-kind contribution for travel outs boxes 12-18. Otherwise, completion(s) traveling on whose behalf the / location	city: State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (9 Employer (See In 11 In-kind descriptio attach additional pages	n (if applicable) if necessary)		\$250.00	
10	O4/24/2007 Principal occur In-kind contribut Check if i complete Name of person	6 Contributor address: Contributor address: Contributor address: Contributor address: Contribution / Job title (See Instructions address) ution in-kind contribution for travel outs boxes 12-18. Otherwise, completion(s) traveling on whose behalf the / location	city: State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (9 Employer (See In 11 In-kind descriptio attach additional pages	n (if applicable) if necessary)		\$250.00	
10	O4/24/2007 Principal occur In-kind contribut Check if i complete Name of person	6 Contributor address: Contributor address: Contributor address: Contributor address: Contribution / Job title (See Instructions address) ution in-kind contribution for travel outs boxes 12-18. Otherwise, completion(s) traveling on whose behalf the / location	city: State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (9 Employer (See In 11 In-kind descriptio attach additional pages	n (if applicable) if necessary)		\$250.00	

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS									
	The Instruction	on Guide explains how to comple	ete this form.		1 PAGE # Schedule: 40/	/86 Repo	ort: 42/108			
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	mmission filers)			
4	Dale	5 Full name of contributor Kaufman, Dana	out-of-state PAC(ID#)			mount of htribution (\$)			
	04/24/2007	6 Contributor address; C	ity; State; Zip Code		,		\$250.00			
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)					
10	In-kind contribu	a kind contribution for travel outsi	de Texas and le box 11 if applicable.	11 In-kind description	n (if applicable)					
12	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	3 Departure city	/ location	15 Destination city /	location		16 Arrival date				
17	Means of trans	sportation		18 Purpose of travel						
4	Date	5 Full name of contributor [Kelly, Marguerite)			Amount of ntribution (\$)			
	05/01/2007	6 Contributor address; C	City; State; Zip Code		.,		\$100.00			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)						
10	In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and	11 In-kind description	on (if applicable)					
12	2 Name of person	on(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)					
1:	3 Departure city	/ location	14 Departure date	15 Destination city /	location	_	16 Arrival date			
1	7 Means of tran	sportation		18 Purpose of travel						
-				<u> </u>						

	OTHER	INAN PLEDGE						
	The Instruction	эм Guide explains how to compl	ete this form.		1 PAGE# Schedule: 41	/86 Rep	ort: 43/108	
2	FILER NAME	Noriega, Mellssa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor Colluru, Hemachandra	out-of-state PAC(ID#)			Amount of ntribution (\$)	
	04/24/2007	6 Contributor address; Ci	ity; State; Zip Code				\$150.00	
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)			
-	1 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)							
1:	3 Departure city i	/ location	14 Departure date	146 Avin			16 Arrival date	
1	7 Means of trans	portation	18 Purpose of travel			; 		
4	Date	5 Full name of contributor [Kugler, Adriana	out-of-state PAC(ID#				Amount of ontribution (\$)	
	04/26/2007	6 Contributor address; C	City; State; Zip Code				\$90.00	
8	Principal occup	pation / Job title (See Instructions))	9 Employer (See Instructions)				
	☐ complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description				
1	3 Departure city	/ location	14 Departure date	15 Destination city /	location	···	16 Arrival date	
1	7 Means of trans	sportation		18 Purpose of travel				

P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 42/86 Report: 44/108 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Noriega, Melissa (Ms.) 00057417 Amount of 5 Full name of contributor out-of-state PAC(ID#_ Date contribution (\$) Lawal, Kase (Mr.) \$1,000.00 04/27/2007 6 Contributor address: <u>City;</u> State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and comptete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 14 Departure date 15 Destination city / location 13 Departure city / location 18 Purpose of travel 17 Means of transportation Amount of 5 Full name of contributor out-of-state PAC(ID#_ Date contribution (\$) Lawler, Hal \$250.00 Contributor address; City; State; Zip Code 05/02/2007 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions)

10 In-kind contribution	,	11 In-kind description (if applicable)			
Check if in-kind contribution for complete boxes 12-18. Otherw	travel outside Texas and ise, complete box 11 if applicable.				
12 Name of person(s) traveling on who	se behalf the travel was accepted	(attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date		
17 Means of transportation		18 Purpose of travel			
		·			
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SCHEDULE F	S	CH	IEC	U	LE	F
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The INSTRUCTIO	ON GUIDE explains how to compl	lete this form.		1 PAGE # Schedule: 43/	86 Rep	ort: 45/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission filers)
Date	5 Full name of contributor Lehr, Sally					Amount of intribution (\$)
04/21/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
Principal occup	pation / Job title (See Instructions))	9 Employer (See Instructions)			
☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description		·	301
2 Name of person	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 / location			16 Arrival date
Means of trans	portation	18 Purpose of travel				
Date	5 Full name of contributor [Lesley, Patsy	_				Amount of ontribution (\$)
04/11/2007	6 Contributor address: C	City: State: Zlp Code				\$100.00
Principal occup	pation / Job title (See Instructions	5)	9 Employer (See In	structions)		
☐ complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			
2 Name of perso	on(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
7 Means of trans	sportation		18 Purpose of travel			
			I		.	

Texas Ethics Commission

	The Instruction Guide explains h	ow to complete this fo	rm.		1 PAGE # Schedule: 44/	'86 Rep	ort: 46/108
2	FILER NAME Noriega, Meliss	a (Ms.)	-		3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4	Date 5 Full name of co	ontributor 🔲 out-of-sta					Amount of ontribution (\$)
	04/16/2007 6 Contributor ad	dress; City; State					\$100.00
8	Principal occupation / Job title (See	Instructions)		9 Employer (See In:	structions)	,	
	In-kind contribution Check if in-kind contribution for complete boxes 12-18. Other Name of person(s) traveling on who	vise, complete box 11 if	11 In-kind description	· · · · · · · · · · · · · · · · · · ·			
13	3 Departure city / location 14 Departure date			15 Destination city / location 16 Arrival dat			16 Arrival date
17	17 Means of transportation			18 Purpose of travel			
4	Linebarger Goggan Blair & Sampson LLP						Amount of ontribution (\$) \$1,941.34
8	Principal occupation / Job title (Sec	Instructions)		9 Employer (See Instructions)			
10	In-kind contribution Check if in-kind contribution to complete boxes 12-18. Other			11 In-kind description (if applicable) Reception printing postage food and beverages			
12	Name of person(s) traveling on who	ose behalf the travel was	s accepted (a	ttach additional pages	if necessary)		
13	Departure city / location	14 Depai	ture date	15 Destination city /	ocation		16 Arrival date
17	17 Means of transportation			18 Purpose of travel			

1-800-325-8506 (512)463-5800 Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 45/86 Report: 47/108 (Ethics Commission filers) 3 ACCOUNT# Noriega, Melissa (Ms.) 2 FILER NAME 00057417 Amount of 5 Full name of contributor ut-of-state PAC(ID# Date contribution (\$) Lomax, Nancy \$100.00 6 Contributor address; City; State; Zip Code 04/23/2007 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Amval date 14 Departure date 15 Destination city / location 13 Departure city / location 18 Purpose of travel 17 Means of transportation Amount of contribution (\$) 5 Full name of contributor out-of-state PAC(ID#_ Date Long, Judy \$61.28 City; State; Zip Code 6 Contributor address; 04/23/2007 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Reception food and beverages Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 14 Departure date 15 Destination city / location 13 Departure city / location 18 Purpose of travel 17 Means of transportation

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGE	S OR LOA	NS			
	The Instruction	ON GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 46/	/86 Rep	ort: 48/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Commission filers)	
4	Date	5 Full name of contributor Longoria, Janiece					Amount of ntribution (\$)
	04/10/2007	6 Contributor address; C	ity; State; Zip Code				\$500.00
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See In:	structions)		
	☐ complete	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet on(s) traveling on whose behalf the	te box 11 if applicable.	11 In-kind description			
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	7 Means of trans	sportation		18 Purpose of travel			
4	Date 05/02/2007	Maldonado, Danette	out-of-state PAC(ID#			7 ~	Amount of ontribution (\$) \$100.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
	Complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind descriptio			
12	2 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1:	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Amival date
17	7 Means of trans	sportation	<u> </u>	18 Purpose of travel			

Texas Ethics Corr	mission P.O.Be	ox 12070	Austin,	Texas 78711-2070	(512)46	3-5800	1-800-325-8506
POLITIC OTHER	CAL CONTRI	BUTION: GES OR	S LOAI	NS		S(CHEDULE A
The Instruction	พ Guioe explains how to c	omplete this for	m.		1 PAGE # Schedule: 47/	/86 Repo	ort: 49/108
2 FILER NAME	Noriega, Melissa (Ms.)				3 ACCOUNT # 00057417	(Ethics Co	mmission filers)
4 Date	5 Full name of contribute Mandell, Barry	_					mount of ntribution (\$)
04/11/2007	6 Contributor address;	City; State;				_	\$100.00
8 Principal occup	ation / Job title (See Instruc	itions)	· · ·	9 Employer (See In	structions)		
☐ complete	ntion n-kind contribution for travel boxes 12-18. Otherwise, co n(s) traveling on whose beh	mplete box 11 if a	applicable.	11 In-kind description			
13 Departure city	/ location	14 Depart	ture date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation			18 Purpose of travel		1	
4 Date	5 Full name of contribut Marks, Kenneth	or Out-of-sta)			Amount of ntribution (\$)
04/11/2007	6 Contributor address;	City: State:			•••••		\$200.00
8 Principal occur	Dation / Job title (See Instruc	ctions)		9 Employer (See In	nstructions)		
10 In-kind contribu	ution n-kind contribution for trave boxes 12-18. Otherwise, co	l outside Texas a	nd applicable.	11 In-kind description	n (if applicable)		
	n(s) traveling on whose bet			attach additional pages	if necessary)		
13 Departure city	/ location	14 Depart	ture date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation			18 Purpose of trave	<u> </u>		:
				,			

i		CAL CONTRIBU		NS			SCHEDULE A
	The Instruction	on Guide explains how to comp	lete this form.	· .	1 PAGE# Schedule: 48	/86 Rer	port: 50/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417		
4	Date	5 Full name of contributor (Martin, Jackie					Amount of ontribution (\$)
	04/11/2007	6 Contributor address;	City; State; Zip Code				\$126.41
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)		
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.		iges party supplie	s	
12	Name of perso	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 / I	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Martinez, Samantha	_				Amount of ontribution (\$)
	04/11/2007	6 Contributor address: (City; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)		
10	In-kind contribu	rtion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)		
12		n(s) traveling on whose behalf th		attach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation		18 Purpose of travel	, ,		
	•					•	

Austin, Texas 78711-2070

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	OTHER						
	The Instruction	ом Guide explains how to comp	lete this form.		1 PAGE # Schedule: 49	/86 Rep	port: 51/108
2	FILER NAME	Noriega, Melissa (Ms.)		,	3 ACCOUNT# 00057417	(Ethics C	Commission filers)
4	Date	5 Full name of contributor [Martinez, Samantha	out-of-state PAC(ID#_)			Amount of ontribution (\$)
	04/11/2007	• • • • • • • • • • • • • • • • • • • •	City; State; Zip Code				\$126.41
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)		
	L complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.		ages party supplie	s	
12	Name of perso	n(s) traveling on whose behalf th	ie travel was accepted (attach additional pages	ir necessary)		
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			
4	Date	5 Full name of contributor [Massa, Michael	out-of-state PAC(ID#_)		7 0	Amount of contribution (\$)
4	Date 04/17/2007	Massa, Michael	out-of-state PAC(ID#				
8	04/17/2007	Massa, Michael	City; State; Zip Code	9 Employer (See In	structions)		contribution (\$)
8	Principal occup	Massa, Michael 6 Contributor address; Contributor address; 6 Contributor address; 6 Contributor address;	City; State; Zip Code i)	9 Employer (See In 11 In-kind description Reception food			contribution (\$)
8	Principal occup In-kind contribut Check if in complete	Massa, Michael 6 Contributor address; ation / Job title (See Instructions) ation n-kind contribution for travel outs	City; State; Zip Code i) ide Texas and te box 11 if applicable.	11 In-kind description Reception food	n (if applicable)		contribution (\$)
1(Principal occup In-kind contribut Check if in complete	Massa, Michael 6 Contributor address; bation / Job title (See Instructions) stion n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	City; State; Zip Code i) ide Texas and te box 11 if applicable.	11 In-kind description Reception food	n (if applicable) if necessary)		contribution (\$)
12	Principal occup Din-kind contribut Check if ir complete Name of person	Massa, Michael 6 Contributor address; ation / Job title (See Instructions stion h-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	City; State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (11 In-kind description Reception food attach additional pages	n (if applicable) if necessary) location		sontribution (\$)
12	Principal occup Principal occup In-kind contribu Check if ir complete Name of person Departure city if	Massa, Michael 6 Contributor address; ation / Job title (See Instructions stion h-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	City; State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (11 In-kind description Reception food attach additional pages	n (if applicable) if necessary) location		sontribution (\$)
12	Principal occup Principal occup In-kind contribu Check if ir complete Name of person Departure city if	Massa, Michael 6 Contributor address; ation / Job title (See Instructions stion h-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	City; State; Zip Code i) ide Texas and ite box 11 if applicable. ie travel was accepted (11 In-kind description Reception food attach additional pages	n (if applicable) if necessary) location		sontribution (\$)

Texas Ethics Co.	mmission P.O.Bo	x 12070	Austin,	Texas 78711-2070	(512)46	3-5800	1-800-325	<u>-8506</u>
	CAL CONTRIE R THAN PLED			NS		S	CHEDULE	A
The Instructi	on Guide explains how to co	omplete this form			1 PAGE # Schedule: 50/	86 Rep	ort: 52/108	
2 FILER NAME	Noriega, Melissa (Ms.)				3 ACCOUNT # 00057417	(Ethics Commission filers)		
4 Date	5 Full name of contributo Mathis, Patricia	_			- ··-		Amount of intribution (\$)	
04/07/2007	6 Contributor address;	City; State; 7		Code			\$10	00.00
8 Principal occu	pation / Job title (See Instruct	ions)		9 Employer (See In:	structions)			
☐ complete	in-kind contribution for travel a boxes 12-18. Otherwise, cor on(s) traveling on whose beha	nplete box 11 if ap	plicable.	11 In-kind description				_
	·	14 Departur		15 Destination city /			16 Arrival date	
13 Departure city	/ location	14 Departur	e date	- Destination dry /				
17 Means of tran	sportation		•	18 Purpose of travel				
4 Date	5 Full name of contributo Maxxam Inc Texas PAC		,)			Amount of ontribution (\$)	
04/04/2007	6 Contributor address;	City; State;					\$50	00.00
8 Principal occu	pation / Job title (See Instruct	ions)		9 Employer (See In	structions)			
10 In-kind contrib	ution in-kind contribution for travel boxes 12-18. Otherwise, cor	outside Texas and	plicable.	11 In-kind description	n (if applicable)			
12 Name of person	on(s) traveling on whose beha	alf the travel was a	ccepted (a	ttach additional pages	if necessary)			
13 Departure city	/ location	14 Departur	e date	15 Destination city / I	ocation		16 Arrival date	
17 Means of tran	sportation			18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
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OTHER THAN PLEDGES			<u>-</u>		
The INSTRUCTION GUIDE explains how to complete	e this form.		1 PAGE # Schedule: 51	/86 Rep	ort: 53/108
FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
Date 5 Full name of contributor McCarter, Janet	out-of-state PAC(ID#)			Amount of ontribution (\$)
05/01/2007 6 Contributor address; City	; State; Zip Code				\$334.94
Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)			
In-kind contribution Check if in-kind contribution for travel outside complete boxes 12-18. Otherwise, complete	box 11 if applicable.	postage	food beverages	party su	pplies invitations
2 Name of person(s) traveling on whose behalf the tr	ravel was accepted (a	attach additional pages i	f necessary)		
3 Departure city / location 1	4 Departure date	15 Destination city / I	ocation		16 Arrival date
7 Means of transportation	_ _	18 Purpose of travel			
Date 5 Full name of contributor McCoilough, J Parker 04/30/2007 6 Contributor address; City	out-of-state PAC(ID#			7 0	Amount of ontribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		9 Employer (See In:	structions)	<u> </u>	
In-kind contribution Check if in-kind contribution for travel outside complete boxes 12-18. Otherwise, complete	box 11 if applicable.	11 In-kind description			
2 Name of person(s) traveling on whose behalf the t	ravel was accepted (a	attach additional pages	if necessary)		
3 Departure city / location 1	4 Departure date	15 Destination city / I	ocation		16 Arrival date
7 Means of transportation		18 Purpose of travel			<u> </u>
		<u> </u>			
·					

OTHER	THAN PLEDGE	ON LOA				
The Instruction	N Guide explains how to compl	ete this form.		1 PAGE# Schedule: 52	/86 Rep	ort: 54/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission filers)
4 Date	5 Full name of contributor C McCurry, Susanne					Amount of ntribution (\$)
04/30/2007	6 Contributor address; C	ity; State; Zip Code				\$5,000.00
8 Principal occup	ation / Job title (See Instructions)		9 Employer (See In:	structions)		• •
complete i	ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, complet n(s) traveling on whose behalf the	e box 11 if applicable.	11 In-kind description			
13 Departure city /	location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [McKinnon, Mark	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/11/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
12 Name of perso	n(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 /	location		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
	·					

1-800-325-8506

		CAL CONTRIBU		NS		5	CHEDULE	A
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 53	/86 Rep	ort: 55/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417		ommission filers)	•
4	Date	5 Full name of contributor [McNiel, Kathryn	out-of-state PAC(ID#)			Amount of intribution (\$)	
	04/15/2007	6 Contributor address; C	City; State; Zip Code				\$	50.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In:	structions)			,
	☐ complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	i (if applicable)			,		
12	Name of persor	n(s) traveling on whose behalf the	e traver was accepted (a					
13	Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date	e
17	Means of trans	portation		18 Purpose of travel				
4	Date 04/25/2007	5 Full name of contributor [McNiel, Kathryn 6 Contributor address; C	out-of-state PAC(ID#)			Amount of entribution (\$)	22.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In:	structions)			
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description Reception food	n (if applicable)			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	uttach additional pages	if necessary)			·
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date	0
17	Means of trans	portation	<u> </u>	18 Purpose of travel				
						•		

POLITICAL CONTRIBUTIONS

OTHER	THAN PLEDGE	5 UK LUA	NO				
The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 54	/86 Rep	ort: 56/108	
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Commission filers)		
4 Date	5 Full name of contributor [Medellin, Maria Antonia	out-of-state PAC(ID#)		7 Amount of contribution (\$)		
04/04/2007	6 Contributor address; C	City; State; Zip Code				\$359.60	
8 Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructions)				
Complete t	-kind contribution for travel outsi oxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description (if applicable) Reception food and beverages				
12 Name of person	i(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 / I	ocation		16 Arrival date	
17 Means of transp	ortation	<u> </u>	18 Purpose of travel				
4 Date 04/26/2007	5 Full name of contributor Medellin, Maria Antonia 6 Contributor address: 0	out-of-state PAC(ID#)			Amount of intribution (\$)	
		<u> </u>					
8 Principal occupa	ation / Job title (See Instructions))	9 Employer (See In:	structions)			
Complete t	-kind contribution for travel outsl oxes 12-18. Otherwise, complete	te box 11 if applicable.	11 In-kind description				
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 / I	ocation		16 Arrival date	
17 Means of transp	ortation		18 Purpose of travel	<u></u>			
							

OTHER	THAN PLEDGE	S OR LOAI	NS			CHEDULE A
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 55	/86 Rep	ort: 57/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417		ommission filers)
4 Date	5 Full name of contributor [Medellin, Stace	_)			rmount of ntribution (\$)
04/04/2007	6 Contributor address; C	City; State; Zip Code				\$75.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)	: "	
☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, compte	te box 11 if applicable.	11 In-kind descriptio			
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival dale
17 Means of trans	sportation		18 Purpose of travel			
4 Date	5 Full name of contributor [Menke, Bruce & Karen	out-of-state PAC(ID#)			Amount of intribution (\$)
04/04/2007	6 Contributor address; C	City; State: Zip Code		••••		\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See in	nstructions)		
10 In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind description	n (if applicable)		
	on(s) traveling on whose behalf th		attach additional pages	if necessary)	- · ·	
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of trave	ı		
1						

The Instructi	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 56	/86 Re	port: 58/108
FILER NAME	Noriega, Melissa (Ms.)	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # 00057417	(Ethics	Commission filers)
Date	5 Full name of contributor [Monty, Jacob	out-of-state PAC(ID#)		7	Amount of contribution (\$)
04/26/2007	6 Contributor address;	City; State; Zip Code				\$400.00
Principal occu	Deation / Job title (See Instructions		9 Employer (See In	structions)	•	
☐ complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, compte on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
·			15 Destination city /			16 Arrival date
3 Departure city	/ location	14 Departure date	15 Destination dry /	location		10 yama aac
Means of trans	sportation		18 Purpose of travel		-	
Date	5 Full name of contributor [Moreno, Carlos	out-of-state PAC(ID#_			7	Amount of contribution (\$)
04/10/2007	6 Contributor address;	City; State; Zip Code	,			\$250.00
Principal occu	pation / Job title (See Instructions	s)	9 Employer (See In	structions)		<u> </u>
In-kind contrib Check if complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ste box 11 if applicable.	11 In-kind descriptio	n (if applicable)	_	
Name of person	on(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
7 Means of trans	sportation		18 Purpose of travel	· .		<u> </u>

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 57/8	36 Report: 59/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Commission filers)	
•	Date	Full name of contributor Moroney, Muffie	ut-of-state PAC(ID#_)		7 Amount of contribution (\$)	
(04/17/2007	6 Contributor address;	City; State; Zip Code	•••••		\$10	0.00
	Principal occup	eation / Job title (See Instructions	s)	9 Employer (See Instructions)			
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ete box 11 if applicable.	11 In-kind description			
2	Name of person	n(s) traveling on whose behalf the	he travel was accepted (attach additional pages	if necessary)		
3	Departure city i	location	14 Departure date	15 Destination city /	location	16 Arrival date	
7	Means of trans	portation	<u></u>	18 Purpose of travel			
	Date	5 Full name of contributor Morrison, Darrell	Out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
(04/24/2007	6 Contributor address:	City: State: Zip Code			\$20	0.00
	Principal eccup	ation / Job title (See Instructions	s)	9 Employer (See In	nstructions)		
0	In-kind contribu	tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ate box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
2	Name of persor	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
3	Departure city /	location	14 Departure date	15 Destination city /	location	16 Arrival date	
7	Means of transp	portation	<u> </u>	18 Purpose of travel			
				<u> </u>			

UTHER	THAN PLEDGE	5 OK LUA	NO			
The Instructi	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 58	/86 Rep	ort: 60/108
2 FILER NAME	Noriega, Melissa (Ms.)		·	3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4 Date	5 Full name of contributor [Musslewhite, Benton	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/16/2007	6 Contributor address; C	City; State; Zip Code				\$500.00
8 Principal occu	Principal occupation / Job title (See Instructions)			structions)		
☐ complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description		_	
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date 04/23/2007	5 Full name of contributor [Nolen, Evelyn 6 Contributor address;	out-of-state PAC(ID#)			Amount of ontribution (\$)
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See In	structions)		
☐ complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
12 Name of perso	int(s) davening on whose behalf di	a navel was accepted to	attach additional pages			
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
			<u> </u>			
1						

	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 59	9/86 Repo	ort: 61/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	mmission filers)
4	Date	5 Full name of contributor Norwood, Jason	out-of-state PAC(ID#_)			mount of stribution (\$)
	04/11/2007	6 Contributor address;	City; State; Zip Code				\$100.00
8	Principal occup	pation / Job title (See Instructions	3)	9 Employer (See Instructions)			
	☐ complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	11 In-kind description				
12	! Name of perso	n(s) traveling on whose behalf th	ie travel was accepted (attach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			
4	Date	5 Full name of contributor Owens, Sharon	out-of-state PAC(ID#_)			mount of tribution (\$)
	04/11/2007	6 Contributor address; (City; State; Zip Code				\$100.00
8	Principal occup	8 Principal occupation / Job title (See Instructions)			structions)	l	
10 In-kind contribution Check if in-kind contribution for travel outside Texas and				11 In-kind description (if applicable)			
10	Check if in	· · ·		11 In-kind description	(if applicable)		
	Check if in complete	n-kind contribution for travel outs	te box 11 if applicable.				
12	Check if in complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	te box 11 if applicable.		f necessary)		16 Arrival date
12	Check if in complete Name of person	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the location	te box 11 if applicable. e travel was accepted (a	attach additional pages i	f necessary)		16 Arrival date
12	Check if in complete Name of person Departure city if	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the location	te box 11 if applicable. e travel was accepted (a	attach additional pages i	f necessary)		16 Arrival date

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	The Instruction	พ Guide explains how to comp	lete this form.		1 PAGE # Schedule: 60	/86 Rej	oort: 62/108
2	FILER NAME	Noriega, Molissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	commission filers)
4	Date	5 Full name of contributor [Padilla, John	_				Amount of ontribution (\$)
	04/05/2007	6 Contributor address;	City; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In:	structions)	-	
	Complete I	kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages i	i neoessary)		
13	Departure city /	location	14 Departure date	15 Destination city / l	ocation		16 Arrival date
17	Means of transp	cortation	<u>, .</u>	18 Purpose of travel			
4	Date 04/17/2007	Full name of contributor [Pauil, Jonathan J Contributor address: C	out-of-state PAC(ID#				Amount of ontribution (\$) \$300.00
8	Principal occupa	ation / Job title (See Instructions		9 Employer (See Instructions)			
10		ion -kind contribution for travel outs exes 12-18. Otherwise, comple		11 In-kind description	(if applicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17	Means of transp	ortation		18 Purpose of travel			

The INSTRUCT	юм Guide explains how to com	plete this form.		1 PAGE# Schedule: 61/	/86 Rej	oort: 63/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	Commission filers)
Date	5 Full name of contributor Perry, Bob	out-of-state PAC(ID#_)		7 0	Amount of ontribution (\$)
04/30/2007	6 Contributor address;	City; State; Zip Code				\$5,000.00
Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)		
Complete	ution in-kind contribution for travel ou boxes 12-18. Otherwise, comp on(s) traveling on whose behalf	lete box 11 if applicable.	11 In-kind descriptio		· · · · · · · · · · · · · · · · · · ·	
3 Departure city		14 Departure date	15 Destination city /		<u> </u>	16 Arrival date
7 Means of tran	sportation	<u> </u>	18 Purpose of travel	<u> </u>		
Date	5 Full name of contributor	Out-of-state PAC(ID#_	,		7	Amount of
04/30/2007	Perry, Doylene 6 Contributor address;	City: State: Zip Code			0	ontribution (\$) \$5,000.00
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See in	structions)		
	ution in-kind contribution for travel ou boxes 12-18. Otherwise, comp		11 In-kind descriptio	n (if applicable)		
2 Name of person	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 /	location		16 Arrival date
7 Means of trans	sportation		18 Purpose of travel		· - , ·	<u>. </u>
<u> </u>			<u>. </u>			

The Instruction Guide explains how to	complete this form.		PAGE # Schedule: 62/86 R	leport: 64/108
FILER NAME Noriega, Melissa (M	s.)		ACCOUNT # (Ethic 00057417	s Commission filers)
Date 5 Full name of contrib Perry, Jack	utor Out-of-state PAC(ID#_)	7	Amount of contribution (\$)
04/30/2007 6 Contributor address	; City; State; Zip Code			\$5,000.0
Principal occupation / Job title (See Instr	uctions)	9 Employer (See Instruction	ons)	
In-kind contribution Check if in-kind contribution for trav	rel outside Texas and complete box 11 if applicable.	11 In-kind description (if ap	oplicable)	·
Name of person(s) traveling on whose b	ehalf the travel was accepted	attach additional pages if nece	essary)	
Departure city / location	14 Departure date	15 Destination city / location	n	16 Arrival date
Means of transportation		18 Purpose of travel	<u></u>	
Date 5 Full name of contrib Perry, Stefani 04/30/2007 6 Contributor address	utor out-of-state PAC(ID#_	,	7	Amount of contribution (\$) \$5,000.0
Principal occupation / Job title (See Instr	uctions)	9 Employer (See Instruction	ons)	··· <u>·</u> ·
In-kind contribution Check if In-kind contribution for trav- complete boxes 12-18. Otherwise,	complete box 11 if applicable.	11 In-kind description (if ap	· · · · · · · · · · · · · · · · · · ·	
Name of person(s) traveling on whose b	ehalf the travel was accepted	attach additional pages if nece	essary)	
Departure city / location	14 Departure date	15 Destination city / locatio	n	16 Arrival date
Means of transportation	<u></u>	18 Purpose of travel		<u> </u>

The Instruction Gu	IDE explains how to com	plete this form.		1 PAGE# Schedule: 63	V86 Rep	ort: 65/108
2 FILER NAME No	oriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	commission filers)
	Full name of contributor e Gallego Campaign	ut-of-state PAC(ID#_)			Amount of ontribution (\$)
04/20/2007 6	Contributor address;	City; State; Zip Code			;	\$1,000.0
Principal occupation	/ Job title (See Instructions	5)	9 Employer (See In	structions)	<u> </u>	
	contribution for travel outs s 12-18. Otherwise, comple		11 In-kind description	ı (if applicable)	-	
2 Name of person(s) t	raveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city / loca	tion	14 Departure date	15 Destination city / i	ocation		16 Arrival date
7 Means of transporta	ion		16 Purpose of travel			
	Full name of contributor ther, Michael	out-of-state PAC(ID#)			Amount of intribution (\$)
04/05/2007	Contributor address:	City: State: Zip Code				\$100.00
Principal occupation	/ Job title (See Instructions)	9 Employer (See Ins	structions)		
	contribution for travel outs		11 In-kind description	(if applicable)		
2 Name of person(s) tr	aveling on whose behalf th	e travel was accepted (a	attach additional pages i	f necessary)		
3 Departure city / locat	ion	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
7 Means of transportat	ion		18 Purpose of travel			
				·		
			•			

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The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE# Schedule: 64	/86 Rep	ort: 66/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
1 Date	5 Full name of contributor [Ramos, Mary	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/10/2007	6 Contributor address;	City; State; Zip Code			:	\$100.0
Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)		· · · · · · · · · · · · · · · · · · ·
LJ complete	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			
3 Departure city	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
7 Means of trans	portation		18 Purpose of travel			<u> </u>
Date	5 Full name of contributor [Rash, Jeanette	· ·				Amount of ontribution (\$)
04/20/2007	6 Contributor address; C	City; State; Zip Code				\$500.0
Principal occup	l ation / Job title (See Instructions	s)	9 Employer (See In:	structions)	<u> </u>	
☐ 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			
3 Departure city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
7 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel			
	. 					

OTHER THE						
The Instruction Guide e	xplains how to comp	plete this form.		1 PAGE # Schedule: 65	/86 Re	port: 67/108
2 FILER NAME Norieg	a, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics (Commission filers)
4 Date 5 Full I Reece,		out-of-state PAC(ID#)		7 c	Amount of ontribution (\$)
04/25/2007 6 Cont	04/25/2007 6 Contributor address; City; State; Zip Code					\$250.00
Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)	I.	
		ete box 11 if applicable.	11 In-kind description		·	· · · · · · · · · · · · · · · · · · ·
13 Departure city / location		14 Departure date	15 Destination city / l	ocation		16 Arrival date
17 Means of transportation			18 Purpose of travel			
5 Full r Reeder,		out-of-state PAC(ID#)			Amount of ontribution (\$)
04/27/2007 6 Contr	ributor address:	City: State: Zip Code				\$100.00
Principal occupation / Job	tille (See Instructions	s)	9 Employer (See Ins	structions)		
	tribution for travel outs 18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)	-	
12 Name of person(s) traveli	ng 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 / lo	ocation	_	16 Arrival date
17 Means of transportation			18 Purpose of travel	,,	 	
			· ·	, <u></u>	-	

POLITI OTHER	CAL CONTRIBU R THAN PLEDGE	ITIONS	NS	(312)40	SCHEDULE A
The Instruct	เอง Guide explains how to comp	lete this form.		1 PAGE#	/86 Report: 68/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Commission filers)
4 Date 04/26/2007	Date 5 Full name of contributor cut-of-state PAC(ID#_Rendon, Ruben 04/26/2007 6 Contributor address; City; State; Zip Code				7 Amount of contribution (\$) \$250.0
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See In	structions)	
☐ complete	nution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description		
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of tran	sportation		18 Purpose of travel	-	
4 Date 04/30/2007	5 Full name of contributor [Reyes, Janie 6 Contributor address; C	out-of-state PAC(ID#_			7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See In	structions)	<u> </u>
Complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple on(s) traveting on whose behalf th	te box 11 if applicable.	11 In-kind description		
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation	16 Arrival date
17 Means of trans	sportation		18 Purpose of travel		

6 Contributor address; City; State; Zip Code

04/10/2007

17 Means of transportation

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

8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)				
10	In-kind contribution Check if in-kind contribution for travel out	side Texas and	11 In-kind description (if applicable)				
12	complete boxes 12-18. Otherwise, compl Name of person(s) traveling on whose behalf t		attaci	additional pages if necessary)	<u> </u>		
	, , , , , , , , , , , , , , , , , , , ,	, ,					
13	Departure city / location	14 Departure date	15	Destination city / tocation	16 Arrival date		

18 Purpose of travel

\$100.00

	mmission P.O	.Box 12070	Austin, Texas 78711-	2070 (512)46	3-5800 1-800-325-8506
	CAL CONTR THAN PLE				SCHEDULE A
The Instruct	юм Guide explains how to	o complete this for	m.	1 PAGE #	/86 Report: 70/108
Z FILER NAME	Noriega, Melissa (M	(s.)		3 ACCOUNT # 00057417	(Ethics Commission filers)
Date	5 Full name of contrib Ross, Jeff (Mr.)		e PAC(ID#)	7 Amount of contribution (\$)
05/02/2007	6 Contributor address		Zip Code		\$1,000.00
Principal occu	pation / Job title (See Inst	ructions)	9 Employer (S	ee Instructions)	
	in-kind contribution for tra boxes 12-18. Otherwise,	complete box 11 if	nd appticable.	riplion (if applicable)	
12 Name of pers	on(s) traveling on whose t	pehalf the travel was	accepted (attach additional p	ages if necessary)	
13 Departure city	/ location	14 Depart	ture date 15 Destination	city / location	16 Arrival date
			10 300	ary resource.	
			18 Purpose of		
7 Means of tran		outor out-of-sta	18 Purpose of l	ravel	7 Amount of contribution (\$)
7 Means of tran	sportation 5 Full name of contrit Rugg, Robert	outor out-of-sta	18 Purpose of l	ravel	contribution (\$)
17 Means of tran 1 Date 04/04/2007	sportation 5 Full name of contrit Rugg, Robert	outor out-of-sta	18 Purpose of it	ravel	contribution (\$)
Date 04/04/2007 Principal occulto Check if complete	5 Full name of contributor address 6 Contributor address pation / Job title (See Institution in-kind contribution for tra	cutor out-of-stars; City; State; ructions) evel outside Texas ar complete box 11 if	### 18 Purpose of the PAC(ID## Zip Code 9 Employer (Sound applicable.	ravel dee Instructions) ription (if applicable)	contribution (\$)
17 Means of trans 4 Date 04/04/2007 8 Principal occu 10 In-kind contrib	5 Full name of contributor address 6 Contributor address pation / Job title (See Institution in-kind contribution for tra	cutor out-of-stars; City; State; ructions) evel outside Texas ar complete box 11 if	18 Purpose of the PAC(ID# Zip Code 9 Employer (Signal In-kind descend	ravel dee Instructions) ription (if applicable)	contribution (\$)
17 Means of trans 4 Date 04/04/2007 8 Principal occu 10 In-kind contrib	5 Full name of contrit Rugg, Robert 6 Contributor address spation / Job title (See Instruction in-kind contribution for trace boxes 12-18. Otherwise, on(s) traveling on whose the contribution on the contribution of the contribution for the	cutor out-of-stars; City; State; ructions) evel outside Texas ar complete box 11 if	## PAC(ID# ## Zip Code 9	ravel dee Instructions) ription (if applicable) ages if necessary)	

OTHER	THAN PLEDGE			·		
The Instruction	on Guid≘ explains how to comp	lete this form.		1 PAGE# Schedule: 69	/86 Rep	ort: 71/108
2 FILER NAME	Noriega, Melissa (Ms.)	, .		3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4 Date	5 Full name of contributor [Saenz, Graciela					Amount of entribution (\$)
04/30/2007	6 Contributor address; C	city; State; Zip Code				\$150.00
8 Principal occup	Principal occupation / Job title (See Instructions)			structions)		
			-			
☐ complete	in-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a				
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date 04/30/2007	5 Full name of contributor Saenz, Graciela 6 Contributor address; C					Amount of ontribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See In	structions)	<u>. </u>	
10 In-kind contrib Check if i complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of person	on(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 /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			

Texas Ethics Con			, Texas 78711-2070	(512)46		000-323-030
POLITION	CAL CONTRIBU	ITIONS ES OR LOA	NS		SCHE	DULE A
The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 70/86 Report: 72/108		
2 FILER NAME	Norlega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417			
4 Date	Full name of contributor out-of-state PAC(ID# Schatte, Andrew			7 Amount of contribution (\$)		
04/18/2007	6 Contributor address: C				\$2,500.00	
8 Principal occup	pation / Job title (See Instructions	9 Employer (See Instructions)				
	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			
13 Departure city / location 14 Departure date			15 Destination city / location 16 Arrival date			
17 Means of transportation			18 Purpose of travel			
Date 5 Full name of contributor out-of-state PAC(ID#			contribution (\$)			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
10 In-kind contribution Check if In-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Catering beverages party supplies			
12 Name of perso	n(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 /	tination city / location		rrival date
17 Means of transportation			18 Purpose of travel			

Texas Ethics Com	mission P.O.Box 12	.070 Austin,	Texas 78711-2070	(512)46	3-5800 1-800-325-8506
POLITIC OTHER	CAL CONTRIBUTHAN PLEDGE	TIONS S OR LOAI	NS		SCHEDULE A
The Instruction	อง Guide explains how to compl	ete this form.		1 PAGE # Schedule: 71	/86 Report: 73/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Commission filers)
4 Date	5 Full name of contributor DESEIU COPE	Out-of-state PAC(ID#	C00004036)		7 Amount of contribution (\$)
04/29/2007	6 Contributor address; C	City; State; Zip Code			\$1,500.00
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See In	structions)	
10 In-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)	
	n(s) traveling on whose behalf th		attach additional pages	if necessary)	
13 Departure city /	location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		
4 Date	5 Full name of contributor [S out-of-state PAC(ID#	C00004036)		7 Amount of contribution (\$)
04/30/2007	6 Contributor address; C	Otty; State; Zip Code			\$3,000.00
8 Principal occup	Leation / Job title (See Instructions)	9 Employer (See In	estructions)	
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind descriptio	n (if applicable)	
	n(s) traveling on whose behalf th		attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 72	/86 Rep	ort: 74/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4 Date	5 Full name of contributor [Serna, Martha	out-of-state PAC(ID#)			Amount of intribution (\$)
04/05/2007	6 Contributor address: C	City; State; Zip Code				\$100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
☐ complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple in(s) traveling on whose behalf th	te box 11 if applicable.	11 In-kind description			
12 Name of perso	n(s) traveling on whose behall th	e navel was accepted (c	attachi addisoriai pages			
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 [Siff, Joseph	out-of-state PAC(ID#	.)			Amount of ontribution (\$)
04/17/2007	6 Contributor address; C	City; State; Zip Code			,	\$100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)	_	
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	ı (if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	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			,
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Texas Ethics Commission

	THAN PLEDGI					
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 73	/86 Rep	ort: 75/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethkas C	onimission filers)
4 Date	5 Full name of contributor Sklar, Louis					Amount of ontribution (\$)
04/26/2007	6 Contributor address;	City; State; Zip Code				\$250.00
8 Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In	structions)		
						<u> </u>
10 In-kind contribution Check if i complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ate box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of perso	on(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 /	ocation		16 Arrival date
17 Means of trans	sportation	<u> </u>	18 Purpose of travel			<u> </u>
4 Date	5 Full name of contributor Smith, Edward	ut-of-state PAC(ID#_)			Amount of ontribution (\$)
04/11/2007	6 Contributor address	City; State; Zip Code				\$126.41
8 Principal occup	pation / Job title (See Instructions	()	9 Employer (See In	structions)	.	
10 tn-kind contribution Check if is complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ate box 11 if applicable.	11 In-kind description Catering bevera	n (if applicable) iges party supplie	es	
12 Name of perso	on(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 /	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			<u> </u>
<u>:</u>						"

exas Ethics Com	mission P.O.Box 12	070 Austin,	Texas 78711-2070	(512)46		1-800-325-8500
POLITIC OTHER	CAL CONTRIBUTHAN PLEDGE	TIONS S OR LOAI	NS		S(CHEDULE A
The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 74	/86 Repo	rt: 76/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	mmission filers)
4 Date	5 Full name of contributor Smith, Edward					mount of stribution (\$)
04/11/2007	6 Contributor address: C	ib; State; Zip Code				\$150.00
8 Principal occup	ation / Job title (See Instructions)		9 Employer (See In	structions)		• .
	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te 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	if necessary)		
13 Departure city /	location	14 Departure date	15 Destination city /	location	_	16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [Stan Schlueter Consulting					amount of ntribution (\$)
04/30/2007	6 Contributor address;	City; State; Zip Code				\$1,000.00
8 Principal occup	Leation / Job title (See Instructions	*)	9 Employer (See In	nstructions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and sle box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of perso	n(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 /	location		16 Arrival date
17 Means of trans	portation		18 Purpose of trave			

1-800-325-8506

Electronic Filing Version

	POLITION OTHER	CAL CONTRIBU THAN PLEDGE	TIONS S OR LOA	.NS	·	SCHEDULE A	
	The Instruction	on Guide explains how to compl	ete this form.		1 PAGE # Schedule: 75/	86 Report: 77/108	
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Commission filers)	
4	Date	5 Full name of contributor [Stoger, Teresa	out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
	04/15/2007	6 Contributor address; C	ity; State; Zip Code			\$200.00	
8	Principal occup	ation / Job title (See Instructions))	9 Employer (See In	structions)		
	10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.						
12	Name of perso	n(s) traveling on whose behalf the	e travel was accepted	(attach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date	
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Stout, Richard	out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
	04/24/2007	6 Contributor address; C	City; State; Zip Code			\$100.00	
8	Principal occup	Deation / Job title (See Instructions)	9 Employer (See In	structions)		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 tn-kind descriptio	n (if applicable)		
12	Name of perso	n(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 /	location	16 Arrival date	
17	Means of trans	portation		18 Purpose of travel			
				<u>.</u>			

OTHER THAN PLEDG	SES ON LOA	113		_	
The Instruction Guide explains how to con	nplete this form.		1 PAGE # Schedule: 76	/86 Rep	ort: 78/108
2 FILER NAME Noriega, Mellssa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
4 Date 5 Full name of contributor Stryker, Anne	out-of-state PAC(ID#				Amount of entribution (\$)
04/30/2007 6 Contributor address;	City; State; Zip Code	.,			\$100.00
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See in	structions)		
10 In-kind contribution Check if in-kind contribution for travel or complete boxes 12-18. Otherwise, comp	plete box 11 if applicable.	11 In-kind description			
12 Name of person(s) traveling on whose behalf	the travel was accepted (attach additional pages	ir necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation		18 Purpose of travel			
Date 5 Full name of contributor Sue Lovell Campaign 04/25/2007 6 Contributor address;	out-of-state PAC(ID#)			Amount of ontribution (\$) \$1,800.00
8 Principal occupation / Job title (See Instruction	ons)	9 Employer (See In	structions)		· ·
10 In-kind contribution Check if in-kind contribution for travel or complete boxes 12-18. Otherwise, comp	utside Texas and plete box 11 if applicable.	11 In-kind description Reception print	n (if applicable) ing and postage		
12 Name of person(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 /	location		16 Arrival date
17 Means of transportation		18 Purpose of travel	······	,	
			<u> </u>		
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POLITICAL CONTRIBUTIONS

OTHER	THAN PLEDGE	S OR LOAI	NS 			
The Instruction	ow Guide explains how to compl	ete this form.		1 PAGE # Schedule: 77	/86 Rep	ort: 79/108
2 FILER NAME	Noriega, Melissa (Ms.)		·	3 ACCOUNT # 00057417	(Ethics Co	ommission filors)
4 Date	5 Full name of contributor [Taylor, Leslie	out-of-state PAC(ID#)			Amount of ntribution (\$)
04/03/2007	6 Contributor address; C	ity; State; Zip Code				\$100.00
8 Principal occup	structions)					
10 In-kind contribu	ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	de Texas and le box 11 if applicable.	11 In-kind description Reception refre	n (if applicable) shments and mail	ing	
12 Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	if necessary)		
13 Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation	.,.	18 Purpose of travel			
4 Date	5 Full name of contributor [Texas League of Conservat	out-of-state PAC(ID#_ ion Voters Political Co	ommittee			Amount of ntribution (\$)
04/26/2007	6 Contributor address; C	tity; State; Zip Code	,			\$250.00
8 Principal occup	nation / Job title (See Instructions))	9 Employer (See In	structions)		
	ition 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	ittach additional pages	if necessary)		
13 Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation	_	18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		
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The INSTRUCTION		tate this for-		1 PAGE#		_
	GuiD≘ explains how to comp	lete this form.	<u> </u>	Schedule: 78	/86 Rep	oort: 80/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	Commission filers)
Date	5 Full name of contributor Thakar, Gopal	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/24/2007	6 Contributor address;	City; State; Zip Code				\$250.00
Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In	estructions)		
	41		11 In-kind descriptio	n (if applicable)		
In-kind contribution Check if in complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and te box 11 if applicable.	11 II FAIII description	11 (ii applicazoio)	_	
Name of perso	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
Means of trans	portation	1	18 Purpose of travel		-	<u> </u>
Date	5 Full name of contributor	Out-of-state PAC(ID#			7	Amount of
Date	Thielen, Barbara				°	ontribution (\$)
04/22/2007	6 Contributor address;	City; State; Zip Code				\$250.0
Delegioni come	pation / Job title (See Instructions	3)	9 Employer (See In	nstructions)		
Principal occut						
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	n (if applicable)		
In-kind contribu	n-kind contribution for travel outs	ete box 11 if applicable.				
In-kind contribu Check if in complete Name of person	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the	ete box 11 if applicable.		if necessary)		16 Arrival date
In-kind contribut Check if it complete Name of person Departure city	n-kind contribution for travel outs boxes 12-18. Otherwise, comple in(s) traveling on whose behalf the flocation	ete box 11 if applicable. ne travel was accepted (attach additional pages	if necessary)		16 Arrival date
In-kind contribu	n-kind contribution for travel outs boxes 12-18. Otherwise, comple in(s) traveling on whose behalf the flocation	ete box 11 if applicable. ne travel was accepted (attach additional pages 15 Destination city /	if necessary)		16 Arrival date
In-kind contribution Check if it complete. Name of personal Departure city is	n-kind contribution for travel outs boxes 12-18. Otherwise, comple in(s) traveling on whose behalf the flocation	ete box 11 if applicable. ne travel was accepted (attach additional pages 15 Destination city /	if necessary)		16 Arrival date

SCH	EDI	ILE	Α

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	The Instruction	on Guide explains how to compl	ete this form.		1 PAGE# Schedule: 79	/86 Rep	ort: 81/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Ca	ommission filers)
4	Date	5 Full name of contributor Trabulsi, Diane	out-of-state PAC(ID#)			Amount of Intribution (\$)
	05/01/2007	6 Contributor address; C	ity; State; Zip Code				\$334.94
8 Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)		-	
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable				<u> </u>	ages party supplie	s	
12	2 Name of person	n(s) traveling on whose behalf the	a travel was accepted (attach additional pages	ii necessary)		
1;	3 Departure city i	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	7 Means of trans	portation		18 Purpose of travel			
				t			
4	Date	5 Full name of contributor [Trabulsi, Diane			N.		Amount of ontribution (\$)
4	Date 05/01/2007	Trabulsi, Diane					
4	05/01/2007	Trabulsi, Diane	City; State; Zip Code		nstructions)		ontribution (\$)
8	05/01/2007 Principal occup In-kind contribu Check if icomplete	Trabulsi, Diane Contributor address; Contributor address; Contributor address; Contribution / Job title (See Instructions ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	City: State; Zip Code) ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind description	n (if applicable)		ontribution (\$)
8	05/01/2007 Principal occup In-kind contribu Check if icomplete	Contributor address; Contributor address; Contributor address; Contributor address; Contributor address; Contributor address; Contribution for travel outs	City: State; Zip Code) ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind description	n (if applicable)		ontribution (\$)
8	05/01/2007 Principal occup In-kind contribu Check if icomplete	Trabulsi, Diane Contributor address; Dation / Job title (See Instructions ution in-kind contribution for travel outs boxes 12-18. Otherwise, completion(s) traveling on whose behalf the	City: State; Zip Code) ide Texas and te box 11 if applicable.	9 Employer (See Ir 11 In-kind description	n (if applicable) if necessary)		ontribution (\$)
8	05/01/2007 Principal occup In-kind contribut Check if it complete Name of person	Trabulsi, Diane 6 Contributor address; 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) ide Texas and te box 11 if applicable. te travel was accepted (9 Employer (See Ir 11 In-kind description (attach additional pages	if necessary)		\$500.00
1 1	O5/O1/2007 Principal occup In-kind contribut Check if it complete Name of person Departure city	Trabulsi, Diane 6 Contributor address; 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) ide Texas and te box 11 if applicable. te travel was accepted (9 Employer (See In 11 In-kind description (attach additional pages) 15 Destination city /	if necessary)		\$500.00
8	O5/O1/2007 Principal occup In-kind contribut Check if it complete Name of person Departure city	Trabulsi, Diane 6 Contributor address; 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) ide Texas and te box 11 if applicable. te travel was accepted (9 Employer (See In 11 In-kind description (attach additional pages) 15 Destination city /	if necessary)		\$500.00

Austin, Texas 78711-2070

13 Departure city / location

17 Means of transportation

The Instruction	ом Guide explains how to comp	plete this form.		1 PAGE# Schedule: 80	/86 Rep	oort: 82/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	commission filers)
4 Date	5 Full name of contributor Trevino, J Michael	•				Amount of ontribution (\$)
04/11/2007	6 Contributor address;	City; State; Zip Code	***************************************			\$126.41
8 Principal occup	Dation / Job title (See Instructions	s)	9 Employer (See In	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description Catering bevera	n (if applicable) ages party supplie	s	
	n(s) traveling on whose behalf the		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation	l	18 Purpose of travel			<u> </u>
4 Date	5 Full name of contributor Turney, Aimee					Amount of ontribution (\$)
04/29/2007	6 Contributor address;	City; State; Zip Code				\$100.00
8 Principal occup	Dation / Job title (See Instruction	s)	9 Employer (See In	structions)		
10 In-kind contrib	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	n (if applicable)		

15 Destination city / location

18 Purpose of travel

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

14 Departure date

16 Arrival date

Texas Ethics Commission

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	The Instruction	N Guide explains how to compl	ete this form.		1 PAGE # Schedule: 81	/86 Rep	ort: 83/108
2	FILER NAME	Norlega, Melissa (Ms.)	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # 00057417	(Ethics Co	ommission filers)
4	Date	5 Full name of contributor [Vige, Maxie	• •)			Amount of entribution (\$)
	04/20/2007	6 Contributor address; C	ity; State; Zip Code				\$100.00
8	Principal occup	eation / Job title (See Instructions)		9 Employer (See In	structions)		·
	Complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	te box 11 if applicable.	11 In-kind description			
12	Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additlonal pages	if necessary)		
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel			
4	Date	5 Full name of contributor [Vinson & Elkins Texas PAC)			Amount of ontribution (\$)
	04/24/2007	6 Contributor address; C	city; State; Zip Code				\$1,000.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See In	structions)		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)		
12		n(s) traveling on whose behalf th		ittach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location	_	16 Arrival date
17	Means of trans	sportation		18 Purpose of travel			

OTHER THAN P	LEDGES OR LOA			
The Instruction Guide explains	now to complete this form.		1 PAGE# Schedule: 82	/86 Report: 84/108
2 FILER NAME Noriega, Melis	sa (Ms.)		3 ACCOUNT # 00057417	(Ethics Commission filers)
4 Date 5 Full name of Wallace, Judy	contributor)		7 Amount of contribution (\$)
04/06/2007 6 Contributor as	Idress; City; State; Zip Code			\$100.00
8 Principal occupation / Job title (Se	e Instructions)	9 Employer (See In:	structions)	
	wise, complete box 11 if applicable.	11 In-kind description		
12 Name of person(s) traveling on wh	ose behalf the travel was accepted (a	attach additional pages i	f necessary)	
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of transportation	•	18 Purpose of travel		
4 Date 5 Full name of a Wimpelberg, Ro	contributor out-of-state PAC(ID#_ obert)		7 Amount of contribution (\$)
05/02/2007 6 Contributor ac	ddress; City; State; Zip Code			\$100.00
8 Principal occupation / Job title (Se	e Instructions)	9 Employer (See In:	structions)	
10 In-kind contribution Check if In-kind contribution complete boxes 12-18. Other	or travel outside Texas and wise, complete box 11 If applicable.	11 In-kind description	(if applicable)	
12 Name of person(s) traveling on wh	ose behalf the 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 transportation	· · · · · · · · · · · · · · · · · · ·	18 Purpose of travel		

Texas Ethics Con	nmission	P.O.Box 12070	Austin.	, Texas 78711-2070	(512)463	3-5800	1-800-325	5-850 <u>6</u>
POLITIC OTHER	CAL CON	NTRIBUTION LEDGES	ONS OR LOAI	NS		so	CHEDULE	A
The Instruction	ON GUIDE explains	how to complete th	nis form.		1 PAGE# Schedule: 83/8	86 Repo	rt: 85/108	
2 FILER NAME	Noriega, Melis	isa (Ms.)			3 ACCOUNT # 00057417	(Ethics Cor	mmission filers)	
4 Date	5 Full name of Winkle, James					7 Ar	mount of tribution (\$)	
04/17/2007	6 Contributor a	• • • • • • • •	State; Zip Code				\$10	00.00
8 Principal occup	pation / Job title (S	ee Instructions)		9 Employer (See In	structions)		<u></u>	
10 In-kind contribu	in-kind contribution	for travel outside Te	exas and	11 In-kind description	n (if applicable)			
				attach additional pages	if necessary)			
13 Departure city	/ location	. 14	Departure date	15 Destination city /	ocation		16 Arrival dat	.0
17 Means of trans	sportation	<u>,L</u>		18 Purpose of travel				
4 Date	5 Full name of Wooton, Willia	f contributor					rmount of ntribution (\$)	
05/02/2007	6 Contributor	address; City;	State; Zip Code				\$1	00.00
8 Principal occu	pation / Job title (S	ee Instructions)		9 Employer (See In	structions)			
10 In-kind contrib	in-kind contribution	n for travel outside Te erwise, complete box	exas and x 11 if applicable.	11 In-kind description	n (if applicable)			
				attach additional pages	if necessary)			
13 Departure city	/ location	14	Departure date	15 Destination city /	location		16 Arrival dat	le
17 Means of trans	sportation			18 Purpose of travel				
<u></u>				<u> </u>				
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POLITICAL CONTRIBUTIONS	SCHEDULE
OTHER THAN PLEDGES OR LOANS	

The Instruction Guide explains how to comp	olete this form.		1 PAGE# Schedule: 84	/86 Rep	ort: 86/108
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4 Date 5 Full name of contributor [Wulfe, Lorraine	ut-of-state PAC(ID#_)			Amount of ontribution (\$)
04/16/2007 6 Contributor address:	City; State; Zip Code				\$250.00
8 Principal occupation / Job litle (See Instructions	3)	9 Employer (See In:	structions)		
10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete boxes 12 Name of person(s) traveling on whose behalf the	ete box 11 if applicable.	11 In-kind description			
13 Departure city / location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel			
4 Date 5 Full name of contributor [Wynn, Claude	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/16/2007 6 Contributor address;	City; State; Zip Code				\$100.00
8 Principal occupation / Job title (See Instructions	i)	9 Employer (See Ins	structions)		
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 the	e 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 transportation		18 Purpose of travel			
			·		

'n	he Instruction	อง Guide explains how to comp	lete this form.		1 PAGE# Schedule: 85/	/86 Rep	ort: 87/108
2 FII	LER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [Ybarra, Frank					Amount of intribution (\$)
04	/20/2007	6 Contributor address; C	City; State; Zip Code				\$100.00
8 Pr	rincipal occup	pation / Job title (See Instructions)	9 Employer (See In:	structions)		
10 In-	-kind contribu Check if in complete	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	ide Texas and te box 11 lf applicable.	11 In-kind description	i (if applicable)		
12 Na	ame of perso	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	f necessary)		
13 De	eparture city i	flocation	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Me	eans of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Yoo, Diane	out-of-state PAC(ID#)			Amount of intribution (\$)
04	/24/2007	6 Contributor address; C	City; State; Zip Code				\$500.00
8 Pri	incipal occup	pation / Job title (See Instructions))	9 Employer (See In:	structions)		
10 In-	-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	de Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12 Na	ame of perso	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	f necessary)		
13 De	eparture city /	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Me	eans of trans	portation		18 Purpose of travel	<u> </u>		
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_	The Instruction	Guide explains how to compl	ete this form.		1 PAGE # Schedule: 86	/86 Repo	ort: 88/108
2	FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	mmission filers)
4	Date	5 Full name of contributor Zepeda, Guadalupe	out-of-state PAC(ID#)			mount of ntribution (\$)
	04/03/2007	6 Contributor address; C	ity; State; Zip Code				\$100.00 ¹
8	Principal occup	ation / Job title (See Instructions)		9 Employer (See In:	structions)		<u> </u>
10	In-kind contribu	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet	de Texas and ie box 11 if applicable.	11 In-kind description	n (if applicable)		
12	Name of perso	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			

Date S Payee and S Payee name AT&T S S Payee and S Payee address: City: State: Zip Code PO Box 830047 Dallas, TX 75263 S Purpose of payment (See instructions regarding type of information required.) Camplete if direct expenditure to benefit Candidate/Officeholder name: Campaign Telephone Service Office sought: Office held: Office held: Office sought: Office of travel Office sought: Of	POLITI	CAL EXPENDIT	URES			SCHEDULE F
Date Date S Payee name A Tal Ta	The Instruction	ON GUIDE explains how to comp	lete this form.			20 Report: 89/108
Same	2 FILER NAME	Noriega, Melissa (Ms.)			• /10000	(Ethics Commission filers)
6 Payee address: City: State: Zip Code Policy State: PO Box 630047 Dallas, TX 75263 7 Purpose of payment (See instructions regarding type of information required.) Payment for travel outside Texas (complete boxes 10-16) 8 Purpose of payment (See instructions regarding type of information required.) Office sought: Office held: 9 Purpose of payment (See instructions regarding type of information required.) Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival distribution of travel 15 Means of transportation 16 Purpose of travel 17 Amount (S) 16 Purpose of payment (See instructions regarding type of information required.) 9 Payee address: City: State: Zip Code PO Box 630047 Dallas, TX 75263 9 Purpose of payment (See instructions regarding type of information required.) 9 Payment for travel outside Texas (complete boxes 10-16) Office sought: Office held: Office sought: Office held: Offic	4 Date					1.
(See instructions regarding type of information required.) Campaign Telephone Service Office sought: Office sought: Office held: Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure dity / location 12 Departure date 13 Destination dity / location 14 Arrival di 15 Means of transportation 16 Purpose of travel 17 Amount (\$) 18 Purpose of travel O5/01/2007 6 Payee address; City; State; Zip Code PO Box 630047 Dallae, TX 75263 8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service Office sought: Office sought: Office sought: Office sought: Office sought: Office 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 di 15 Departure city / location 16 Purpose of payment (\$) 17 Amount (\$) 18 Purpose of payment (\$) 18 Purpose of payment (\$) 19 Complete if direct expenditure to benefit Candidate/Officeho Candidate / Officeholder name: Office sought: Office sought: Office sought: Office pages if necessary)	05/01/2007	6 Payee address; C PO Box 630047	City; State; Zip Code			\$33.3
Payment for travel outside Texas (complete boxes 10-16) Office held: Departure of person(e) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 1 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 5 Means of transportation 16 Purpose of travel 7 Amount (S) 05/01/2007 6 Payee andress; City; State; Zip Code PO Box 630047 Dallae, TX 75263 3 Purpose of payment (Sae instructions regarding type of information required.) Campaign Telephone Service Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date of travel outside Texas (complete boxes 10-16) 15 Departure city / location 16 Purpose of travel (S) Amount (S) City; State; Zip Code PO Box 630047 Dallae, TX 75263 9 *** Complete if direct expenditure to benefit Candidate/Officeholder name: Candidate / Officeholder name: Office sought: Office held: 17 Departure city / location 18 Arrival date of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)	(See instructio	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho	t expenditure to bend lder name:	efit Candidate/Officeholder
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel 17 Amount (\$) 05/01/2007 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263 8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service Office sought: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Payment for travel location 16 Purpose of travel (\$) 7 Amount (\$) \$ \$ Complete if direct expenditure to benefit Candidate/Officeho Candidate / Officeholder name: Office sought: Office held: 16 Purpose of travel 17 Amount (\$) 18 Purpose of travel (\$) 19 **Complete if direct expenditure to benefit Candidate/Officeholder name: Office sought: Office held: 19 **Complete if direct expenditure to benefit Candidate/Officeholder name: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)	Payment fo	or travel outside Texas (complete	e boxes 10-16)	_		
5 Means of transportation 16 Purpose of travel 16 Purpose of travel 17 Amount (\$) 05/01/2007 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263 3 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service Payment for travel outside Texas (complete boxes 10-16) Payment for travel outside Texas (complete boxes 10-16) Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)	Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)
Date Date 5	1 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date
O5/01/2007 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263 9 ** Complete if direct expenditure to benefit Candidate/Officeho Campaign Telephone Service Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) Office held: Departure city / location 12 Departure date 13 Destination city / location 14 Arrival d	5 Means of trans	sportation	<u> -</u>	16 Purpose of travel		
PO Box 630047 Dallas, TX 75263 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 1 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival descriptions 15 Possible (Septiment) 16 Provided (See instructions regarding type of information required.) Candidate / Officeholder name: Office sought: Office held: 16 Departure city / location 17 Departure date 18 Destination city / location 19 **Complete if direct expenditure to benefit Candidate/Officeholder name: Office sought: Office held: Office held: 18 Destination city / location 19 **Complete if direct expenditure to benefit Candidate/Officeholder name: Office sought: Office held:						1.
(See instructions regarding type of information required.) Campaign Telephone Service Office sought: Office held: Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 1 Departure city / location 12 Departure date Candidate / Officeholder name: Office sought: Office held: 14 Arrival d	03/0 1/2307	PO Box 630047	City; State; Zip Code	•		
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 additional pages if necessary) Departure city / location 12 Departure date 13 Destination city / location 14 Arrival d	(See instruction	ens regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho	at expenditure to ben ulder name:	nefit Candidate/Officeholder
1 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival d	Payment fo	or travel outside Texas (complete	e boxes 10-16)	1		
1 Departure city / location 12 Departure date 13 Destination city / location	Name of perso	on(s) traveling on whose behalf the	he expenditure for trave	l was made (attach addi	tional pages if neces	ssary)
5. Means of transportation 16 Purpose of travel	1 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date
Hoding of Manaportation	15 Means of trans	sportation		16 Purpose of travel		
1			<u></u>	1		

POLITIC	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	Guide explains how to compl	ete this form.		1 PAGE# Schedule: 2/20) Repo	rt: 90/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
4 Date	5 Payee name Beavers, Ryan				7	Amount (\$)
04/27/2007	6 Payee address; Ci 14707 Mesa Village Driv Houston, TX 77053	ity; State; Zip Code				\$50.00
8 Purpose of pays (See instruction Reimburseme	s regarding type of information (required.)	9 Complete if direct Candidate / Officeho	t expenditure to bene lder name:	fit Cand	idate/Officeholder **
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transp	portation		16 Purpose of travel			
4 Date	5 Payee name Beavers, Ryan				7	Amount (\$)
04/30/2007	6 Payee address; C 14707 Mesa Village Driv Houston, TX 77053	city; State; Zip Code				\$20.00
8 Purpose of pay (See instruction Reimburseme	ns regarding type of information	required.)	9 · · Complete if direction Candidate / Officeho	ct expenditure to bene older name:	efit Cano	didate/Officeholder **
 -	or travel outside Texas (complete		Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for trave	l was made (attach add	tional pages if necess	sary)	
11 Departure city	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation		16 Purpose of trave	ı	·	<u> </u>

POLITIC	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	N Guide explains how to comp	lete this form.		1 PAGE# Schedule: 3/2	20 Repo	irt: 91/108
FILER NAME	Noriega, Melissa (Ms.)	·		3 ACCOUNT # 00057417	(Ethics C	ommission filers)
Date	5 Payee name Campaign Strategies				7	Amount (\$)
04/03/2007	6 Payee address; C 3815 Montrose Blvd 101 Houston, TX 77006	ity; State; Zip Code				\$1,000.00
Purpose of payr (See instruction Voter Files	ment ns regarding type of information t	required.)	9 ** Complete if direct Candidate / Officeho		lefit Cand	idate/Officeholder
			Office sought:			
Payment for	r travel outside Texas (complete	boxes 10-16)	Office held:			
		_				
Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
		12 Departure date	13 Destination city / 16 Purpose of travel			14 Arrival date
5 Means of transp		12 Departure date			7	Amount (\$)
Means of transp	5 Payee name Campaign Strategies	City; State; Zip Code	16 Purpose of travel		7	Amount
Date 04/03/2007 Purpose of paying	5 Payee name Campaign Strategies 6 Payee address; C 3815 Montrose Blvd 10 Houston, TX 77006	City; State; Zip Code	16 Purpose of travel	at expenditure to ber		Amount (\$) \$1,169.10
Date 04/03/2007 Purpose of payr (See instruction Campaign Ya	5 Payee name Campaign Strategies 6 Payee address; C 3815 Montrose Blvd 10 Houston, TX 77006	City; State; Zip Code 1 required.)	16 Purpose of travel	at expenditure to ber		Amount (\$) \$1,169.10
O4/O3/2007 Purpose of payr (See instruction Campaign Ya	5 Payee name Campaign Strategies 6 Payee address; C 3815 Montrose Blvd 10 Houston, TX 77006	City; State; Zip Code 1 required.)	9 ** Complete if direct Candidate / Office sought: Office held:	xt expenditure to ber lider name:	nefit Canc	Amount (\$) \$1,169.10
Date 04/03/2007 Purpose of payr (See instruction Campaign Ya	5 Payee name Campaign Strategies 6 Payee address; C 3815 Montrose Blvd 10 Houston, TX 77006 ment ns regarding type of information and signs or travel outside Texas (complete	City; State; Zip Code 1 required.)	9 ** Complete if direct Candidate / Office sought: Office held:	at expenditure to ber ider name: tional pages if neces	nefit Canc	Amount (\$) \$1,169.10

POLITIO	CAL EXPENDIT	URES	٠.		S	CHEDULE F
The Instruction	ON Guide explains how to comp	lete this form.		1 PAGE # Schedule: 4/20	0 Repo	ort: 92/108
2 FILER NAME	Noriega, Melissa (Ms.)	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # 00057417	(Ethics C	ommission filers)
Date	5 Payee name Campaign Strategies				7	Amount (\$)
04/06/2007	6 Payee address; C 3815 Montrose Blvd 101 Houston, TX 77006	ity; State; Zip Code	,			\$5,000.00
Purpose of pay (See instruction Consulting Fe	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho	t expenditure to bene ider name:	afit Cand	idate/Officeholder
		•	Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
1 Departure city		12 Departure date	13 Destination city /			14 Arrival date
5 Means of trans	portation		to Furpose of traver			
4 Date	5 Payee name Campaign Strategies	- , 			7	Amount (\$)
04/16/2007	6 Payee address; C 3815 Montrose Blvd 10 Houston, TX 77006	city; State; Zip Code				\$2,896.38
Purpose of par (See instruction Postage for r	ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho	ct expenditure to beni older name:	efit Cano	tidate/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for trave	I was made (attach add	tional pages if neces	sary)	· · · · · · · · · · · · · · · · · · ·
11 Departure city	/ location	12 Departure date	13 Destination city /	location	<u>.</u>	14 Arrival date
15 Means of trans	sportation		16 Purpose of trave	İ		
<u></u>			<u> </u>			

Date 5 Payee Campa 04/16/2007 6 Payee 3815 Means of payment (See instructions regarding Printing & graphic design Payment for travel outs 10 Name of person(s) traveling 11 Departure city / location 15 Means of transportation 4 Date 5 Payee Camp 04/16/2007 6 Payee 3815						
Date 5 Payee Camps 04/16/2007 6 Payee 3815 Mouston 7 Payment (See instructions regarding Printing & graphic design Payment for travel outs 10 Name of person(s) traveling 11 Departure city / location 15 Means of transportation 16 Payee Camp 04/16/2007 6 Payee Camp 04/16/2007 6 Payee Sals Houst 8 Purpose of payment (See instructions regarding Printing of Yard Signs a	ains how to comp	lete this form.		1 PAGE# Schedule: 5/20) Repo	ort: 93/108
O4/16/2007 6 Payee a 3815 N Houston 8 Purpose of payment (See instructions regarding Printing & graphic design Payment for travel outs 10 Name of person(s) traveling 11 Departure city / location 15 Means of transportation 4 Date	Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
6 Payee 3815 Mouston 7 Purpose of payment (See instructions regarding Printing & graphic design 7 Payment for travel outs 7 Name of person(s) traveling 8 Purpose of payment (See instructions regarding Printing of Yard Signs a Payment for travel outs 9 Payment for travel outs 10 Name of person(s) traveling	name aign Strategies	- 			7	Amount (\$)
Payment for travel outs Payment for travel outs Payment for travel outs Payment for travel outs Name of person(s) traveling Departure city / location Date	address; C Montrose Bivd 10° on, TX 77006	ity; State; Zip Code				\$1,762.93
Departure city / location Means of transportation Means of transportation Date S Payee Camp 04/16/2007 6 Payee 3815 Houst Purpose of payment (See instructions regarding Printing of Yard Signs a	type of information n push cards	required.)	9 * Complete if direc Candidate / Officeho		fit Cand	idate/Officeholder **
Departure city / location Means of transportation Means of transportation Date S Payee Camp 04/16/2007 6 Payee 3815 Houst Purpose of payment (See instructions regarding Printing of Yard Signs a Payment for travel outs Name of person(s) traveling			Office sought:			
Departure city / location Means of transportation Means of transportation Payee Camp O4/16/2007 Payee 3815 Houst Printing of Yard Signs a Payment for travel outs Name of person(s) traveling	de Texas (complete	boxes 10-16)	Office held:			
Date Date	on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)	
Date 5 Payee Camp 04/16/2007 6 Payee 3815 Houst 3 Purpose of payment (See instructions regarding Printing of Yard Signs a		12 Departure date	13 Destination city /	location		14 Arrival date
Camp 04/16/2007 6 Payee 3815 Houst 3 Purpose of payment (See instructions regarding Printing of Yard Signs a			16 Purpose of travel			<u> </u>
3815 House 3 Purpose of payment (See instructions regarding Printing of Yard Signs a	name aign Strategies		<u> </u>		7	Amount (\$) \$7,361.00
(See instructions regarding Printing of Yard Signs a Payment for travel outs Name of person(s) traveling	address; 6 Montrose Blvd 10 on, TX 77006	City; State; Zip Code 1				Ψ1,301.00
Name of person(s) travelin	type of information nd bumper sticke	required.)	9 · · Complete if direction Candidate / Officeho	ct expenditure to ben pider name:	efit Can	didate/Officeholder
	ide Texas (complet	e boxes 10-16)	Office sought: Office held:			
11 Departure city / location	g on whose behalf t	he expenditure for trave	I was made (attach add	itional pages if neces	sary)	
		12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		<u> </u>	16 Purpose of trave	<u> </u>		<u> </u>

POLITICAL EXPENDIT	URES			S	CHEDULE F
The Instruction Guide explains how to comp	lete this form.		1 PAGE # Schedule: 6/20	Repo	ort: 94/108
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
4 Date 5 Payee name Campaign Strategles				7	Amount (\$)
04/25/2007 6 Payee address; C 3815 Montrose Blvd 101 Houston, TX 77006	ity; State; Zip Code				\$6,472.27
8 Purpose of payment (See instructions regarding type of information Mailout design and printing	required.)	9 ** Complete if direc Candidate / Officeho	t oxpenditure to bene ider name:	fit Cand	idate/Officeholder **
		Office sought:			
Payment for travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (allach addi	lional pages if necess	ary) 	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel			
4 Date 5 Payee name Campaign Strategies				7	Amount (\$)
04/25/2007 6 Payee address; 3815 Montrose Blvd 10 Houston, TX 77006	City; State; Zip Code				\$9,961.84
8 Purpose of payment (See instructions regarding type of Information Postage for mailout	required.)	9 · · Complete if direction Candidate / Officeho		efit Cano	didate/Officeholder **
-	- h 40 (46)	Office sought:			
Payment for travel outside Texas (complete Name of person(s) traveling on whose behalf the			tional pages if necess	sary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of trave	1		<u> </u>

exas Ethics Com			78711-2070	(512)463		1-800-325-850
POLITI	CAL EXPENDIT	URES			S(CHEDULE F
The Instruction	on Guide explains how to comp	lete this form.		1 PAGE# Schedule: 7/20) Repo	rt: 95/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
Date	5 Payee name Cobarruvias, John				7	Amount (\$)
04/24/2007	6 Payee address; C 14646 Cardinal Creek Houston, TX 77062	ity; State; Zip Code			:	\$54.69
	L. yment ns regarding type of information on ent for Office Supplies	required.)	9 • Complete if direct Candidate / Officeho	t expenditure to bene lder name:	fit Cand	idate/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	ional pages if necess	iary)	
1 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of trans	portation		16 Purpose of travel			<u>. </u>
Date	5 Payee name Emal Langrand Commu	nications			7	Amount (\$)
04/11/2007		ity; State; Zip Code				\$230.00
	yment ons regarding type of information lent for Event Staff	required.)	9 ° Complete if direc Candidate / Officeho	at expenditure to bene lider name:	efit Cand	idate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:		_	
0 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	sary)	
1 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel			
		<u> </u>				<u> </u>

Texas Ethics Con	nmission P.O.Box 12070	Austin, Texas 7	8711-2070	(512)463	3-5800	1-800-325-8506
POLITI	CAL EXPENDIT	URES			so	CHEDULE F
The Instruction	он Guide explains how to comp	lete this form.		1 PAGE# Schedule: 8/20	0 Repo	rt: 96/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission flers)
4 Date	5 Payee name Emal Langrand Commu	nications		<u> </u>	7	Amount (\$)
04/11/2007	6 Payee address; C 2910 Houston Ave Houston, TX 77009	city; State; Zip Code				\$72.56
	I yment ons regarding type of information nent for Event Supplies	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene der name:	I ofit Candi	date/Officeholder
			Office sought:			,
Payment f	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	lonal pages if necess	iary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	ocation		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date	5 Payee name Emal Langrand Commu	inications	<u> </u>		7	Amount (\$)
04/11/2007	6 Payee address; C 2910 Houston Ave Houston, TX 77009	City; State; Zip Code				\$6,666.67
8 Purpose of pa (See instruction Consulting F	ons regarding type of information	required.)	9 ' Complete if direc Candidate / Officeho		efit Candi	date/Officeholder **
			Office sought:			
Payment f	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	загу)	
11 Departure city	/ location	12 Departure date	13 Destination city /	ocation		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
				·		<u> </u>

POLITI	P.O.Box 12070		6/11-20/0	(512)463		1-800-325-850 CHEDULE F
The Instruct	ion Guide explains how to comp	elete this form.		1 PAGE# Schedule: 9/2	0 Repo	rt: 97/108
FILER NAME	FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics Co	ommission filers)
Date	5 Payee name Email Langrand Commu	inications			7	Amount (\$)
04/11/2007	6 Payee address; 2910 Houston Ave Houston, TX 77009	City; State; Zip Code				\$160.68
Purpose of pa (See instruction Reimbursen	I ayment ons regarding type of information nent for Office Supplies	required.)	9 · · Complete if direc Candidate / Officeho	at expenditure to beni lider name:	efit Candi	date/Officeholder **
	for travel outside Texas (complet		Office sought: Office held:			
Name of pers	on(s) traveling on whose behalf t	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)	
1 Departure city	// location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of tran	sportation	<u> </u>	16 Purpose of travel		_	<u></u>
Date	5 Payee name ExxonMobile		<u> </u>		7	Amount (\$)
04/11/2007	6 Payee address; 16760 Southwest Fwy Sugar Land, TX 77479	City; State; Zip Code	,			\$60.48
Purpose of p (See instruct Gas	ayment ions regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho	ct expenditure to ben older name:	efit Cand	idate/Officeholder **
Payment	for travel outside Texas (complet	e boxes 10-16)	Office sought:			
0 Name of pers	con(s) traveling on whose behalf t	he expenditure for trave	I was made (attach add	itional pages if neces	sary)	
		12 Departure date	13 Destination city /	location		14 Arrival date
1 Departure cit	y / location	12 Departure date		10000011		

POLITICAL EXPENDIT	URES			S	CHEDULE F
The Instruction Guide explains how to comp	elete this form.		1 PAGE# Schedule: 10	/20 Rep	port: 98/108
2 FILER NAME Noriega, Melissa (Ms.)		***	3 ACCOUNT # 00057417	(Ethics C	Commission filers)
4 Date 5 Payee name Griffin, Martha	· · · · · · · · · · · · · · · · · · ·			7	Amount (\$)
04/04/2007 6 Payee address; 3403 Sophora Place Sugar Land, TX 77479	City; State; Zip Code			i i	\$2,000.00
8 Purpose of payment (See instructions regarding type of information Contract Labor	required.)	9 · · Complete if direc Candidate / Officehol		efit Cand	idate/Officeholder
·		Office sought:			
Payment for travel outside Texas (complete	Office held:				
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	onal pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city / !	ocation		14 Arrival date
15 Means of transportation		16 Purpose of travel	<u> </u>		<u> </u>
4 Date 5 Payee name Griffin, Martha	<u> </u>			7	Amount (\$)
04/15/2007 6 Payee address; 0 3403 Sophora Place Sugar Land, TX 77479	City; State; Zip Code				\$2,000.00
8 Purpose of payment (See instructions regarding type of information Contract Labor	required.)	9 ** Complete if direc Candidate / Officehol		efit Cand	lidate/Officeholder **
☐ Payment for travel outside Texas (complete	boxes 10-16)	Office sought:			
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach additi	onal pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of transportation	<u> </u>	16 Purpose of travel			<u> </u>
	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		

15 Means of transportation

16 Purpose of travel

POLITIO	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	Guide explains how to comp	lete this form.		1 PAGE# Schedule: 12/2	20 Rer	oort: 100/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	ommission filers)
4 Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)
04/10/2007	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code				\$121.25
Purpose of pay (See instruction Toll Fees	ment ns regarding type of information	required:)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene lder name:	rfit Cand	idate/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
1 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name Hendrick, Todd		<u> </u>		7	Amount (\$)
04/18/2007		City; State; Zip Code				\$104.00
Purpose of pay (See instruction Contract Lab	ns regarding type of information	required.)	9 * Complete if direct Candidate / Officeho		ifit Cand	lidate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	a boxes 10-16)	Office sought: Office held:			
	n(s) traveling on whose behalf th		was made (attach addi	lional pages if necess	агу)	
11 Departure city i	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel			
<u></u>			<u> </u>	<u>. </u>		

The INSTRUCTION	Guipe explains how to comp					
FILER NAME	Color explaine new to comp	lete this form.		1 PAGE # Schedule: 13/	20 Rep	ort: 101/108
	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417		ommission filers)
Date	5 Payee name Hendrick, Todd				7	Amount (\$)
04/27/2007	6 Payee address; C 4361 Wheeler QB420 Houston, TX 77004	ity; State; Zip Code				\$76.00
Purpose of payn (See instructions Contract Labor	s regarding type of information (required.),	9 Complete if direct Candidate / Officehol		L efit Cand	idate/Officoholder ••
			Office sought:			
Payment for	travel outside Texas (complete	boxes 10-16)	Office held:			_
Name of person((s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
D	landing.	12 Departure date	13 Destination city / location			14 Arrival date
Departure city / I	ocation	12 Departure date	13 Destriation dry 7	ocason,		
Means of transpo	ortation		16 Purpose of travel			l
Date	5 Payee name HGLBT PAC				7	Amount (\$)
04/05/2007	6 Payee address; C 3400 Montrose Blvd 20 Houston, TX 77006	City; State; Zip Code 6				\$6,000.00
	ment s regarding type of information failout Expense	required.)	9 ' Complete if direc Candidate / Officehol	t expenditure to bend der name:	efit Cand	idate/Officeholder **
			Office sought:			
Payment for	travel outside Texas (complete	boxes 10-16)	Office held:			
Name of person	(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
Departure city / I	ocation	12 Departure date	13 Destination city / I	ocation	_	14 Arrival date
Means of transpo	ortation		16 Purpose of travel			

POLITICAL EXPENDIT	URES			S	CHEDULE F
The Instruction Guide explains how to comp	lete this form.		1 PAGE# Schedule: 14/2	0 Rep	ort: 102/108
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	Ethics C	ommission filers)
4 Date 5 Payee name Houston's Restaurant				7	Amount (\$)
04/15/2007 6 Payee address; C 4848 Kirby Houston, TX 77098	ity; State; Zip Code				\$81.28
Purpose of payment (See instructions regarding type of information Campaign Meeting	required.)	9 ** Complete if direct Candidate / Officeho	t expenditure to bene Ider name:	fit Cand	idate/Officeholder **
Payment for travel outside Texas (complete	boxes 10-16).	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the		was made (attach addi	tional pages if necess	ary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of trave			
4 Date 5 Payee name JC Lion Properties				7	Amount (\$)
	City; State; Zip Code	••••••••••••••••••••••••••••••••••••••	••••••••••••••••••••••••••••••••••••••		\$1,145.00
Purpose of payment (See instructions regarding type of information Campaign Office Rental	required.)	9 · · Complete if dire Candidate / Officeho	ct expenditure to bene older name:	efit Can	didate/Officeholder **
Payment for travel outside Texas (complete		Office sought: Office held:		<u>-</u>	
10 Name of person(s) traveling on whose behalf the	he expenditure for trave	I was made (attach add	itional pages if necess	sary)	_
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation	<u> </u>	16 Purpose of trave		<u></u>	

POLITICA	AL EXPENDIT	URES			SC	CHEDULE F
The Instruction G	SUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 15/	20 Rep	ort: 103/108
FILER NAME N	loriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics Co	ommission filers)
Date 5	Payee name LULAC District VIII		•		7	Amount (\$)
04/19/2007 6	Payee address; Ci 5207 Airline Drive 102 Houston, TX 77022	ty; State; Zip Code	. •			\$125.00
	ent regarding type of information i de Mayo Parade	equired.)	9 · · Complete if direc Candidate / Officeho	at expenditure to bene lider name:	əfit Candi	idate/Officeholder **
			Office sought:	•		
Payment for to	ravel outside Texas (complete	boxes 10-16)	Office held:			
) traveling on whose behalf th		13 Destination city /			14 Arrival date
1 Departure city / lo	cation	12 Departure date	13 Destination dry	10000011		
5 Means of transpor	rtation	<u> </u>	16 Purpose of travel			
Date 5	Payee name Noriega, Joe				7	Amount (\$)
04/16/2007	Payee address; C 8203 Misty Vale Houston, TX 77075	City; State; Zip Code				\$90.90
Purpose of paym (See instructions Reimbursemen	ent regarding type of information it for ink cartridges	required.)	9 · · Complete if dire Candidate / Officeho	ct expenditure to ber older name:	efit Cano	didate/Officeholder
☐ Payment for t	travel outside Texas (complete	a boxes 10-16)	Office sought: Office held:			
Name of person(s)	s) traveling on whose behalf the	ne expenditure for trave	was made (attach add	itional pages if neces	sary)	
11 Departure city / k	ocation	12 Departure date	13 Destination city	location		14 Arrival date
15 Means of transpo	ortation	1	16 Purpose of trave	at .		.L

		URES			S	CHEDULE F
The Instruction	N Guide explains how to comp	ete this form.		1 PAGE# Schedule: 16/2	20 Rep	ort: 104/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethica C	ommission filers)
Date	5 Payee name Olsen, James				7	Amount (\$)
04/27/2007	6 Payee address; C 9193 Wheeler Houston, TX 77017	ity; State; Zip Code				\$250.00
Purpose of pay (See instruction Contract Labo	ns regarding type of information (required.)	9 ** Complete if direc Candidate / Officeho	t expenditure to bene ider name:	fit Cand	idate/Officeholder
			Office sought:			
	or travel outside Texas (complete		Office held:			
Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	ional pages if necess	ary)	
			140 5 11 11 11 11 11	L-setter		14 Arrival date
1 Departure city /	location	12 Departure date	13 Destination city /	location		14 / 6/11/2/
5 Means of trans	portation		16 Purpose of travel	<u> </u>		
Date	5 Payee name US Postal Service		<u> </u>	<u></u>	7	Amount (\$)
04/18/2007				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$15.60
04/16/2007	401 Franklin	city; State; Zip Code	•	•		
	Houston, TX 77002					
Purpose of pay (See instruction Postage for C	l yment ins regarding type of information Campaign Office	required.)	9 · Complete if direct Candidate / Officeho	ct expenditure to bene older name:	efit Cano	didate/Officeholder
			Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach add	tional pages if necess	sary)	
1 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of trans	portation	<u> </u>	16 Purpose of trave	i	. <u></u>	<u> </u>
<u> </u>			<u> </u>			<u>-</u>

POLITIC	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	N Guide explains how to comp	lete this form.		1 PAGE# Schedule: 17/2	20 Rep	oort: 105/108
2 FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT # 00057417	(Ethics C	commission filers)
4 Date	5 Payee name US Postal Service				7	Amount (\$)
04/26/2007	6 Payee address; C 401 Franklin Houston, TX 77002	ity; State; Zip Code				\$312.00
	ment ns regarding type of information ampaign mailout	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene ider name:	efit Cand	lidate/Officeholder
Payment fo	Payment for travel outside Texas (complete boxes 10-16)					
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)	
11 Departure city	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation		16 Purpose of travel		·	
4 Date	5 Payee name Valero				7	Amount (\$)
04/16/2007	6 Payee address; C 7028 Lawndale Houston, TX 77023	City; State; Zip Code				\$52.28
8 Purpose of par (See instruction Gas	wment ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		efit Can	didate/Officeholder **
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought:			
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of trave	<u> </u>	_	
			<u>. </u>		<u></u>	<u></u>

POLITICAL EXPENDIT	URES			S	CHEDULE F
The Instruction Guide explains how to comp	lete this form.		1 PAGE # Schedule: 18/	20 Rep	oort: 106/108
FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	commission filers)
Date 5 Payee name Wade, Keith				7	Amount (\$)
04/26/2007 6 Payee address; C PO Box 88013 Houston, TX 77388	ity, State; Zip Code		.,		\$1,000.00
Purpose of payment (See instructions regarding type of information Autodialer expense	required.)	9 ** Complete if direc Candidate / Officeho	t expenditure to bend ider name:	afit Cand	lidate/Officeholder **
Payment for travel outside Texas (complete	a boxes 10-16)	Office sought: Office held:			
Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
1 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of transportation		16 Purpose of travel			
Date 5 Payee name Weesner, Sherry		<u></u>		7	Amount (\$)
04/06/2007 6 Payee address; 2909 Harvest Hill Friendswood, TX 7754	City; State; Zip Code				\$159.96
Purpose of payment (See instructions regarding type of information Reimbursement for Office Supplies	required.)	9 ** Complete if direct Candidate / Officeho	t expenditure to beni lder name:	efit Cano	didate/Officeholder
Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	ional pages if neces	sary)	
1 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
5 Means of transportation	<u> </u>	16 Purpose of travel			
		1			

POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The INSTRUCTION	on Guide explains how to comp	lete this form.		1 PAGE# Schedule: 19/	20 Rep	ort: 107/108
FILER NAME	Noriega, Melissa (Ms.)			3 ACCOUNT# 00057417	(Ethics C	ommission filers)
Date	5 Payee name Weesner, Sherry				7	Amount (\$)
04/24/2007	6 Payee address; C 2909 Harvest Hill Friendswood, TX 77546	ity; State; Zip Code			:	\$333.87
Purpose of pay (See instruction Reimbursem	L yment ns regarding type of information ent for Campaign Office Sup	required.) plies	9 ** Complete if dire Candidate / Officeho	ct expenditure to bene older name:	afit Cand	idate/Officeholder **
☐ Payment fi	or travel outside Texas (complete	boxes 10-16)	Office held:			_
	on(s) traveling on whose behalf th		was made (attach add	itional pages if necess	sary)	
Departure city	/ location	12 Departure date	13 Destination city i	location		14 Arrival date
5 Means of trans	sportation		16 Purpose of trave	<u> </u>	<u> </u>	
Date 05/02/2007	5 Payee name Weesner, Sherry	City: State; Zip Code			7	Amount (\$) \$77.7
	6 Payee address; 2909 Harvest Hill Friendswood, TX 7754	-				
	I hyment ons regarding type of information hent for gas, phone	required.)	9 · · Complete if dire Candidate / Officeh	ct expenditure to ben older name:	efit Cand	idate/Officeholder '
☐ Payment t	for travel outside Texas (complete	e boxes 10-16)	Office sought:			
Name of person	on(s) traveling on whose behalf the	ne expenditure for trave	I was made (attach add	itional pages if neces	sary)	
1 Departure city	/ location	12 Departure date	13 Destination city	location		14 Arrival date
	sportation		16 Purpose of trave	le		
5 Means of tran			I			

ULE F
/108
n filers)
unt)
\$323.01
ceholder * '
val date

FEC FORM 1

STATEMENT OF ORGANIZATION

Liber Instructions)

1005 W 600

•	food at secondaries			YCS .SC CITY
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the tres	12FE4M5	
CWA-COPE Political C	ontributions Committee			
		111111111		
AODRESS :mex a-statocil	501 Third Street, N.W.	· 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ليبينين
**Check if address		<u> </u>		
la changec)	Washington		LPC L	20001 -
		CITY	STATE	ZIP CODE 🗻
COMMITTEE'S E-MAIL ADDR	E66			
jtakacs@cwa-union.or	79			
	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
cwa-union.org			11111.	<u> </u>
	<u> </u>	<u> </u>	1111	
COMMITTEES FAX NUMBER	t			
لبا لبنا	لسا			
2. DATE HOS	03 2003			
3. FEC IDENTIFICATION N	JMBER (C C00002089		
4. IS THIS STATEMENT	X New(H) or	AMENDED (A)		
i certify that i have axaminad this Et	indement and to the bast of my knowle	idge and belief Ria true, correct and	i corngiste	
Type or Print Name of Treasur	er Barbara J. Easte	rling	 	
Bac	tronically Filed by Barbara J.	. Easterling	н н Dede 08	้างล้า วับซ์ล้
Signature of Treasurer Elect				
NOTE: Submission of Mise, entire	ous, or incomplate information may su ANY CHANGE IN INFORMA	uther the person signing this State TION SHOULD BE REPORTE		
Office Use Only		Por further Informatic Federal Election Comm Toll Free 800-434-8631 Local 202-884-110	ningipu	FEC FORM 1 (Revised 02/2009)

FECFor	n 1 (Revised 02/2003)	Page 2
TYPE OF COM	MITTEE (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 information below.)	the candidate
Name of Candidate	<u> </u>	
Candidate	Office Senate President	State
Perty Affiliation	n Sought House Senate President	District
(c)	This convenities supports/apposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		1 1 1 1
(d)	(National, State This committee is a for subordinate) committee of the	(Democratic, Republican,etc.) Part
(e) X	This committee is a separate segregated fund	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation militage.	ated fund or party
Name of Any	Connected Organization or Attitisted Committee	
Communica	ions Workers of America	11 1 1
	504 Third Street N.W	
Mailing Addre		
		20004
	thashipgton DC	20001
	CITYA STATEA	ZIP CODE 🛦
Relationship	Allied	
Type of Conn	ected Organization:	
	ration Corporation w/o Capital Stock X Labor Orga	ınizali o ri

Trade Association

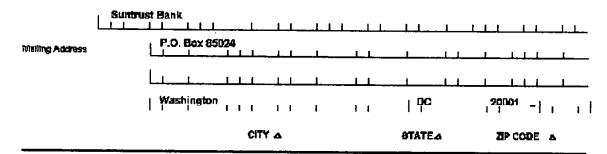
Membership Organization

Cooperative

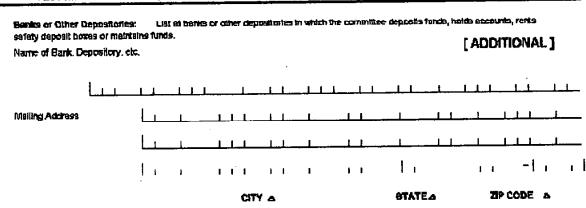
		tributions Committee		
	tecords; ider s books and re	ntify by name, address, (phone number opt ocords.	ionaij, and position of th	e person in poss
Full Name	Barbara	J. Easterling	1_11	
Mailing Addres	5	501 Third Street, N.W.	•	
		CWA Political Department		
		Washington	DC	20001 _
Title or Positio	n ▼	CITY	STATEA	ZIP CODE
	Secretary-T	reasurer	202	434
: · · · · · · · · · · · · · · · · ·				
address of a Full Name of Treasurer Mailing Address	ny designated Barbara	and address (phone number optional) of the agent (e.g., assistant treasurer). J. Easterling 501 Third Street, N.W. CWA Secretary-Treasurer's Of		
adoiress of a Full Name of Tressure:	ny designated Barbara	agent (e.g., escistant treasurer). J. Easterling 501 Third Streat, N.W.		20001 _
adoiress of a Full Name of Tressure:	ny designated Barbara	agent (e.g., escistant treasurer). J. Easterling 501 Third Street, N.W. CWA Secretary-Treasurer's Of	fice	
adolress of a Full Name of Treasure: Mailing Addres	ny designated Barbara	agent (e.g., essistant treasurer). J. Easterling 501 Third Street, N.W. CWA Secretary-Treasurer's Of washington CITY &	fice DC	20001 _
address of a Full Name of Treasurer Mailing Address Title or Position	ny designated Barbara se	agent (e.g., essistant treasurer). J. Easterling 501 Third Street, N.W. CWA Secretary-Treasurer's Of washington CITY &	TICE	20001 _ 2IP CODE
adolress of a Full Name of Treasure: Mailing Address Title or Positio	ny designated Barbara se	agent (e.g., escistant treasurer). J. Easterling 501 Third Streat, N.W. CWA Secretary-Treasurer's Of washington CITY & Teasurer Teasurer	TICE	20001 _ 2IP CODE
adolress of a Full Name of Treasure: Mailing Address Title or Position Full Name of Designated	Barbara Secretary-1	agent (e.g., escistant treasurer). J. Easterling 501 Third Streat, N.W. CWA Secretary-Treasurer's Of washington CITY & Teasurer Teasurer	TICE	20001 _ 2IP CODE
address of a Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent	Barbara Secretary-1	agent (e.g., essistant treasurer). J. Easterling 501 Third Streat, N.W. CWA Sacretary-Treasurer's Of washington CITY & Teasurer Teasurer	TICE	20001 _ 2IP CODE

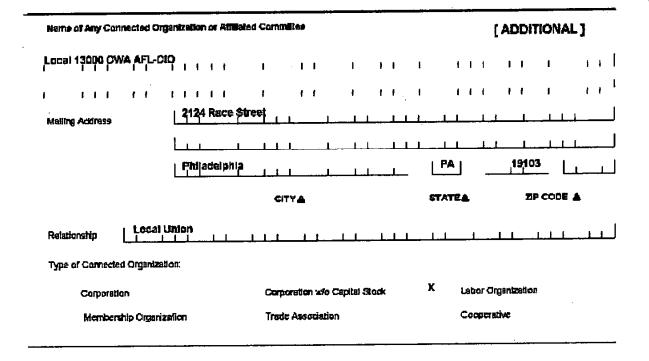
Sambles or Other Depositiones: List of baries or other depositiones in which the committee deposits funds, holds accounts, rents
esfety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



Page 5/6





Pege	6/6

FFC:	Form	1	(Revised	1/20013

Designated Agent		·	[ADDITIONAL]
Full Name _	 1111.		
Title or Position T	CITYA	STATE	- ZP CODE &
		Telephone number	

FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

L NAME OF	(266	instructions)			Office Use Only	
I. NAME OF COMMITTEE (in full)	(Check if is change		If typing, type lines.	12FE4M5		
American Feder	ration of Sta	te, County a	nd Munici	pal Emplo	yees	~
DDRESS (number and stre	,		•			
(Check if address is changed)	•				20036	
COMMITTEE'S E-MAIL AD	DORESS	CITY A		STATE ▲	ZIP CODE ▲	
	- AODECO (UDI)	and the second s	n dag ang ng kagati satu kagan - t da ka sa t t t daganan	de a madelmanera estados e dos el deservidos e de el deservidos en deservidos en deservidos en deservidos en d	The second secon	
COMMITTEE'S WEB PAGE						
	23 2001					
P. DATE 04						
-	ON NUMBER >	C 00011114	Į.			
B. FEC IDENTIFICATION			AMENDED (A)			
B. FEC IDENTIFICATION B. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)	is true, correct a	and complete.	
-	NEW (N) ined this Statement and to William	OR o the best of my know	AMENDED (A)	is true, correct i	and complete.	

For further information contact:

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1

(Revised 1/01)



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-166059

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

1313 L Street NW Washington, DC 20005

- 2. Date: 02/23/2005
- 3. FEC Committee ID #: C00004036

This committee is a Separate Segregated Fund

Affiliated Committees/Organizations

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

Committee ID# C00348540 1199 Service Employees Int'l Union Fed 330 W 42nd St 7th Floor New York, New York 10036 Relationship: Affiliated Organization Type: Labor Organization

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

Committee ID# C00148098

New York State Public Employees Federa
P.O. Box 12414

Albany, New York 12212

Relationship: Affiliated

Organization Type: Labor Organization

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

Custodian of Records:

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

Treasurer:

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

Designated Agent(s):

Banks or Depositories

Amalgamated Bank 1825 K Street NW Washington, DC 20005

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

Signed: Anna Burger

Date Signed: 02/23/2005

Official Committee URL:

(End FEC FORM 1)



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