

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5454

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
2003 JUL 15 PM 4:50
FILED FOR RECORD
DAVID C. BAYBARGER
COUNTY CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
2710 ADDISON AVE Austin, Tx 78757

Date Hand Delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
JIM
NICKNAME LAST SUFFIX
EWBANK

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 476-1080

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 THROUGH Month Day Year
01 / 01 / 03 THROUGH 6 / 30 / 03

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
8 / 21 / 03 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
DISTRICT CLERK

12 OFFICE SOUGHT (if known)

13 NOTICE OF 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 file#)

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. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 1361.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1361.00

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 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Laura M. Taylor
Signature of officer administering oath

Laura M. Taylor
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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 filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

N/A

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

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 (ID# _____)

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 (ID# _____)

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 (ID# _____)

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & 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:

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

N/A

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#)

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.

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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

N/A

out-of-state PAC (ID# _____)

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

none

13 GUARANTOR INFORMATION

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

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>AMALIA RODRIGUEZ-MENDOZA</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/27/03</i>	5 Payee name <i>Austin Lyric Opera</i>	7 Amount (\$) <i>125.00</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/20/03</i>	Payee name <i>TRINITY Publications</i>	Amount (\$) <i>312.00</i>
Payee address; City; State; Zip Code <i>AD</i>		
Purpose of payment (See instructions regarding type of information required.) <i>AD</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/15/03</i>	Payee name <i>Austin Museum of Art</i>	Amount (\$) <i>75.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>donation</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/15/03</i>	Payee name <i>Austin History Center Assn.</i>	Amount (\$) <i>50.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>donation - membership</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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 (\$)

4/24/03

Austin History Center ASSOC.

100.00

6 Payee address: City: State: Zip Code

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

Austin Past / Present Project donation

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/18/03

Austin Public Library Foundation

200.00

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/19/03

Sam. Biscoe Special Projects

25.00

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

Juneteenth Sponsorship

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/23/03

Austin / Sattillo Sister Cities Assoc.

~~25.00~~
474.00

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

Hand / presentation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office 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 filers)

4 Date

5 Payee name

N/A

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 filers)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

NIA

8 Amount (\$)

6 Payee address: City: State: Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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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

ANALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payor name

NIA

8 Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED