

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4505

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI AMALIA	OFFICE USE ONLY Date Received JAN 18 3 57 PM '00 FILED
	NICKNAME LAST SUFFIX RODRIGUEZ-MENDOZA	

4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2710 ADDISON AVE AUSTIN, TX 78757
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI DAN	Receipt # HD / PM Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX ROBERTSON	

6 CAMPAIGN TREASURER ADDRESS <u>(Residence)</u> or business	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 4711 Fieldstone Dr. Austin, TX 78735
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 480-9207
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8 REPORT TYPE	<input checked="" 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 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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9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 99 12 / 31 / 99
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10 ELECTION	ELECTION DATE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) DISTRICT CLERK	12 OFFICE SLOGAN (if known)
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13 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

Amalia Rodriguez-Mendoza

15 ACCOUNT # (Ethics Commission Form)

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. ••

N/A

COMMITTEE TYPE

COMMITTEE NAME

GENERAL COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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 \$ *— 0 —*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *— 0 —*

EXPENDITURE TOTALS

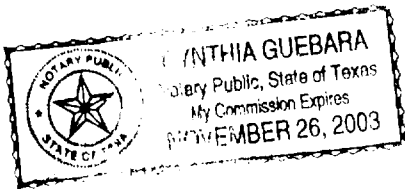
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED \$ *430.00*

4. TOTAL POLITICAL EXPENDITURES \$ *430.00*

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *— 0 —*

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-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 *18* day of *Jan.* *2000*, to certify which, witness my hand and seal of office.

Cynthia Guebara
Signature of officer administering oath

Cynthia Guebara
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & 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

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

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)

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

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)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST M
AMALIA

NICKNAME LAST SUFFIX
Rodriguez - Mendoza

OFFICE USE ONLY

Date Received

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 M
DAN

NICKNAME LAST SUFFIX
ROBERTSON

Receipt #

HD / PM Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE

4711 Fieldstone Dr. Austin, Tx 78735

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

() 480 - 9207

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 \$600 limit
- Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

7 / 1 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE (Month Day Year) ELECTION TYPE

- 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

LOANS

SCHEDULE E

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E
2 FILER NAME <i>AMALIA RODRIGUEZ - MENDOZA</i>		3 ACCOUNT # (Ethics Commission filers)
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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

NIA

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	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

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**

2 FILER NAME

ANALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8/99

5 Payee name

AUSTIN MUSEUM OF ART

6 Payee address; City; State; Zip Code

823 Congress Ave Austin, TX 78701

7 Amount (\$)

50.00

8 Purpose of expenditure

ticket

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

Office sought / held

Date

11/5/99

Payee name

Zeta Tau

Payee address; City; State; Zip Code

Amount (\$)

40.00

Purpose of expenditure

ticket

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

** 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**

2 FILER NAME

AMACIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/6/99

5 Payee name
Tejano Democrats
6 Payee address; City; State; Zip Code

7 Amount (\$)
50.00

8 Purpose of expenditure
donation

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

Date
7/29/99

Payee name
Alice Limon
Payee address; City; State; Zip Code

Amount (\$)
55.00

Purpose of expenditure
Political ad

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

Date
8/1/99

Payee name
Rosie Mendoza
Payee address; City; State; Zip Code

Amount (\$)
50.00

Purpose of expenditure
donation

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

Date
9/2/99

Payee name
YWCA
Payee address; City; State; Zip Code

Amount (\$)
185.00

Purpose of expenditure
donation / ad

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

AMALIA RODRIGUEZ-MENDOZA

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 File #)

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