

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

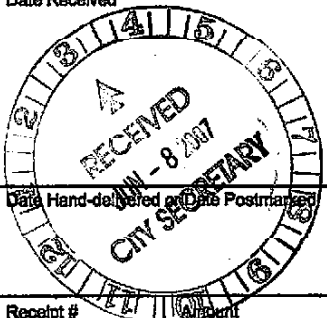
FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 PAGE #**
00057417 1 of 132

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
Ms. Melissa
NICKNAME LAST SUFFIX
Norlega

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4430 Pease
Houston, TX 77023
 Change of Address

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Ms. Tommie
NICKNAME LAST SUFFIX
Norlega

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8203 Misty Vale
Houston, TX 77076

7 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 635-4772

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED
Month Day Year THROUGH Month Day Year
05/03/2007 06/06/2007

10 ELECTION

Month Day Year ELECTION TYPE
06/16/2007 Primary Runoff General Special

11 OFFICE OFFICE HELD (if any) **12 OFFICE SOUGHT (if known)**
Houston City Council At Large
District 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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

15 ACCOUNT # (Ethics Commission filers)
00057417

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 2,030.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 108,622.85

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 807.15

4. TOTAL POLITICAL EXPENDITURES \$ 117,302.81

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 56,218.45

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT



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

Melissa Noriega
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Noriega this the 8th day of June, 2007, to certify which, witness my hand and seal of office.

Tara Ross
Signature of officer administering oath

Tara Ross
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/93 Report: 3/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/31/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00011114) AFSCME PEOPLE			7 Amount of contribution (\$) \$3,000.00	
6 Contributor address; City; State; Zip Code Washington, DC 20038					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Alma			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77047					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/93 Report: 4/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Mary			7 Amount of contribution (\$)	
05/14/2007	6 Contributor address: _____ City: State; Zip Code Houston, TX 77057			\$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Tom			7 Amount of contribution (\$)	
05/29/2007	6 Contributor address: _____ City: State; Zip Code Houston, TX 77098			\$225.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/93 Report: 5/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Boone Humphries Robinson LLP			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED] Suite 2000 Houston, TX 77027					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allgood, Carolyn			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/93 Report: 6/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarado, Yolanda 6 Contributor address; City; State; Zip Code Houston, TX 77023	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/93 Report: 7/132	
2 FILER NAME Nortega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Anglin, Debra		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code Houston, TX 77064					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aramark Political Action Committee		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code Philadelphia, PA 19107					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/93 Report: 8/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arcadis G&M Inc Texas PAC 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arcizo, Paul 6 Contributor address; City; State; Zip Code Houston, TX 77087	7 Amount of contribution (\$) \$160.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Food and Beverages for Reception	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 7/93 Report: 9/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold, Paula	7 Amount of contribution (\$) \$266.00		
6 Contributor address; City; State; Zip Code Houston, TX 77008				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Food and Beverages for Reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Atlas, Scott	7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code Houston, TX 77002				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/93 Report: 10/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ault, Shirley 6 Contributor address; City; State; Zip Code Tomball, TX 77375	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aviles, Dionel 6 Contributor address; City; State; Zip Code Houston, TX 770771842	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/93 Report: 11/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file) 00057417		
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barbara Radnofsky for US Senate Committee		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77255				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barlow, Jim		7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code Houston, TX 770981719				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/93 Report: 12/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file#) 00057417	
4 Date 05/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Blair, Jim			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code The Woodlands, TX 77380					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Blanton, Jack Jr.			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Houston, TX 77019					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/93 Report: 13/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Boesel, Minnette (Ms.)		7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bracewell & Giuliani Committee		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 12/93 Report: 14/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bradford, CO	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Houston, TX 77071		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Peter	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77005		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 13/93 Report: 15/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Burney, Zinetta 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77004		7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Butler, Katherine 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008		7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 14/93 Report: 16/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission tiers)

00057417

4 Date

05/14/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Byron Williams, Michelle

6 Contributor address; City, State; Zip Code
Houston, TX 77025

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/29/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Capelo, Jaime

