

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4965

### 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 MI  
AMALIA  
NICKNAME LAST SUFFIX  
RODRIGUEZ-MENDOZA

**OFFICE USE ONLY**

Date Received: 02 JAN 11 PM 3:23  
DAVID DEBEVERNON  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

**FILED**

Receipt #

HD / PM	Amount
Date Processed	
Date Imaged	

CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
2710 Addison Avenue Austin TX 78757

Change of Address

CAMPAIGN TREASURER NAME

TITLE FIRST MI  
JIM  
NICKNAME LAST SUFFIX  
EWBANK

CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
221 W. 6th Street, Suite 900 Austin TX 78701

CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 476-1080

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)

PERIOD COVERED

Month Day Year THROUGH Month Day Year  
07 / 01 / 01 THROUGH 12 / 31 / 01

ELECTION

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

OFFICE

OFFICE HELD (if any)  
DISTRICT CLERK

12 OFFICE SOUGHT (if known)  
DISTRICT CLERK

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: N/A

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. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> 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 \$ --

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,585.00

EXPENDITURE  
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 600.00

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.

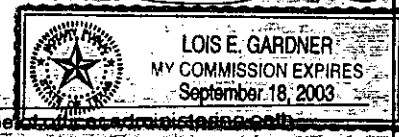
*Amalia Rodriguez-Mendoza*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Amalia Rodriguez-Mendoza* on the 11<sup>th</sup> day of January, 2002, to certify which, witness my hand and seal of office.

*Lois E Gardner*  
Signature of officer administering oath

LOIS E GARDNER  
Print name 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

2 FILER NAME  
AMALIA RODRIGUEZ-MENDOZA 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/31/01	5 Full name of contributor BMc-PAC <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 111 Congress Ave. Suite 1400 Austin TX 78701			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 12/11/01	Full name of contributor LINEBARGER, GOGGAN, BLAIR <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 17428 Austin TX 78760			

Principal occupation (Optional) Employer (Optional)

Date 12/18/01	Full name of contributor MICHELLE BRINKMAN <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7407 Brookhollow Austin TX 78752			

Principal occupation (Optional) Employer (Optional)

Date 12/18/01	Full name of contributor DIANA L. EARP <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 35.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 10627 Carovilli Dr. Austin TX 78745			

Principal occupation (Optional) Employer (Optional)

Date 12/20/01	Full name of contributor EWBANK & BYROM, P.C. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 350.00	In-kind contribution description (if applicable) MAILING LABELS (\$ 350.00)
Contributor address: City: State: Zip Code P.O. Box 2430 Austin TX 78768			

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME  
AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: \$ N/A

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 CJOH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:  
2

2 FILER NAME  
AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date  
12/21/01

5 Full name of contributor  out of state PAC  
SHIELDS & RUSK, P.C.  
6 Contributor address: City: State: Zip Code

7 Amount of contribution (\$)  
\$ 500.00

8 In-kind contribution description (if applicable)

910 Lavaca Austin TX 78701

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
12/19/01

Full name of contributor  out of state PAC  
ALEX MARANO  
Contributor address: City: State: Zip Code

Amount of contribution (\$)  
\$ 100.00

In-kind contribution description (if applicable)

4620 S. 2nd Austin TX 78745

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC  
Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC  
Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out of state PAC  
Contributor address: City: State: Zip Code

Amount of contribution (\$)

