

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6001

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission file#)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
AMALIA
NICKNAME LAST SUFFIX
RODRIGUEZ - MENDOZA

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
2710 ADDISON AVE
AUSTIN, TX 78757

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 453-3858

Receipt

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
JIM
NICKNAME LAST SUFFIX
EWBANK

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 476-1080

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 01 / 05 THROUGH 06 / 30 / 05

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
DISTRICT CLERK

13 OFFICE SOUGHT (if known)

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

AMALIA RODRIGUEZ-MENDOZA

16 ACCOUNT # (Ethics Commission Refs)

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"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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

\$ *N/A*

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

\$ *N/A*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *195.00*

CONTRIBUTION BALANCE

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

\$ *1091.19*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Amalia Rodriguez-Mendoza* this the *8th* day of *July*, 20 *05*, to certify which, witness my hand and seal of office.

Cynthia Guebara
Signature of officer administering oath

Cynthia Guebara
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

N/A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **AMALIA RODRIGUEZ-MENDOZA** 3 ACCOUNT # (Ethics Commission form):

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)
6 Contributor address: City: State: Zip Code			

9 Principal occupation / Job title (See instructions) 10 Employer (See instructions)

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			

Principal occupation / Job title (See instructions) Employer (See instructions)

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			

Principal occupation / Job title (See instructions) Employer (See instructions)

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			

Principal occupation / Job title (See instructions) Employer (See instructions)

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			

Principal occupation / Job title (See instructions) Employer (See instructions)

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 B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

15

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

— 0 —

10 Principal occupation / Job title (See instructions)

11 Employer (See instructions)

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 / Job title (See instructions)

Employer (See instructions)

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 / Job title (See instructions)

Employer (See instructions)

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 / Job title (See instructions)

Employer (See instructions)

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 / Job title (See instructions)

Employer (See instructions)

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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:
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2 FILER NAME AMALIA RODRIGUEZ-MENDOZA	3 ACCOUNT # (Ethics Commission file #)
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4 TOTAL OF UNITEMIZED LOANS: \$ **0 -**

5 Date of loan	7 Name of lender <input type="checkbox"/> 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 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral:
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender: <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral:
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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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

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

6 Payee 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

Payee name

Amount (\$)

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

Date

Payee name

Amount (\$)

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

Date

Payee name

Amount (\$)

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

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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 files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City: State: Zip Code	- 0 -
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> Reimbursement from political contributions intended

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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	7 Amount (\$) - 0 -
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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule ::

2 FILER NAME

AMALIA RODRIGUEZ MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/7/05

5 Payee name

AUSTIN LYRIC OPERA

6 Payee address;

City: State: Zip Code

8 Amount (\$)

\$ 195.00

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

LA NOCHE DE OPERA

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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