6 Contributor address; City, State; Zip Code
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 15/93 Report: 17/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carl Isett Campaign 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of contribution (\$) \$200.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CenterPoint Energy Political Action Committee 6 Contributor address; City; State; Zip Code Houston, TX 77210	7 Amount of contribution (\$) \$500.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 16/93 Report: 18/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chiang, John		7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Houston, TX 77027				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation		18 Purpose of travel		
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Clifford, Cindy		7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code Houston, TX 77019				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/93 Report: 19/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Contreras, Art 6 Contributor address; City; State; Zip Code Houston, TX 772190893	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Costello, Stephen 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 18/93 Report: 20/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cox, Jayme			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code Houston, TX 77098					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dannenbaum, James			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code Houston, TX 77098					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/93 Report: 21/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00067417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. Dale Wortham for City Council 6 Contributor address; City; State; Zip Code [REDACTED] Deer Park, TX 77536	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edminster III, Truman 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77006	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 20/93 Report: 22/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eichhorn, Roger		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77025				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Englet, Tobin		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Missouri City, TX 77459				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/93 Report: 23/132
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Evans, David 6 Contributor address; City; State; Zip Code Houston, TX 77265	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		18 Purpose of travel
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flores, Dionicio 6 Contributor address; City; State; Zip Code Houston, TX 77023	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22/93 Report: 24/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frels, Kelly			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77056-2329					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Friedrichs, Edwin			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Bellaire, TX 77401					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 23/93 Report: 25/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Friends of Trey Martinez Fischer for State Rep District 16			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code San Antonio, TX 78207					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fullbright & Jaworski LLP			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Houston, TX 77010					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 24/93 Report: 26/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, CM 6 Contributor address; City; State; Zip Code Houston, TX 77088	7 Amount of contribution (\$) \$1,000.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza Ridge, Cellina 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of contribution (\$) \$50.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 25/93 Report: 27/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza Ridge, Celina			7 Amount of contribution (\$) \$50.00	
6 Contributor address; City; State; Zip Code Houston, TX 77077					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gochman, Arthur			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Katy, TX 77449					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/93 Report: 28/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goff, Walter 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gondo, Glen 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77082	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 27/93 Report: 29/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

05/10/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Gonzalez, George (Mr.)

6 Contributor address; City; State; Zip Code
Spring, TX 77379

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/10/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Greer, Andrea

6 Contributor address; City; State; Zip Code
Houston, TX 77009

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 28/93 Report: 30/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gregg, Kerry			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code Houston, TX 77098					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gross, Stephen			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77079					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 29/93 Report: 31/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HAA Better Government Fund			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code Houston, TX 77041					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hadnott, Wanna			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77008					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 30/93 Report: 32/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hamilton, David			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Humble, TX 77396					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harrington, Sarah (Ms.)			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77064					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 31/93 Report: 33/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harrop, Bert	7 Amount of contribution (\$) \$200.00		
6 Contributor address; City; State; Zip Code Houston, TX 77079				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Heifman, Alan	7 Amount of contribution (\$) \$125.00		
6 Contributor address; City; State; Zip Code Houston, TX 77024				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 32/93 Report: 34/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filero) 00057417	
4 Date 05/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hollins, Leigh (Ms.) 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	7 Amount of contribution (\$) \$105.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Refreshments for reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOMEPAC Greater Houston Builders Assoc 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77064	7 Amount of contribution (\$) \$250.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 33/93 Report: 35/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOMEPAC Greater Houston Builders Assoc		7 Amount of contribution (\$) \$1,000.00	
		6 Contributor address; City; State; Zip Code Houston, TX 77064		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation			18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOMEPAC Greater Houston Builders Assoc		7 Amount of contribution (\$) \$500.00	
		6 Contributor address; City; State; Zip Code Houston, TX 77064		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
			16 Arrival date	
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 34/93 Report: 36/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission file#)

00057417

4 Date

06/05/2007

5 Full name of contributor out-of-state PAC(ID# _____)
HOMEPAC Greater Houston Builders Assoc

6 Contributor address; City; State; Zip Code

Houston, TX 77064

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

06/05/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Houston Council of Engineering Companies PAC

6 Contributor address; City; State; Zip Code

Houston, TX 77008

7 Amount of contribution (\$)

\$2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 35/93 Report: 37/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Federation of Teachers COPE		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code Houston, TX 77021					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Pilots PAC		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code Houston, TX 77017					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/93 Report: 38/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Police Officers Union PAC 6 Contributor address; City; State; Zip Code Houston, TX 770077730	7 Amount of contribution (\$) \$2,500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Police Retired Officers Association PAC 6 Contributor address; City; State; Zip Code Houston, TX 77262	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 37/93 Report: 39/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hulen		7 Amount of contribution (\$) \$200.00		
		6 Contributor address; City; State; Zip Code Houston, TX 77062			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ILA 24 Political Action Fund		7 Amount of contribution (\$) \$500.00		
		6 Contributor address; City; State; Zip Code Houston, TX 77012			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 38/93 Report: 40/132		
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00158576) ILA Committee on Political Education		7 Amount of contribution (\$) \$1,000.00		
6 Contributor address; City; State; Zip Code New York, NY 10004					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) ILA Local 1351 PAC		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code Houston, TX 77012					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/93 Report: 41/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file #) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) [LA Local 28 PAC Fund 6 Contributor address; City; State; Zip Code Pasadena, TX 77506	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Isabel, Maria 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 40/93 Report: 42/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jamall, Allan	7 Amount of contribution (\$) \$825.20		
6 Contributor address; City; State; Zip Code Houston, TX 77029				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Robo-calls		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 05/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jamall, James	7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code League City, TX 775730742				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/93 Report: 43/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jaramillo, Laura 6 Contributor address; City; State; Zip Code Pearland, TX 775849087	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Whitlre Campaign Fund 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 42/93 Report: 44/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnson Jr, Robert			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Austin, TX 78701					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joiner, Patricia			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Houston, TX 77024					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/93 Report: 45/132
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission file) 00057417
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Bob 6 Contributor address; City; State; Zip Code Houston, TX 77081	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		16 Arrival date
18 Purpose of travel		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, Neal 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)		
13 Departure city / location	14 Departure date	15 Destination city / location
17 Means of transportation		16 Arrival date
18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 44/93 Report: 46/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission file#) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kaufman, Stephen			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77058					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kelley, Russell			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Austin, TX 78701					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 45/93 Report: 47/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kennedy, Shelley L.		7 Amount of contribution (\$) \$100.00	
		6 Contributor address; City; State; Zip Code Houston, TX 77018		
8 Principal occupation / Job title (See instructions)			9 Employer (See instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 05/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kennedy, Susan		7 Amount of contribution (\$) \$250.00	
		6 Contributor address; City; State; Zip Code Houston, TX 77019		
8 Principal occupation / Job title (See instructions)			9 Employer (See instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 46/93 Report: 48/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Killough, Haleta Kay			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code Austin, TX 78731				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/24/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kinder, Nancy (Ms.)			7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City; State; Zip Code Houston, TX 77019				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 47/93 Report: 49/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) King, Tracy 6 Contributor address; City; State; Zip Code Batesville, TX 78829	7 Amount of contribution (\$) \$100.00		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation			18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) King, William 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of contribution (\$) \$1,000.00		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 48/93 Report: 50/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Koonce, Sharon		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77005				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
17 Means of transportation			18 Purpose of travel	
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kristi Thibaut Campaign		7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code Houston, TX 77063				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 49/93 Report: 51/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417		
4 Date 05/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Landrys Restaurant PAC		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code Houston, TX 770279505					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leticia Van De Putte Campaign		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code San Antonio, TX 78201					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 50/93 Report: 52/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Levine, Shelley			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77002					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Levine, Shelley			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77002					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form. **1 PAGE #**
Schedule: 51/93 Report: 53/132

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

4 Date 06/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lindsay, Larissa	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Houston, TX 77007		

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

10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. **11 In-kind description (if applicable)**

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

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

4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linton, Melanie	7 Amount of contribution (\$) \$125.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		

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

10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. **11 In-kind description (if applicable)**

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/93 Report: 54/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Liddell & Sapp LLP	7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code Houston, TX 77002			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Love, Jeff	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77019			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 53/93 Report: 55/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lubel, Lance	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lucido, Rita	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 54/93 Report: 56/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Madden, Jerry (Hon.)	7 Amount of contribution (\$)			
05/25/2007	6 Contributor address; City; State; Zip Code Richardson, TX 75080	\$75.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mario Gallegos Campaign	7 Amount of contribution (\$)			
06/05/2007	6 Contributor address; City; State; Zip Code Galena Park, TX 77547	\$1,000.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/93 Report: 57/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marshall, Larry	7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code Houston, TX 77288-0082			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marshall, Lisa	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston, TX 77027			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.			1 PAGE # Schedule: 56/93 Report: 58/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martinson, Lisa	7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Massa, Michael	7 Amount of contribution (\$) \$750.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Food and Beverages for Reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 57/93 Report: 59/132		
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maxxam Inc Texas PAC		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mayers, Ivan		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 58/93 Report 60/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melsgeler, Charles Jr. 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melsgeler, Steve 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 59/93 Report: 61/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mendoza, David	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Jack	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/93 Report: 62/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Robert 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Wm. J. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 61/93 Report: 63/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mladenka Fowler, Beatrice 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moreno, Gloria 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 62/93 Report: 64/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mullinax, Ronald		7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nichols, Marcia & Mike		7 Amount of contribution (\$) \$460.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Food and Beverages for Reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/93 Report: 65/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filer) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nichols, Michael 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 05/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Noel Freeman Enterprise 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$368.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) Realtor database	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 64/93 Report: 66/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Noriega, Joe			7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Oser, George			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 65/93 Report: 67/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Othon, F William			7 Amount of contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Outdoor PAC			7 Amount of contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 66/93 Report: 68/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pearson, Dan 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perez, Mary Ann 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$433.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 67/93 Report: 69/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 05/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob		7 Amount of contribution (\$) \$5,000.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene		7 Amount of contribution (\$) \$5,000.00		
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 68/93 Report: 70/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date

05/21/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Perry, Jack

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

7 Amount of contribution (\$)

\$5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/21/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Perry, Stefani

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

7 Amount of contribution (\$)

\$5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 69/93 Report: 71/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PHCG Investments		7 Amount of contribution (\$) \$1,000.00	
		6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pipefitters Local Union No 211 COPE		7 Amount of contribution (\$) \$2,500.00	
		6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 70/93 Report: 72/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Planned Parenthood SE TX Action Fund Inc PAC			7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Planned Parenthood SE TX Action Fund Inc PAC			7 Amount of contribution (\$) \$25.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Podium for event		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 71/93 Report: 73/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Plumbers Local Union No 66 PAC			7 Amount of contribution (\$) \$2,500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Radnofsky, Barbara (Ms.)			7 Amount of contribution (\$) \$225.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Refreshments for reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 72/93 Report: 74/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rea Gaubert, Vesta			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy Inc PAC			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 73/93 Report: 75/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rich, Marvin		7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richardson, Randall		7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 74/93 Report: 76/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission file) 00057417		
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodriguez, Marc A		6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodriguez, Rita		6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 75/93 Report: 77/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rogers, Regina	7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rojas, Clara	7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 76/93 Report: 78/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ross, Jeff	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 05/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruiz, DE	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 77/93 Report: 79/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sahni, Randhir			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Salinas, Robert			7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 78/93 Report: 80/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schechter, Richard	7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		
4 Date 05/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schwartz, Marilyn	7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date	
17 Means of transportation		18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 79/93 Report: 81/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission tiers) 00057417	
4 Date 05/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott Hochberg Campaign			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/03/2007	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# <u>C00004036</u>) SEIU COPE			7 Amount of contribution (\$) \$5,375.50	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Robo-calls		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 80/93 Report: 82/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheetmetal Workers LU 54 PAC Fund			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Silverman, Charles			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 81/93 Report: 83/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/29/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Simmons, Bertie	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

4 Date 05/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Simmons, Miles	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 82/93 Report: 84/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Edward (Mr.)			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sobhi, Lydia			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 83/93 Report: 85/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Solar Padilla LLP			7 Amount of contribution (\$) \$5,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sreerama, Karunakar			7 Amount of contribution (\$) \$750.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 84/93 Report: 86/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stout, Bob 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Teter, Alice 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$75.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 85/93 Report: 87/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Transport Workers Union PAC		7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Transport Workers Union State		7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)	
12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)				
13 Departure city / location		14 Departure date	15 Destination city / location	
16 Arrival date				
17 Means of transportation			18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 86/93 Report: 88/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TREPAC	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TSC Fund	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

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

11 In-kind description (if applicable)

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

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 87/93 Report: 89/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Raymond			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Raymond			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 88/93 Report: 90/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Uzman, Akif	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Uzman, Akif	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 89/93 Report: 91/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Villareal, Macedonio			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Villareal, Macedonio			7 Amount of contribution (\$) \$140.15	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Food and beverages for reception		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 90/93 Report: 92/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walker, Juanita			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) White, Douglas			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 91/93 Report: 93/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00057417

4 Date 05/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) White, Linda	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

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

4 Date 05/22/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Williams Birnberg and Andersen LLP	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code [REDACTED]	

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 92/93 Report: 94/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/04/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wornack, Gerald (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$200.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wulfa, Edmond 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 93/93 Report: 95/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ybarra, Donald	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

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

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date 06/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zarinkelk, Giti	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 18 Berry Blossom Spring, TX 77380		

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

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

SCHEDULE F

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

1 PAGE #
Schedule: 1/37 Report: 96/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

05/03/2007

5 Payee name
Alvarado, Yolanda

6 Payee address; City; State; Zip Code
6669 Fairfield
Houston, TX 77023

7 Amount (\$)

\$475.00

8 Purpose of payment
(See instructions regarding type of information required.)
Food and beverages for reception

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

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

Office sought:

Office held:

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

05/14/2007

5 Payee name
Anderson, Gregory (Mr.)

6 Payee address; City; State; Zip Code
4650 Carmen
Houston, TX 77051

7 Amount (\$)

\$244.00

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

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

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

Office sought:

Office held:

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/37 Report: 97/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/05/2007	5 Payee name Anderson, Gregory (Mr.) 6 Payee address; City; State; Zip Code 4650 Carmen Houston, TX 77051			7 Amount (\$) \$192.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/16/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O. Box 630047 Dallas, TX 75263			7 Amount (\$) \$915.66	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone Service <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/37 Report: 98/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/04/2007	5 Payee name B&G Printing 6 Payee address; City; State; Zip Code 9500 Westview, Ste. 109 Houston, TX 77055			7 Amount (\$) \$309.22	
8 Purpose of payment (See instructions regarding type of information required.) Printing of Letterhead and envelopes <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/03/2007	5 Payee name Beavers, Ryan 6 Payee address; City; State; Zip Code 14707 Mesa Village Drive Houston, TX 77053			7 Amount (\$) \$68.00	
8 Purpose of payment (See instructions regarding type of information required.) Sign supplies and gas reimbursement <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/37 Report: 99/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/16/2007	5 Payee name Cafe Adobe Restaurant 6 Payee address; City; State; Zip Code 7620 Katy Freeway Houston, TX 77024	7 Amount (\$) \$2,630.35	
8 Purpose of payment (See instructions regarding type of information required.) Election night celebration <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/04/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$5,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/37 Report: 100/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/04/2007	5 Payee name Campaign Strategies			7 Amount (\$) \$530.00	
6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006					
8 Purpose of payment (See instructions regarding type of information required.) Newspaper Ad <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/04/2007	5 Payee name Campaign Strategies			7 Amount (\$) \$9,984.51	
6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006					
8 Purpose of payment (See instructions regarding type of information required.) Postage for mailing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/37 Report: 101/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date	5 Payee name Campaign Strategies	7 Amount (\$)
05/04/2007 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	\$692.38

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

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

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

4 Date	5 Payee name Campaign Strategies	7 Amount (\$)
05/06/2007 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	\$11,659.61

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

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/37 Report: 102/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/14/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006	7 Amount (\$) \$16,401.83
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8 Purpose of payment (See instructions regarding type of information required.) Printing, graphic design, postage for mailer <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/14/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	7 Amount (\$) \$2,841.57
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8 Purpose of payment (See instructions regarding type of information required.) Printing - door hangers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 8/37 Report: 103/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/16/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$2,340.00
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8 Purpose of payment (See instructions regarding type of information required.) Radio Buy <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/18/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd 101 Houston, TX 77006	7 Amount (\$) \$14,285.75
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8 Purpose of payment (See instructions regarding type of information required.) Printing, graphic design, mail file for mailer <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/37 Report: 104/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/23/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77008	7 Amount (\$) \$974.88
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8 Purpose of payment (See instructions regarding type of information required.) Robo calls <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 05/23/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77008	7 Amount (\$) \$281.07
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8 Purpose of payment (See instructions regarding type of information required.) GOTV Walk lists <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

SCHEDULE F

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

1 PAGE #
Schedule: 10/37 Report: 105/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/29/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	7 Amount (\$) \$2,388.00
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8 Purpose of payment (See instructions regarding type of information required.) Recording session <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/29/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	7 Amount (\$) \$500.00
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8 Purpose of payment (See instructions regarding type of information required.) GOTV Phone Files <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 11/37 Report: 106/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/29/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	7 Amount (\$) \$232.50
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8 Purpose of payment (See instructions regarding type of information required.) Recording Session <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/30/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006	7 Amount (\$) \$7,495.59
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8 Purpose of payment (See instructions regarding type of information required.) Run-off Mailer & Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 12/37 Report: 107/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/30/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006	7 Amount (\$) \$10,249.21
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8 Purpose of payment (See instructions regarding type of information required.) Run-off Mailer & postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 06/05/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd., Ste. 101 Houston, TX 77006	7 Amount (\$) \$1,539.59
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8 Purpose of payment (See instructions regarding type of information required.) Printing and design for doorhangers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/37 Report: 108/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 06/05/2007	5 Payee name Campaign Strategies 6 Payee address; City; State; Zip Code 3815 Montrose Blvd, Ste. 101 Houston, TX 77006	7 Amount (\$) \$2,921.46
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8 Purpose of payment (See instructions regarding type of information required.) Phonebank expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/07/2007	5 Payee name Cobarruvias, John (Mr.) 6 Payee address; City; State; Zip Code 14646 Cardinal Creek Houston, TX 77062	7 Amount (\$) \$65.64
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Postage and sign supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/37 Report: 109/132**2 FILER NAME** Noriega, Melissa (Ms.)**3 ACCOUNT #** (Ethics Commission file)
00057417

4 Date 05/12/2007	5 Payee name Cobarruvias, John	7 Amount (\$) \$66.10
6 Payee address; City; State; Zip Code 14646 Cardinal Creek Houston, TX 77062		

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for headphones for phone bank <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/08/2007	5 Payee name ConocoPhillips	7 Amount (\$) \$52.56
6 Payee address; City; State; Zip Code 4910 Wesleyan Houston, TX 77027		

8 Purpose of payment (See instructions regarding type of information required.) Gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 15/37 Report: 110/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/16/2007	5 Payee name Davis, Carl (Mr.) 6 Payee address; City; State; Zip Code PO Box 88013 Houston, TX 77288	7 Amount (\$) \$1,000.00
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8 Purpose of payment (See instructions regarding type of information required.) Consulting fees <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder. Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/11/2007	5 Payee name Davis, Sharon (Ms.) 6 Payee address; City; State; Zip Code 8335 Bird Meadow Lane Missouri City, TX 77489	7 Amount (\$) \$500.00
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8 Purpose of payment (See instructions regarding type of information required.) Robo calls <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder. Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/37 Report: 111/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/10/2007	5 Payee name Drake, Gabriel (Mr.)	7 Amount (\$) \$95.00
6 Payee address; City; State; Zip Code 3618 Bloomfield Houston, TX 77081		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse for gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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
15 Means of transportation		14 Arrival date
16 Purpose of travel		
4 Date 05/11/2007	5 Payee name Drake, Gabriel (Mr.)	7 Amount (\$) \$74.00
6 Payee address; City; State; Zip Code 3618 Bloomfield Houston, TX 77081		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse for gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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
15 Means of transportation		14 Arrival date
16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 17/37 Report: 112/132**2** FILER NAME Noriega, Melissa (Ms.)**3** ACCOUNT # (Ethics Commission files)
00057417**4** Date

05/12/2007

5 Payee name
Drake, Gabriel (Mr.)**6** Payee address; City; State; Zip Code
3618 Bloomfield
Houston, TX 77081**7** Amount
(\$)

\$45.00

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

Office sought:

Office held:

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

05/14/2007

5 Payee name
Drake, Gabriel (Mr.)**6** Payee address; City; State; Zip Code
3618 Bloomfield
Houston, TX 77081**7** Amount
(\$)

\$99.75

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

Office sought:

Office held:

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

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 18/37 Report: 113/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/08/2007	5 Payee name Emal Langrand Communications 6 Payee address; City; State; Zip Code 2910 Houston Ave. Houston, TX 77009	7 Amount (\$) \$140.19
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Fax Expenses, Postage and copies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 05/08/2007	5 Payee name Emal Langrand Communications 6 Payee address; City; State; Zip Code 2910 Houston Ave. Houston, TX 77009	7 Amount (\$) \$6,666.67
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8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/37 Report: 114/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date 05/30/2007	5 Payee name Griffin, Martha (Ms.) 6 Payee address; City; State; Zip Code 3403 Sophora Sugar Land, TX 77479	7 Amount (\$) \$254.88
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8 Purpose of payment (See instructions regarding type of information required.) Reimburse for cell phone expense <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

4 Date 06/06/2007	5 Payee name Griffin, Martha (Ms.) 6 Payee address; City; State; Zip Code 3403 Sophora Place Sugar Land, TX 77479	7 Amount (\$) \$742.12
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Campaign Office Supplies, parking, gas, postage, cell phone expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 20/37 Report: 115/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Payee name Harris County Democratic Party			7 Amount (\$) \$500.00	
6 Payee address; City; State; Zip Code 1445 N Loop W #110 Houston, TX 77008			8 Purpose of payment (See instructions regarding type of information required.) Event tickets <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		
9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/04/2007	5 Payee name Hendrick, Todd			7 Amount (\$) \$88.00	
6 Payee address; City; State; Zip Code 4361 Wheeler QB420 Houston, TX 77004			8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		
9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 21/37 Report: 116/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 06/02/2007	5 Payee name Herrera, Jesse (Mr.) 6 Payee address; City; State; Zip Code 223 Princess Houston, TX 77034			7 Amount (\$) \$214.88	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for sign supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 06/01/2007	5 Payee name JC Lion Properties 6 Payee address; City; State; Zip Code 480 Kirby Seabrook, TX 77586			7 Amount (\$) \$1,145.00	
8 Purpose of payment (See instructions regarding type of information required.) Rent for June <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22/37 Report: 117/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date 05/07/2007	5 Payee name Joe's Dell		7 Amount (\$) \$405.94		
6 Payee address; City; State; Zip Code 9451 Winkler #100 Houston, TX 77017					
8 Purpose of payment (See instructions regarding type of information required.) Election Day food and beverages <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/03/2007	5 Payee name Kwik Kopy		7 Amount (\$) \$392.39		
6 Payee address; City; State; Zip Code 1405 Waugh Dr Houston, TX 77010					
8 Purpose of payment (See instructions regarding type of information required.) Printing for mailout <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 23/37 Report: 118/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission files) 00057417	
4 Date 05/30/2007	5 Payee name Monarch Printing Co Inc. 6 Payee address; City; State; Zip Code 6805 McGrew Houston, TX 77087			7 Amount (\$) \$295.14	
8 Purpose of payment (See instructions regarding type of information required.) Printing of campaign stickers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/14/2007	5 Payee name Noriega, Joe (Mr.) 6 Payee address; City; State; Zip Code 8203 Misty Vale Houston, TX 77075			7 Amount (\$) \$60.00	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas and parking <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 24/37 Report: 119/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 10525 Gulf Freeway Houston, TX 77034			7 Amount (\$) \$64.69	
8 Purpose of payment (See instructions regarding type of information required.) Campaign office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/08/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 10525 Gulf Freeway Houston, TX 77034			7 Amount (\$) \$54.61	
8 Purpose of payment (See instructions regarding type of information required.) Campaign office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/37 Report: 120/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 10525 Gulf Freeway Houston, TX 77034	7 Amount (\$) \$223.41	
8 Purpose of payment (See instructions regarding type of information required.) Campaign office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/09/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 10525 Gulf Freeway Houston, TX 77034	7 Amount (\$) \$62.57	
8 Purpose of payment (See instructions regarding type of information required.) Campaign office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 26/37 Report: 121/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

