

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

5989

**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:

6

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
P.O. Box 1148  
Del Valle Tx 78617

Date Hand-delivered or Date Postmarked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 276-7209

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
self  
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

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 COH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
10 / 26 / 04 final /

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

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME Angelita Mendoza Waterhouse 16 ACCOUNT # (Ethics Commission filers)

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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 1701.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3782.35
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5632.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0.-
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 17 day of May, 20 05, to certify which, witness my hand and seal of office.

*Shannon Atherton*      Shannon Atherton      Notary Public  
Signature of officer administering oath      Print name of officer administering oath      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 <i>Angelita Mendoza-Waterhouse</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/16/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Republican Womens Club</i>	7 Amount of contribution (\$) <i>500.-</i>	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code <i>2327 Cypress Pk E Austin TX 78746</i>			
9 Contributor's principal occupation <i>PAC fund</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>1/22/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry G. Waterhouse</i>	Amount of contribution (\$) <i>782.35</i>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <i>P.O. Box 1148 Del Valle TX 78617</i>			
Contributor's principal occupation <i>state employee</i>		Contributor's job title <i>adminstrator</i>	
Contributor's employer/law firm <i>TX Attorney General</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#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State: Zip Code		
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 Mendoza-Waterhouse</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>1/27/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STAN R MENDOZA</i>	7 Amount of contribution (\$) <i>250.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State; Zip Code <i>KATY, TX</i>			
9 Contributor's principal occupation <i>Sales</i>		10 Contributor's job title <i>salesman</i>	
11 Contributor's employer/law firm <i>Baker Petrolite</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>1/14/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Franklin Scott SPEARS JR.</i>	Amount of contribution (\$) <i>250.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City: State; Zip Code <i>901 MoPAC Expwy #420 Austin TX. 78746</i>			
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Arenson &amp; Spears</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Burrell Johnston</i>	Amount of contribution (\$) <i>2000.<sup>00</sup></i>	In-kind contribution description (if applicable) <i>office space</i>
Contributor address; City: State; Zip Code <i>1108 Nueces Austin TX 78701</i>			
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)			

**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 files)

4 Date

11/16/04

5 Payee name

FC Vineyards

6 Payee address; City; State; Zip Code

Austin Tx

7 Amount (\$)

129.-

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

wine tasting

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

Candidate / Officeholder name Office sought Office held

Date

3/22/05

Payee name

Lakeway Golf Club

Payee address; City; State; Zip Code

Lakeway Tx

Amount (\$)

1782.35

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

golf tournament

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

Candidate / Officeholder name Office sought Office held

Date

5/9/05

Payee name

Antonio heal / Webmagic

Payee address; City; State; Zip Code

Austin, Tx.

Amount (\$)

300.-

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

website svcs

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

Candidate / Officeholder name Office sought Office held

Date

12/10/04

Payee name

A.M. / Larry Waterhouse

Payee address; City; State; Zip Code

PO Box 1148 DellValle Tx 78617

Amount (\$)

3700.-

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

Reimb Postage/fees/ofc supplies

\*\* 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 Mendoza-Waterhouse

2 ACCOUNT # (Ethics Commission files)

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.

  
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.

  
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