

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:25%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td>MRS.</td> <td>PAM</td> <td>A.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">GOODSON</td> </tr> </table>	MS / MRS / MR	FIRST	MI	MRS.	PAM	A.	NICKNAME	LAST	SUFFIX	GOODSON			<b>OFFICE USE ONLY</b>							
MS / MRS / MR	FIRST	MI																			
MRS.	PAM	A.																			
NICKNAME	LAST	SUFFIX																			
GOODSON																					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ADDRESS / PO BOX;</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;">13703 PERTHSHIRE RD. HOUSTON, TX. 77079</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	13703 PERTHSHIRE RD. HOUSTON, TX. 77079					Date Received									
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<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">AREA CODE</td> <td style="font-size: x-small;">PHONE NUMBER</td> <td style="font-size: x-small;">EXTENSION</td> </tr> <tr> <td>(713)</td> <td>252-5094</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(713)	252-5094		Date Hand-delivered or Date Postmarked													
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MS / MRS / MR	FIRST	MI																			
MR.	JAMES																				
NICKNAME	LAST	SUFFIX																			
SHADDIX																					
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;">11920 N. DUKRETTE HOUSTON, TEXAS 77024</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	11920 N. DUKRETTE HOUSTON, TEXAS 77024					Date Processed									
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<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>2019</td> <td>THROUGH</td> <td>06</td> <td>30 / 2019</td> </tr> </table>			Month	Day	Year	Month	Day	Year	01	01	2019	THROUGH	06	30 / 2019						
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<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION DATE</td> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>05</td> <td>11</td> <td>2019</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	05	11	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
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<b>12</b> OFFICE	OFFICE HELD (if any) POSITION 6 BOARD OF TRUSTEES	<b>13</b> OFFICE SOUGHT (if known)																			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

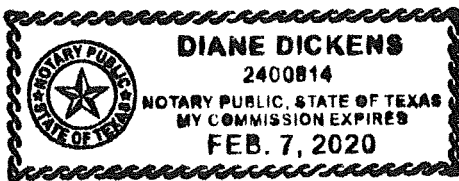
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>Pam Goodson</b>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.

*Pam Goodson*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Goodson, this the 16<sup>th</sup> day of July, 2019, to certify which, witness my hand and seal of office.

*Diane Dickens*  
\_\_\_\_\_  
Signature of officer administering oath

Diane Dickens  
\_\_\_\_\_  
Printed name of officer administering oath

*notary*  
\_\_\_\_\_  
Title of officer administering oath