

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 500.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE TOTALS

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

\$ 1,216.45

4. TOTAL POLITICAL EXPENDITURES

\$ 1,216.45

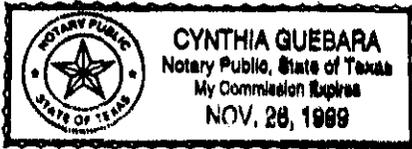
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - . -

19 AFFIDAVIT

I swear, or affirm, 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.



Amalia Rodriguez Mendez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amalia Rodriguez Mendez this the 15 day of July 19 99, to certify which, witness my hand and seal of office.

Cynthia Quebara
Signature of officer administering oath

Cynthia Quebara
Print name of officer administering oath

Notary Public
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH & SPAC)

N/A

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule B1:

2 **FILER NAME** 3 **ACCOUNT #** (Ethics Commission files)

4 **TOTAL OF UNITEMIZED PLEDGES:** ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ **\$**

| | | | |
|---------------|---|--------------------------------|--|
| 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 | | |

10 Principal occupation (optional) 11 Employer (optional)

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

Principal occupation (optional) Employer (optional)

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

Principal occupation (optional) Employer (optional)

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

Principal occupation (optional) Employer (optional)

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

Principal occupation (optional) Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS COH & SPAC)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

6/99

5 Full name of contributor

KENT OLSON

out of state PAC

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

607 W. 10th St. AUSTIN, TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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LOANS

SCHEDULE E

N/A

| | | |
|---|--|---------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission files) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ | | |
| 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 15 Guarantor address; City; State; Zip Code | 16 Amount Guaranteed (\$) |
| 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 Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | | Employer |

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: _____

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/12/99

5 Payee name

Postmaster

6 Payee address; City; State; Zip Code

AUSTIN, TX

7 Amount (\$)

66.00

8 Purpose of expenditure

Postage

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

Office sought / held

Date

1/20/99

Payee name

AUSTIN CHILDREN'S MUSEUM

Payee address; City; State; Zip Code

AUSTIN, TX

Amount (\$)

30.00

Purpose of expenditure

flowers

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

Office sought / held

Date

1/27/99

Payee name

AUSTIN HISTORY CENTER ASSOC.

Payee address; City; State; Zip Code

9th + guadalupe Austin, TX 78701

Amount (\$)

100.00

Purpose of expenditure

donation

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

Office sought / held

Date

2/19/99

Payee name

AMALIA RODRIGUEZ-MENDOZA

Payee address; City; State; Zip Code

2710 Addison Ave Austin, TX
78757

Amount (\$)

63.87

Purpose of expenditure

Reimbursement for Campaign Party

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

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/3/99

5 Payee name

AUSTIN MUSEUM OF ART

6 Payee address; City; State; Zip Code

823 Congress Ave Austin, TX 78701

7 Amount (\$)

\$200.00

8 Purpose of expenditure

ticket for ART BALL

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

Office sought / held

Date

4/7/99

Payee name

NATIONWIDE REGISTER Who's Who

Payee address; City; State; Zip Code

Amount (\$)

\$279.85

Purpose of expenditure

book + listing

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

Office sought / held

Date

4/21/99

Payee name

COUNTY AND DISTRICTS' ASSN OF TEXAS

Payee address; City; State; Zip Code

AUSTIN, TX.

Amount (\$)

60.00

Purpose of expenditure

Association Jacket

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

Office sought / held

Date

5/26/99

Payee name

Center for MEXICAN AMERICAN STUDIES

Payee address; City; State; Zip Code

UNIVERSITY OF TEXAS Austin, TX
78712

Amount (\$)

150.00

Purpose of expenditure

Scholarship donation

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

5/26/99

STA. JULIA Church

50.00

6 Payee address: City: State: Zip Code

1010 Lyons Austin, Tx 78702

8 Purpose of expenditure

Scholarship donation

9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

6/8/99

GIRL SCOUT COUNCIL

50.00

Payee address: City: State: Zip Code

Austin, Tx 787

Purpose of expenditure

Luncheon ticket

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

6/8/99

Central MARKET

41.73

Payee address: City: State: Zip Code

38th & Lamar Austin, Tx 78703

Purpose of expenditure

flowers

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

6/16/99

June tenth Celebration

25.00

Payee address: City: State: Zip Code

Austin, Tx

Purpose of expenditure

Sponsorship

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: |
| 2 FILER NAME AMAYA RODRIGUEZ-MENDOZA | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 6/21/99 | 5 Payee name MEXICAN AMERICAN SOLIDARITY FOUNDATION | 7 Amount (\$) \$100.00 |
| 6 Payee address; City; State; Zip Code WASHINGTON, D.C. | | |
| 8 Purpose of expenditure dues | | 9 <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <small>Office sought / held</small> |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure / | | <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <small>Office sought / held</small> |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure | | <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <small>Office sought / held</small> |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure | | <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <small>Office sought / held</small> |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

N/A

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------|--|--|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

↔ Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ↔

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

↔ Complete A & B below *only* if you are a candidate ↔

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

↔ Complete this section *only* if you are an officeholder ↔

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder