

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3552 FORM C/OH COVER SHEET PG 1

- The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
AMALIA
NICKNAME LAST SUFFIX
RODRIGUEZ-MENDOZA

OFFICE USE ONLY

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**2710 ADDISON AVE AUSTIN,
TX 78757**

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
DAN
NICKNAME LAST SUFFIX
ROBERTSON

Receipt #

HD / PM

Amount

Date Processed

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
110 Laurel Lane Austin, TX 78705

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 414 - 3632

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THRU Month Day Year
1/1 / 97 THRU 6/30 / 97

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ / Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

DISTRICT CLERK

13 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 AMALIA RODRIGUEZ-MENDOZA 15 ACCOUNT # (Ethics Commission files)

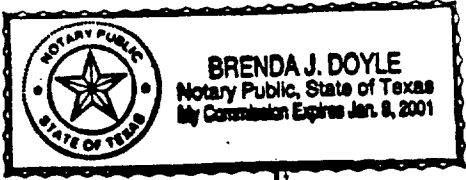
16 SUPPORTING POLITICAL COMMITTEE(S) -- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report 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 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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

Amalia Rodriguez-Mendoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said AMALIA RODRIGUEZ-MENDOZA this the 14th day of July, 19 97, to certify which, witness my hand and seal of office.

Brenda J. Doyle BRENDA J. DOYLE Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A:
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2 FILER NAME AMALIA RODRIGUEZ-MENDOZA	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address: City: State: Zip Code	NIA	

9 Principal occupation	10 Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation	Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State: Zip Code		

Principal occupation	Employer (optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

A The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME AMALIA RODRIGUEZ-MENDOZA	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	N/A	

10 Principal occupation	11 Employer (optional)
--------------------------------	-------------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
--------------------------------	-------------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
--------------------------------	-------------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
--------------------------------	-------------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME AMALIA RODRIGUEZ-MENDOZA		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ N/A	
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)	
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



POLITICAL EXPENDITURES

SCHEDULE F

1 The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME <i>AMALIA RODRIGUEZ-MENDOZA</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	<i>N/A</i>

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

8 Amount (\$)

N/A

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

^a The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

N/A

8 Purpose of payment

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

* The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

AMALIA RODRIGUEZ - MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	N/A

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission Gers)

4 Date	5 Payor name	8 Amount (\$) <i>N/A</i>
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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