

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5851

**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:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Angelita
NICKNAME LAST SUFFIX
Mendoza-Waterhouse

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**P.O. Box 1148
DeValle, TX 78617**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 276-7209

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
self
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 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 COVER)

10 PERIOD COVERED

Month Day Year Month Day Year
7 / 15 / 04 THROUGH 10 / 04 / 04

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
11 / 02 / 04 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known) **Judge
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

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 File#)

17 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2000.00

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

\$ 4621.-

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6327.39

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 293.61

OUTSTANDING LOAN TOTALS

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.



Angelita Mendoza Waterhouse

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Angelita Mendoza Waterhouse*, this the 5th day of October, 20 07, to certify which, witness my hand and seal of office.

Katrinna Hayner
Signature of officer administering oath

Katrinna Hayner
Print name of officer administering oath

Notary
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 Angelita Mendoza-Waterhouse		3 ACCOUNT # (Ethics Commission filers):	
4 Date 7.19.04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Sheppard 6 Contributor address: City: State: Zip Code 700 Lavaca Austin, TX 78701	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7.14.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Turner Contributor address: City: State: Zip Code 210 Barton Springs Rd Ste 550 Austin TX 78704	Amount of contribution (\$) 99.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Heard, Robins, Cloud, Lubel		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any) + Greenwood LLP			
Date 8.7.04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Ulrich Contributor address: City: State: Zip Code 3505 Mt Laurel, Lago Vista TX 78645	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)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 <i>Angelita Mendoza-Waterhouse</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8.15.04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Traci M. Guidry</i>	7 Amount of contribution (\$) <i>200.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6104 Easy Meadow Cove Manor, Tx. 78653</i>			

9 Contributor's principal occupation <i>Sales</i>	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 <i>8/9/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SD UTley</i>	Amount of contribution (\$) <i>99.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 Biscayne Lakeway, Tx. 78734</i>			

Contributor's principal occupation <i>Retired</i>	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 <i>8.1.04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wayne Holtzman</i>	Amount of contribution (\$) <i>50.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3300 Foothills Dr. Austin Tx. 78731</i>			

Contributor's principal occupation <i>Retired</i>	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 <i>Angelita Mendoza-Waterhouse</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8.07.04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Emilio Zamora</i> 6. Contributor address: City: State: Zip Code <i>2653 Barton Hills Dr. Austin 78704</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation <i>academic admin</i>		10 Contributor's job title <i>professor</i>	
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 <i>8.28.04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Virginia Hermosa</i> Contributor address: City: State: Zip Code <i>PO Box 697 Austin, Tx. 78767</i>	Amount of contribution (\$) <i>99.00</i>	In-kind contribution description (if applicable)
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>8.09.04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Benjamin B. Strader</i> Contributor address: City: State: Zip Code <i>1812 Pannier Ln. Austin, Tx. 78248</i>	Amount of contribution (\$) <i>1,287.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor's principal occupation <i>Sales</i>		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 <i>Angelita Mendoza Waterhouse</i>		3 ACCOUNT # (Ethics Commission file#)	
4 Date <i>8-24-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Gomez</i>	7 Amount of contribution (\$) <i>400.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>4109 S. Capitol of Tx Hwy Ste 100 Austin TX 78704</i>			
9 Contributor's principal occupation <i>Business Owner</i>		10 Contributor's job title <i>Owner</i>	
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 <i>8-27-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hilbert Maldonado</i>	Amount of contribution (\$) <i>396.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>3303 N. Lamar Austin TX 78705</i>			
Contributor's principal occupation <i>Restaurant</i>		Contributor's job title <i>Owner</i>	
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 <i>8-28-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gil Rodriguez</i>	Amount of contribution (\$) <i>297.00</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>5911 Lookout Mountain Dr Austin TX (31)</i>			
Contributor's principal occupation <i>Retired</i>		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 <i>Angelita MendozalWaterhouse</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>8-1-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Teresa Long</i> 6 Contributor address: City: State: Zip Code <i>1122 Colorado #1107 Austin 78701</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation <i>Retired</i>		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 <i>8-1-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ernest G. Butler</i> Contributor address: City: State: Zip Code <i>7601 Rustling Rd Austin Tx 78731</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor's principal occupation <i>Retired</i>		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 <i>8-1-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mary Ann Heller</i> Contributor address: City: State: Zip Code <i>4501 Henning Dr. Austin Tx 78738</i>	Amount of contribution (\$) <i>50.00</i>	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 <i>Angelita Mendocawaterhouse</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9.8.04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ty Runyan</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3500 Ripford Dr. Austin Tx 78732</i>			
9 Contributor's principal occupation		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 <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)			
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 <i>Angelita Mendoza-Waterhouse</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7-15-04</i>	5 Payee name <i>Branders.com</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>37.89</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>bumper stickers</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7-15-04</i>	Payee name <i>Austin Republican Women</i> Payee address; City; State; Zip Code	Amount (\$) <i>25.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>membership</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8-22-04</i>	Payee name <i>Sean Bridwell</i> Payee address; City; State; Zip Code	Amount (\$) <i>217.57</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8-22-04</i>	Payee name <i>Israel Martinez</i> Payee address; City; State; Zip Code	Amount (\$) <i>155.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</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

Angelita Mendoza Waterhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Fall Creek Vineyards

7 Amount (\$)

6 Payee address; City, State; Zip Code

8-22-04

129.⁰⁰

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

Wine for Event

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Impact

Amount (\$)

Payee address; City, State; Zip Code

8-22-04

207.69

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

Banners

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Sully Perez

Amount (\$)

Payee address; City, State; Zip Code

8-31-04

200.⁰⁰

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

Ad

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

State Bar of Texas

Amount (\$)

Payee address; City, State; Zip Code

8-31-04

4.93

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

Data Disc

** 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 <i>Angelita Mendoza Waterhouse</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9-9-04</i>	5 Payee name <i>T.U.L.A.</i> 6 Payee address; City: State; Zip Code	7 Amount (\$) <i>320.⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>16 da Sapt Parade</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7-27-04</i>	Payee name <i>Hills Golf Club</i> Payee address; City: State; Zip Code	Amount (\$) <i>500.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>golf tournament</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9-9-04</i>	Payee name <i>Gary Swearingen</i> Payee address; City: State; Zip Code	Amount (\$) <i>128.⁷⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Golf Tournament</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9-13-04</i>	Payee name <i>Impact</i> Payee address; City: State; Zip Code	Amount (\$) <i>207.⁶⁹</i>
Purpose of payment (See instructions regarding type of information required.) <i>Banner</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

Angelita Mendoza-Waterhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Die Gelbe Rose

7 Amount (\$)

9.18.04

6 Payee address; City, State; Zip Code

250.00

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

Carriage Rental

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Am Pro

Amount (\$)

9.28.04

Payee address; City, State; Zip Code

3277.92

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

Signs

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Rodriguez Graphics

Amount (\$)

10.20.04

Payee address; City, State; Zip Code

225.00

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

TShirts

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

DJ Services

Amount (\$)

10.20.04

Payee address; City, State; Zip Code

150.00

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

music

** 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

Angelita Mendoza Waterhouse

3 ACCOUNT #. (Ethics Commission filers)

4 Date

5 Payee name

La Bahia Seafood Restraunt

7 Amount (\$)

10-2-04

6 Payee address; City; State; Zip Code

303.10

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

Food

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

Date

Payee name

GIF Forum

Amount (\$)

9-25-04

Payee address; City; State; Zip Code

317.91

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

Golf tournament prizes reimp.

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Angelita Mendocera Salazar House

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.

A. M. Salazar

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

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.

A. M. Salazar

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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

