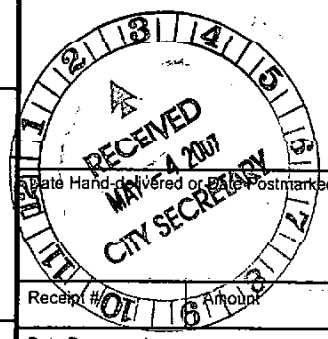


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI
	NICKNAME	LAST Goldberg	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	4979 Dunfields Houston, TX 77096-4229		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Edgar	MI
	NICKNAME	LAST Goldberg	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	819 Lovett Houston, TX 77006		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<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 type="checkbox"/> July 16 <input checked="" type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach O/OI 1 - FR)		
9 PERIOD COVERED	Month Day Year		Month Day Year
		THROUGH	
		04/13/2007	
		05/04/2007	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	05/12/2007		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Houston City Council AtLarge 3
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Goldberg, David (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

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. ..

<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

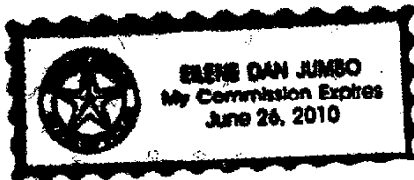
1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 734.90
3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 14.58
4.	TOTAL POLITICAL EXPENDITURES	\$ 1,295.60
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,717.55
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

David Goldberg
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Goldberg, this the 4th day of May, 2009, to certify which, witness my hand and seal of office.

Elene Dan Jumbo
Signature of officer administering oath

David Goldberg
Print name of officer administering oath

Elene Dan-jumbo
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: 1/3 Report: 3/13	
2 FILER NAME Goldberg, David (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 05/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goldberg, Edgar (Mr.)			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code Houston TX 77096-4229					
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) Cherry picker rental		
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 04/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hurwitz, Alan (Mr.)			7 Amount of contribution (\$) \$96.80	
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 <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: 2/3 Report: 4/13

2 FILER NAME Goldberg, David (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/19/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Mallet, Sally (Mrs.)

6 Contributor address; City; State; Zip Code

Houston, TX 77008

7 Amount of contribution (\$)

\$388.10

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

04/30/2007

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

6 Contributor address; City; State; Zip Code

Houston, TX 77084-6000

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: 3/3 Report: 5/13	
2 FILER NAME Goldberg, David (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nock, Mendel (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77096-1203	7 Amount of contribution (\$) \$25.00	
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 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perin, Steve (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77096-4003	7 Amount of contribution (\$) \$25.00	
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 EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/7 Report: 6/13

2 FILER NAME Goldberg, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/20/2007

5 Payee name
Circuit City**6** Payee address; City; State; Zip Code100 Meyerland Plaza Mall
Houston, TX 77096**7**Amount
(\$)

\$43.29

8 Purpose of payment
(See instructions regarding type of information required.)
USB headset for candidate forum using Skype 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

05/01/2007

5 Payee name
City of Houston**6** Payee address; City; State; Zip Code901 Bagby
Houston, TX 77002**7**Amount
(\$)

\$1.50

8 Purpose of payment
(See instructions regarding type of information required.)
Parking 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: 2/7 Report: 7/13	
2 FILER NAME Goldberg, David (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/02/2007	5 Payee name City of Houston 6 Payee address; City; State; Zip Code 901 Bagby Houston, TX 77002	7 Amount (\$) \$6.00	
8 Purpose of payment (See instructions regarding type of information required.) Downtown hopper 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	
4 Date 04/30/2007	5 Payee name Lowe's Hardware 6 Payee address; City; State; Zip Code 4645 BEECHNUT STREET Houston, TX 77096	7 Amount (\$) \$7.55	
8 Purpose of payment (See instructions regarding type of information required.) Rope for sign <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: 3/7 Report: 8/13

2. FILER NAME Goldberg, David (Mr.)**3. ACCOUNT #** (Ethics Commission filers)

00000001

4. Date

04/20/2007

5. Payee name

Michael Franks Printing

7. Amount
(\$)

\$446.92

6. Payee address; City; State; Zip Code104 IH 16
Huntsville, TX 77488**8. Purpose of payment**
(See instructions regarding type of information required.)

100 Bumper stickers, 250 Buttons, and 5'x12' vinyl sign

 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**

04/25/2007

5. Payee name

Office Depot

7. Amount
(\$)

\$5.59

6. Payee address; City; State; Zip Code3443 KIRBY DRIVE
Houston, TX 77098**8. Purpose of payment**
(See instructions regarding type of information required.)

Suction cups for signs

 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: 4/7 Report: 9/13**2** FILER NAME Goldberg, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/01/2007**5** Payee name
Office Depot

6 Payee address; City; State; Zip Code
5134 RICHMOND AVENUE
Houston, TX 77056**7** Amount
(\$)

\$273.00**8** Purpose of payment
(See instructions regarding type of information required.)
700 First-Class postage Stamps 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

05/01/2007**5** Payee name
Office Max

6 Payee address; City; State; Zip Code
270 Meyerland Plaza Mall
Houston, TX 77096**7** Amount
(\$)

\$51.74**8** Purpose of payment
(See instructions regarding type of information required.)
500 Envelopes 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: 5/7 Report: 10/13**2** FILER NAME Goldberg, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

04/18/2007

5 Payee name

RyanLeblanc.com

7

Amount

(\$)

\$156.50

6 Payee address; City; State; Zip Code1520 Ticonderoga Dr
Saint Peters, MO 63376-6561**8** Purpose of payment
(See instructions regarding type of information required.)
Communications 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

05/01/2007

5 Payee name

Sam's Club

7

Amount

(\$)

\$30.83

6 Payee address; City; State; Zip Code5310 S. Rice Avenue
Houston, TX 77081**8** Purpose of payment
(See instructions regarding type of information required.)
Paper and postcards 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: 6/7 Report: 11/13**2** FILER NAME Goldberg, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/01/2007

5 Payee name
United States Postal Service**6** Payee address; City; State; Zip Code
401 Franklin St.
Houston, TX 77002**7** Amount
(\$)

\$192.00

8 Purpose of payment
(See instructions regarding type of information required.)
400 Postcard stamps 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

04/18/2007

5 Payee name
UPS Store**6** Payee address; City; State; Zip Code
5116 Bissonnet St
Bellaire, TX 77401**7** Amount
(\$)

\$7.64

8 Purpose of payment
(See instructions regarding type of information required.)
Certified mailing 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: 7/7 Report: 12/13**2.** FILER NAME Goldberg, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

05/01/2007**5** Payee name
Wal-Mart

6 Payee address; City; State; Zip Code
9555 S Post Oak Rd
Houston, TX 77096**7** Amount
(\$)

\$14.70**8** Purpose of payment
(See instructions regarding type of information required.)
80 Envelopes 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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 13/13

2 FILER NAME Goldberg, David (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/27/2007

5 Business name
Diamond Shamrock

6 Business address; City; State; Zip Code
4919 FM 2920 Rd
Spring, TX 77306

7 Amount
(\$)

\$43.76

8 Purpose of payment
(See instructions regarding type of information required.)
Gas for pickup of campaign materials in Huntsville, TX

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