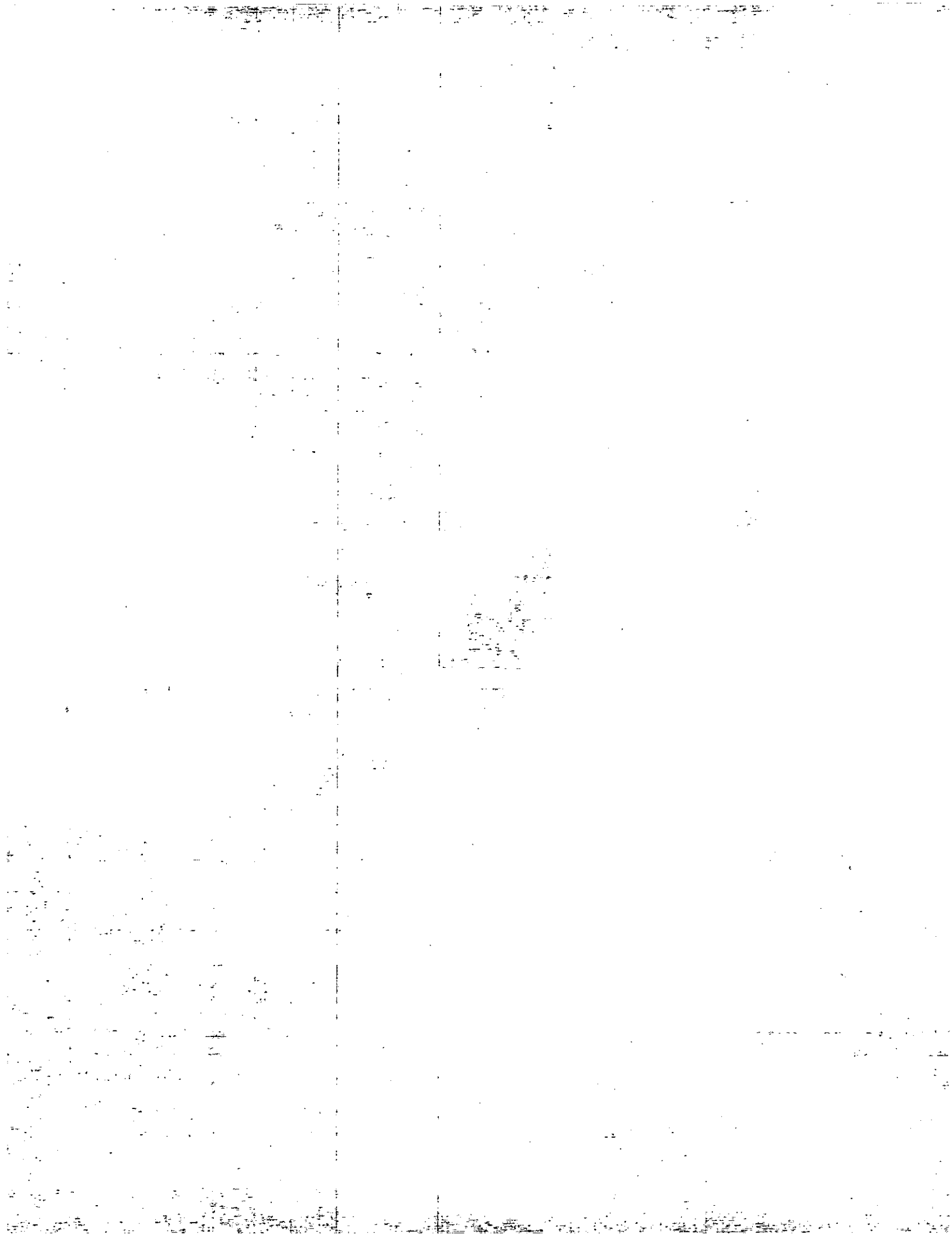
In-kind contribution description (if applicable)

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.



# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

FILER NAME  
AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$ N/A

Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

Is lender a financial institution?

8 Lender address:

City:

State:

Zip Code

10 Interest rate

Y N

11 Maturity date

2 Description of Collateral

none

3 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

15 Guarantor address:

City:

State:

Zip Code

not applicable

Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address:

City:

State:

Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address:

City:

State:

Zip Code

not applicable

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

# 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 files)

4 Date 12/21/01	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY	7 Amount (\$) \$ 600.00
6 Payee address: City: State: Zip Code		

8 Purpose of expenditure FILING FEE	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

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
------------------------	--

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
------------------------	--

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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# 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 file):

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

Date	Payee name	City State Zip Code	Amount (\$)
	Payee address		
Purpose of expenditure			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	City State Zip Code	Amount (\$)
	Payee address		
Purpose of expenditure			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	City State Zip Code	Amount (\$)
	Payee address		
Purpose of expenditure			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	City State Zip Code	Amount (\$)
	Payee address		
Purpose of expenditure			<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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  6 Business address; City; State; Zip Code	7 Amount (\$)  N/A
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
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 files)

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

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 files)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

N/A

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED