

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5864

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
 NICKNAME LAST SUFFIX
 Angelita
 Mendoza-Waterhouse

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECORDED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

P.O. Box 1148
 DelValle, 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
 NICKNAME LAST SUFFIX

self

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 C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

10 / 05 / 04 THROUGH 10 / 25 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year

11 / 02 / 04

Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)

Judge, Travis Co. 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

**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 files)	
4 Date <i>10/19/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Austin Republican Women</i>	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>Gretchen Munday 2327 Cypress Pte Austin 78746 500.=-</i>			
9 Contributor's principal occupation <i>Political</i>		10 Contributor's job title <i>Treasurer</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>10/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jason Barron</i>	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>7721 Yaupon Dr Austin, Tx. 78759</i>		<i>99.=-</i>	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	

Date <i>10/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Travis Republican Women</i>	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>Darden Deviney 2610 Aylesbury Lane Austin 78745</i>		<i>100.=-</i>	
Contributor's principal occupation <i>political</i>		Contributor's job title <i>Treasurer</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (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 *Angelita Mendoza-Waterhouse*

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/11/04

5 Payee name
Printing Associates

7 Amount (\$)
1,238.43

6 Payee address; City; State; Zip Code
*5911 Lookout Mountain
Austin TX 78731*

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

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

Date
10/25/04

Payee name
La Prensa Newspaper

Amount (\$)
250.⁰⁰

Payee address; City; State; Zip Code
P.O. Box 6504 Austin TX 78762

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

** 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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

1 of 3

2 FILER NAME

ANGELITA MENDOZA - WATERHOUSE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name KINROS	8 Amount (\$)
9/14/04	6 Payee address; City: State: Zip Code 2901 Medical Arts 78705	\$ 23.87
	7 Purpose of expenditure copies	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name YAHOO Business Center Svc	Amount (\$)
8/7/04	Payee address; City: State: Zip Code YAHOO.COM	\$ 11.95
	Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name YAHOO Business Center Svc	Amount (\$)
9/7/04	Payee address; City: State: Zip Code YAHOO.COM	\$ 11.95
	Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Montopolis Supply Company	Amount (\$)
10/8/04	Payee address; City: State: Zip Code 255 S. Hwy 183 78741	\$ 570.91
	Purpose of expenditure T-posts (200) for big signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name LAS PALMAS Restaurant	Amount (\$)
10/6/04	Payee address; City: State: Zip Code 1205 E. 7th St. 78702	219.25
	Purpose of expenditure Fundraiser Event costs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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 of 3

2 FILER NAME

ANGELITA MENDOZA-WATERHOUSE

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/28/04

5 Payee name

H.E.B. GROCERIES

6 Payee address: City State: Zip Code

HANCOCK CENTER

8 Amount (\$)

\$ 18.86

7 Purpose of expenditure

STAMPS FOR MAIL OUT

Reimbursement from political contributions intended

Date

9/18/04

Payee name

FIESTA CENTER 38th + I-35

Payee address: City: State: Zip Code

DOLLAR DEAL

Amount (\$)

\$ 38.33

Purpose of expenditure

Reimbursement from political contributions intended

Date

10/12/04

Payee name

US POSTMASTER

Payee address: City: State: Zip Code

GME STATION (MAIN)

Amount (\$)

\$ 74.00

Purpose of expenditure

Reimbursement from political contributions intended

Date

9/14/04

Payee name

OFFICE MAX

Payee address: City: State: Zip Code

HIGHLAND MALL / LINCOLN CTR

Amount (\$)

\$ 127.86

Purpose of expenditure

Reimbursement from political contributions intended

Date

9/29/04

Payee name

HEB GROCERIES

Payee address: City: State: Zip Code

HANCOCK CENTER

Amount (\$)

\$ 88.80

Purpose of expenditure

Reimbursement from political contributions intended

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.
3 of 3

2 FILER NAME
ANGELITA MENDOZA-WATERHOUSE

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/2/04	5 Payee name Domus Garza ESTATE	8 Amount (\$) \$ 50.00
	6 Payee address: City: State: Zip Code (AUCTION FOR CHILDREN EDUC)	
7 Purpose of expenditure LA Prensa Advertisement		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/28/04	Payee name ISRAEL MARTINEZ	Amount (\$) \$ 24.00
	Payee address: City: State: Zip Code	
Purpose of expenditure BOTTLED WATER FOR GOLF TOURNEY		<input checked="" 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

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

Angelita Mendoza-Waterhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

AmPro Printings

8 Amount (\$)

10/19/04

6 Payor address; City; State; Zip Code

Po Box 90157 Austin Tx 78709

7 Reason for credit

overpayment on signs 4x8

1388.96

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