05/11/2007

5 Payee name
Office Depot

6 Payee address; City, State; Zip Code
10525 Gulf Freeway
Houston, TX 77034

7 Amount (\$)

\$49.80

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

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

Office sought:
Office held:

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

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

05/10/2007

5 Payee name
Olsen, James

6 Payee address; City, State; Zip Code
9193 Wheeler
Houston, TX 77017

7 Amount (\$)

\$140.00

8 Purpose of payment
(See instructions regarding type of information required.)
Reimburse for sign supplies and gas

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

Office sought:
Office held:

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

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 27/37 Report: 122/132

2 FILER NAME Noriega, Melissa (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00057417

4 Date

05/30/2007

5 Payee name
Olsen, James

6 Payee address; City; State; Zip Code
9193 Wheeler
Houston, TX 77017

7 Amount (\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
Reimburse for Sign Supplies and gas

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

Office sought:

Office held:

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

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

05/06/2007

5 Payee name
Pappas Seafood

6 Payee address; City; State; Zip Code
6945 Gulf Freeway
Houston, TX 77087-2512

7 Amount (\$)

\$60.92

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

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

Office sought:

Office held:

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

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

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 28/37 Report: 123/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date	5 Payee name Party City	6 Payee address; City; State; Zip Code 3223 Southwest Freeway Houston, TX 77027-7531		7 Amount (\$) \$97.20	
8 Purpose of payment (See instructions regarding type of information required.) Event supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date	5 Payee name Polo's Signature	6 Payee address; City; State; Zip Code 3800 Southwest Fwy Houston, TX 77027		7 Amount (\$) \$84.99	
8 Purpose of payment (See instructions regarding type of information required.) Food and beverages for reception <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 29/37 Report: 124/132	
2 FILER NAME Noriega, Melissa (Ms.)			3 ACCOUNT # (Ethics Commission filers) 00057417		
4 Date	5 Payee name Shell Oil			7 Amount (\$)	
05/14/2007	6 Payee address; City; State; Zip Code 12700 Northborough Houston, TX 77067			\$57.48	
8 Purpose of payment (See instructions regarding type of information required.) Gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date	5 Payee name Shell Oil			7 Amount (\$)	
05/25/2007	6 Payee address; City; State; Zip Code 12700 Northborough Houston, TX 77067			\$57.29	
8 Purpose of payment (See instructions regarding type of information required.) Gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 30/37 Report: 125/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 06/01/2007	5 Payee name Stuenkel, Kassandra (Ms.) 6 Payee address; City; State; Zip Code 5106 Winterwood Dr League City, TX 77573			7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/30/2007	5 Payee name Texas Democratic Party 6 Payee address; City; State; Zip Code 7070 Rio Grande St Houston, TX 78701-2719			7 Amount (\$) \$165.00	
8 Purpose of payment (See instructions regarding type of information required.) Event Tickets <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/37 Report: 126/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/18/2007	5 Payee name US Postal Service - Eastwood Station 6 Payee address; City; State; Zip Code 5415 Lawndale Houston, TX 77023	7 Amount (\$) \$184.50	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) travelling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/07/2007	5 Payee name US Postal Service - Windmill Station 6 Payee address; City; State; Zip Code 9898 Alameda-Genoa Houston, TX 77075	7 Amount (\$) \$190.50	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) travelling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 32/37 Report: 127/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/09/2007	5 Payee name US Postal Service - Windmill Station 6 Payee address; City; State; Zip Code 9898 Almeda-Genoa Houston, TX 77075			7 Amount (\$) \$62.40	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 06/04/2007	5 Payee name Valero 6 Payee address; City; State; Zip Code 928 Westheimer Rd Houston, TX 77006			7 Amount (\$) \$55.41	
8 Purpose of payment (See instructions regarding type of information required.) Gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 33/37 Report: 128/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date	5 Payee name Wade, Keith	6 Payee address; City; State; Zip Code PO Box 88013 Houston, TX 77388		7 Amount (\$) \$1,480.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Field workers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date	5 Payee name Wade, Keith (Mr.)	6 Payee address; City; State; Zip Code P.O. Box 88013 Houston, TX 77288		7 Amount (\$) \$2,140.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Field Workers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/37 Report: 129/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/23/2007	5 Payee name Wade, Keith (Mr.) 6 Payee address; City; State; Zip Code PO Box 88013 Houston, TX 77288	7 Amount (\$) \$2,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Monthly Consulting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/03/2007	5 Payee name Wal-Mart 6 Payee address; City; State; Zip Code 1928 N Main Pearland, TX 77584	7 Amount (\$) \$57.53	
8 Purpose of payment (See instructions regarding type of information required.) Supplies for Campaign Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/37 Report: 130/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/09/2007	5 Payee name Wal-Mart 6 Payee address; City; State; Zip Code 1928 N Main Pearland, TX 77581	7 Amount (\$) \$59.31	
8 Purpose of payment (See instructions regarding type of information required.) Supplies for Campaign Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/31/2007	5 Payee name Wal-Mart 6 Payee address; City; State; Zip Code 1928 N Main Pearland, TX 77581	7 Amount (\$) \$52.55	
8 Purpose of payment (See instructions regarding type of information required.) Supplies for Campaign Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 36/37 Report: 131/132	
2 FILER NAME Noriega, Melissa (Ms.)				3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/08/2007	5 Payee name Weesner, Sherry (Ms.) 6 Payee address; City; State; Zip Code 2809 Harvest Hill Friendswood, TX 77546			7 Amount (\$) \$287.21	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Campaign Office Supplies and food for volunteers <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 05/12/2007	5 Payee name Weesner, Sherry (Ms.) 6 Payee address; City; State; Zip Code 2809 Harvest Hill Friendswood, TX 77546			7 Amount (\$) \$20.00	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for gas <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/37 Report: 132/132	
2 FILER NAME Noriega, Melissa (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057417	
4 Date 05/29/2007	5 Payee name Weesner, Sherry (Ms.) 6 Payee address; City; State; Zip Code 2909 Harvest Hill Friendswood, TX 77546	7 Amount (\$) \$313.96	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office supplies and refreshments for campaign meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 06/06/2007	5 Payee name Weesner, Sherry (Ms.) 6 Payee address; City; State; Zip Code 2809 Harvest Hill Friendswood, TX 77546	7 Amount (\$) \$218.89	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for food and office supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date

04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

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

FEC FORM 1
(Revised 1/01)

F21ANM4.PDF



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 32ND/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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STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. NAME OF COMMITTEE IN FULL
**International Longshoremen's Association, AFL-CIO;
 Committee on Political Education**

2. DATE
5/18/94

3. FEC IDENTIFICATION NUMBER
C/00158376

4. IS THIS STATEMENT AN AMENDMENT?
 YES NO

(a) Number and Street Address (Check if address is changed)

17 Battery Place

(c) City, State and ZIP Code
New York, New York 10004

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee
 (name of candidate)
- (d) This committee is a _____ committee of the _____ Part
 (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
International Longshoremen's Association, AFL-CIO	17 Battery Place New York, NY 10004	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

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

Full Name	Mailing Address	Title or Position
Robert E. Gleason	17 Battery Place New York, NY 10004	Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Marine Midland Bank	17 Battery Place, NY, NY 10004
Gotham Savings Bank	1412 Broadway, NY, NY 10018
Coven & Co.	Financial Sgr., NY, NY 10005
Prudential Securities	200 Campus Dr., Florham Park, NJ 07932

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

TYPE OR PRINT NAME OF TREASURER: **Robert E. Gleason**

SIGNATURE OF TREASURER: *[Handwritten Signature]*

DATE: **5/19/94**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.