

# 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 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">MS / MRS / MR <b>MRS.</b></td> <td style="width:30%; padding: 2px;">FIRST <b>Pam</b></td> <td style="width:40%; padding: 2px;">MI <b>A.</b></td> </tr> <tr> <td style="padding: 2px;">NICKNAME</td> <td style="padding: 2px;">LAST <b>GOODSON</b></td> <td style="padding: 2px;">SUFFIX</td> </tr> </table>	MS / MRS / MR <b>MRS.</b>	FIRST <b>Pam</b>	MI <b>A.</b>	NICKNAME	LAST <b>GOODSON</b>	SUFFIX	<b>OFFICE USE ONLY</b>	
MS / MRS / MR <b>MRS.</b>	FIRST <b>Pam</b>	MI <b>A.</b>							
NICKNAME	LAST <b>GOODSON</b>	SUFFIX							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>13703 PERTHSHIRE RD., HOUSTON TX. 77079</b>								
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(713) 252-5094</b>								
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">MS / MRS / MR <b>MR.</b></td> <td style="width:30%; padding: 2px;">FIRST <b>JAMES</b></td> <td style="width:40%; padding: 2px;">MI</td> </tr> <tr> <td style="padding: 2px;">NICKNAME</td> <td style="padding: 2px;">LAST <b>SHADDIX</b></td> <td style="padding: 2px;">SUFFIX</td> </tr> </table>	MS / MRS / MR <b>MR.</b>	FIRST <b>JAMES</b>	MI	NICKNAME	LAST <b>SHADDIX</b>	SUFFIX	Date Received	
MS / MRS / MR <b>MR.</b>	FIRST <b>JAMES</b>	MI							
NICKNAME	LAST <b>SHADDIX</b>	SUFFIX							
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>11920 N. DURRETTE HOUSTON TX. 77024</b>								
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(713) 385-7921</b>								
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10 PERIOD COVERED</b>	Month Day Year     Month Day Year <b>01 / 01 / 20</b> THROUGH <b>06 / 30 / 20</b>								
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>BOARD OF TRUSTEES POSITION # 6</b>	<b>13 OFFICE SOUGHT (if known)</b>							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME PAMELA GOODSON 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	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

**DIANE DICKENS**  
2400814  
NOTARY PUBLIC, STATE OF TEXAS  
MY COMMISSION EXPIRES  
FEBRUARY 7, 2024

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.

Pamela Goodson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pamela Goodson, this the 1<sup>st</sup> day of July, 2020, 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