

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5805

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Angelita NICKNAME LAST SUFFIX Mendoza-Waterhouse	OFFICE USE ONLY Date Received: JUL 15 PM 3:00 COUNTY CLERK TARRANT COUNTY TEXAS FILED FOR RECORD Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1148 Del Valle, TX. 78617 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 276-7209		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Angelita NICKNAME LAST SUFFIX Mendoza-Waterhouse		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7503 Nez Perce Trace Manor, TX. 78653		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 276-7209		
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 04 6 / 30 / 04		
11 ELECTION	ELECTION DATE: Month Day Year 11 / 02 / 04 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Associate Judge (Appointed) 3rd Adm Judicial Region OFFICE SOUGHT (if known) TRAVIS County Court At Law #5		
14 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 _____ <input type="checkbox"/> additional pages		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME Angelita Mendoza-Waterhouse

16 ACCOUNT # (Ethics Commission Users)

17 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

-- 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

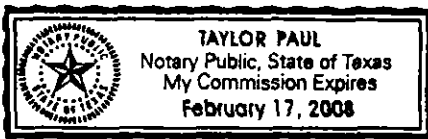
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325.-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,000.-
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$ 5384.11
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1140.89
6. 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.

A. Mendoza-Waterhouse
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angelita Mendoza Waterhouse on the 15th day of July, 2004, to certify which, witness my hand and seal of office.

Taylor Paul
Signature of officer administering oath

Taylor Paul
Print name of officer administering oath

Austin Lending Bp.
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

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)

3/1/04

Dolores VELASQUEZ

6 Contributor address; City; State; Zip Code

1908 Holly Austin, Tx. 7870

500.00

9 Contributor's principal occupation

Housewife

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/12/04

Gilbert VELASQUEZ

Contributor address; City; State; Zip Code

1908 Holly Austin, Tx. 7870

500.00

Contributor's principal occupation

Retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/10/04

BURRELL JOHNSTON

Contributor address; City; State; Zip Code

1108 Nueces Austin, Tx 78701

1,000.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)**

SCHEDULE A (J)

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Biers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/04	Moises Rios 6 Contributor address: City, State, Zip Code 6633 Hwy 290 East, Ste 107 Austin Tx 78723	500.00	
9 Contributor's principal occupation		10 Contributor's job title	
Attorney		Attorney	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
Self Employed			
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/04	George / ROSARIO McFARLAND Contributor address: City, State, Zip Code 2704 San Pedro St. Apt 13 Austin, Tx. 78705	100.00	
Contributor's principal occupation		Contributor's job title	
Retired			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/04	GRACE de LEON Contributor address: City, State, Zip Code 11610 Vance Jackson # 316 San Antonio Tx 78230	2,500.00	
Contributor's principal occupation		Contributor's job title	
Radiology		Ultrasound Specialist	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Women's Health Institute			
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)**

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/04	ERIC FORAN 6 Contributor address: City: State: Zip Code 1607 Nueces Austin, Tx. 78701	100.00	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Self employed		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/04	JOHN CAMPBELL Contributor address: City: State: Zip Code 1601 Rio Grande ste 405 Austin Tx 78701	100.00	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/22/04	JANICE THOMPSON Contributor address: City: State: Zip Code 2401 Jarrett Ave Austin Tx 78703	100.00	
Contributor's principal occupation Administrator		Contributor's job title Exec. Director	
Contributor's employer/law firm Austin I.S.D.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)**

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/20/04

TOM PEARL

6 Contributor address: City: State: Zip Code

100.00

1108 Nueces Austin, Tx, 78701

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

self employed

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/20/04

BURRELL JOHNSTON

Contributor address; City: State: Zip Code

100.00

1108 Nueces Austin, Tx 78701

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

self employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/29/04

ROBERT P. MORROW

Contributor address; City: State: Zip Code

100.00

2901 Riva Ridge Rd Austin Tx 78746

Contributor's principal occupation

securities trader

Contributor's job title

securities trader

Contributor's employer/law firm

self employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)**

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/1/04 6/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VELIA/MICHAEL WILLIAMS 6 Contributor address: City: State: Zip Code 11405 Bunting Dr. Austin Tx. 78759	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation government employee		10 Contributor's job title division manager	
11 Contributor's employer/law firm state of Texas		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 6/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR/MRS WAYNE HOLTZMAN Contributor address: City: State: Zip Code 3300 Foothills Dr. Austin Tx. 78731	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 6/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AUSTIN REPUBLICAN WOMEN'S PAC Contributor address: City: State: Zip Code 2327 Cypress Pt E Austin Tx. 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)**

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>6/29/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAY/SHARON BRUMMETT</i> 6 Contributor address: City: State: Zip Code <i>7604 Fireoak Dr. Austin, Tx 78759</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation <i>Realtor</i>		10 Contributor's job title <i>Realtor</i>	
11 Contributor's employer/law firm <i>self employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>6/22/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOHNEY MUNDO</i> Contributor address: City: State: Zip Code <i>8406 Spring Valley Dr Austin Tx 78736</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>self employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
3/2/04	PRINTING ASSOCIATES	1,238.43
6 Payee address; City; State; Zip Code		
5911 Lookout Mountain Dr. Austin, Tx. 78731		
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
PRINT BROCHURES		
Date	Payee name	Amount (\$)
4/10/04	KINKOS	141.79
Payee address; City; State; Zip Code		
2901 Medical Arts, Austin, Tx. 78705		
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
PRINT FUNDRAISER INVITATIONS		
Date	Payee name	Amount (\$)
4/12/04	U.S. POST OFFICE	69.00
Payee 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
STAMPS to no mail out		
Date	Payee name	Amount (\$)
4/20/04	Carmelo's Restaurant	300.00
Payee address; City; State; Zip Code		
E. 4th St, Austin, Tx 78701		
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
food for fundraiser		

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/31/04	5 Payee name TILAVIS County Clerk	7 Amount (\$) 74.40
6 Payee address: City, State, Zip Code 1000 Guadalupe Austin, Texas 78701		

8 Purpose of payment (See instructions regarding type of information required.) Purchase VOTING LISTS	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 6/9/04	Payee name WGB MAGIC	Amount (\$) 100.00
Payee address: City, State, Zip Code 600 Barwood Park #1917 Austin, Tx. 78753		

Purpose of payment (See instructions regarding type of information required.) Design for Web page	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 6/29/04	Payee name EL Rey RESTAURANT	Amount (\$) 140.37
Payee address: City, State, Zip Code Brodie Oaks Shopping Center Austin TX		

Purpose of payment (See instructions regarding type of information required.) FOOD for FUNDRAISER	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 5/31/04	Payee name BRANDERS.COM	Amount (\$) 733.66
Payee address: City, State, Zip Code 1850 Gateway Dr. Ste 400 San Mateo CA 94404		

Purpose of payment (See instructions regarding type of information required.) PRINT Bumper Stickers	-- 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		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/31/04</i>	5 Payee name <i>TOM SERRES</i> 6 Payee address: City: State: Zip Code <i>1108 Nueces St., Austin, Tx</i>	7 Amount (\$) <i>100.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>MISCELLANEOUS OFFICE SUPPLIES</i>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/20/04</i>	Payee name <i>Bill Smith</i> Payee address: City: State: Zip Code <i>Austin, Tx</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Music for Fundraiser</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/29/04</i>	Payee name <i>Bill Smith</i> Payee address: City: State: Zip Code <i>Austin, Tx</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Music for Fundraiser</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/20/04</i>	Payee name <i>Olga Generali</i> Payee address: City: State: Zip Code <i>Austin, Tx</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food Service at Fundraiser</i>		<input type="checkbox"/> 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
6/29/04	Robins	43.30
6 Payee address: City: State: Zip Code		
2149 S. Lamar Austin, Tx 78704		
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
BALLOONS & GUEST BOOK		
Date	Payee name	Amount (\$)
6/13/04	Office Depot	38.20
Payee address: City: State: Zip Code		
816 Tirado St Austin, Tx 78752		
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
ENVELOPES, etc for invitations		
Date	Payee name	Amount (\$)
4/23/04	TRAVIS County Cinco de Mayo Celebration	25.00
Payee address: City: State: Zip Code		
Granger Bldg, Room 525 Austin, Tx 78701		
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
Sponsor for event/publication		
Date incurred	Payee name	Amount (\$)
3/01/04	Chancellor's Building	1,200.00
Payee address: City: State: Zip Code		
1108 Nueces Austin, Tx 78701		
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
office		

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 this Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date <i>1/6/04</i></p>	<p>5 Payee name <i>Travis County Republican Party</i></p> <p>6 Payee address: City: State: Zip Code <i>7801 N. Lamar A123 Austin, Texas</i></p> <p>7 Purpose of expenditure <i>FILING FEE</i></p>	<p>8 Amount (\$) <i>1,500.00</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>3/2/04</i></p>	<p>Payee name <i>PRINTING ASSOCIATES</i></p> <p>Payee address: City: State: Zip Code <i>5911 Lookout Mountain Austin, Tx 78751</i></p> <p>Purpose of expenditure <i>PRINT CAMPAIGN MATERIALS</i></p>	<p>Amount (\$) <i>305.90</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>3/15/04</i></p>	<p>Payee name <i>LAKE TRAVIS REPUBLICAN MEN'S CLUB</i></p> <p>Payee address: City: State: Zip Code</p> <p>Purpose of expenditure <i>PRESANTATION AT LUNCHEON</i></p>	<p>Amount (\$) <i>30.00</i></p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>1/27/04</i></p>	<p>Payee name <i>NELDA SPEARS</i></p> <p>Payee address: City: State: Zip Code <i>Travis County Tax Assessor Collector Austin, Tx</i></p> <p>Purpose of expenditure <i>PREGINCT MAPS</i></p>	<p>Amount (\$) <i>24.00</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date <i>5/22/04</i></p>	<p>Payee name <i>STACEE BELL</i></p> <p>Payee address: City: State: Zip Code <i>Austin, Tx.</i></p> <p>Purpose of expenditure <i>REPUBLICAN PARTY RECEPTION / PRESENTATION</i></p>	<p>Amount (\$) <i>20.00</i></p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED