

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 6094

FORM C/OH COVER SHEET PG 1

The C/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

MR. AMILIA

RODRIGUEZ-MENDOZA

OFFICE USE ONLY

Date Received

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

3710 ADDISON AVE

AUSTIN, TX 78757

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

453-3858

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. JIM

EWBANIK

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 2430

AUSTIN, TX

78768-2430

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

9th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
07 / 01 / 05

THROUGH

Month Day Year
12 / 31 / 05

11 ELECTION

ELECTION DATE
Month Day Year
03 / 07 / 06

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

DISTRICT CLERK

13 OFFICE SOUGHT (if known)

DISTRICT CLERK

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 Form):

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	\$ 7070.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,070.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ 2004.67
	4	TOTAL POLITICAL EXPENDITURES	\$ 2004.67
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4210.33
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.

Amalia Rodriguez-Mendoza
Signature of Candidate or Officeholder

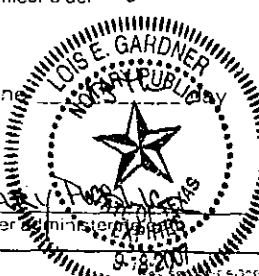
APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amalia Rodriguez-Mendoza in
of January, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

LOIS E. GARDNER
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 1
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2 FILER NAME AMALIA RODRIGUEZ - MENDOZA	3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SEE ATTACHED LIST	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)
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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)
------	--	-----------------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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)
------	--	-----------------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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)
------	--	-----------------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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)
------	--	-----------------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NIA

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 Users)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

N/A

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
 AMALIA RODRIGUEZ - MENDOZA

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 7 Name of lender out-of-state PAC (ID#: _____) 9 Loan Amount (\$)

6 Is lender a financial institution? 8 Lender address: City: State: Zip Code 10 Interest rate
 Y N
 11 Maturity date

12 Principal occupation / Job title (See instructions) 13 Employer (See instructions)

14 Description of Collateral:
 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$)
 not applicable 17 Guarantor address: City: State: Zip Code

19 Principal Occupation 20 Employer

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial institution? Lender address: City: State: Zip Code Interest rate
 Y N
 Maturity date

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

Description of Collateral:
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)
 not applicable Guarantor address: City: State: Zip Code

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 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 filer)

4 Date 11/03/05	5 Payee name SOUTHSIDE PRINTING SERVICE	7 Amount (\$) 654.67
6 Payee address: City: State: Zip Code 1050-F SOUTH LAMAR AUSTIN, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) mail out	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/3/05	Payee name TRAVIS COUNTY DISTRICT CLERK EMPLOYEE FUND	Amount (\$) 100.00
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.) EMPLOYEE APPRECIATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/12/05	Payee name TRAVIS CO. DEMOCRATIC PARTY	Amount (\$) 1,250.00
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.) Filing Fee	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.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

AMALIA RODRIGUEZ - MENDOZA

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

8

Amount (\$)

6 Payee address: City: State Zip Code

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

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.)

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.)

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.)

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.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

NIA

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission file/s)

4 Date

5 Business name

7 Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

AMALIA RODRIGUEZ-MENDOZA

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City: State: Zip Code	
	7 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.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

N/A

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

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

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address. City: State: Zip Code	
	7 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	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

A	B	C	D	E	F	G	H	I	J	K	
1	SCHEDULE A	AMALIA RODRIGUEZ-MIENTOXZA									
2											
3											
4											
5											
6	NAME	EMPLOYER/FIRM	OCCUPATION	PHONE	ADDRESS	CITY	STATE	ZIP	AMOUNT	DATE	SPOUSE'S FIRM
7	Vic & Leah Nemeyer, Jr	Willatt & Fleckinger	Law Firm	476-6604	7001 North Lamar	Austin	TX	78705	\$200.00	11/1/2005	
8	Manuel & Jane Zuniga			263-7302	1100 Crystal Creek Dr	Austin	TX	78746	\$20.00	11/2/2005	
9	Susan G. Morrison		Attorney	411-3170	1726 Glencliff	Austin	TX	78704	\$500.00	11/3/2005	
10	Cecelia Burke	Gunter, Bennett & Peta, PC	Law Firm	478-1616	4205 Ramsey Ave.	Austin	TX	78756-3512	\$35.00	11/2/2005	
11		Law Office of Sally Whitfill	Law Firm	476-2494	600 W. Ninth St.	Austin	TX	78701-2212	\$100.00	11/2/2005	
12		Davis & Wilkerson	Law Firm	481-1114	6500 Sauradina Cove	Austin	TX	78731-2806	\$50.00	11/7/2005	
13		Rick Freeman, PC	Law Firm	477-6111	P.O. Box 2283	Austin	TX	78768-2283	\$350.00	11/7/2005	
14		Fitzgerald & Messner, PC	Law Firm	474-4700	811 Barton Springs Rd., # 210	Austin	TX	78704-1163	\$500.00	11/7/2005	
15		Lance Scarborough Wright	Law Firm	479-8888	812 San Antonio, Ste 400	Austin	TX	78701-2224	\$100.00	11/9/2005	
16	George Cofer			327-2448	111 Congress Ave., Ste. 500	Austin	TX	78701	\$350.00	11/9/2005	
17		Torony Jacks, PC	Law Firm	476-7600	3326 Century Drive	Austin	TX	78746-5507	\$50.00	11/10/2005	
18		The Rusk Law Firm	Law Firm	452-1100	111 Congress Ave, Ste. 1010	Austin	TX	78701-4043	\$500.00	11/14/2005	
19	Gloria M Pennington			476-4354	910 Lavaca	Austin	TX	78701	\$500.00	11/15/2005	
20	Lois Villasecer				5607 Shoal Creek Blvd.	Austin	TX	78756-1023	\$100	11/16/2005	
21	Joe & Teresa Loug				1615 East Cesar Chavez	Austin	TX	78702	\$700	11/16/2005	
22		Mack Roy Hernandez Law Firm	Law Firm		2308 Woodlawn Blvd.	Austin	TX	78703	\$500.00	11/16/2005	
23		Aken & Almanza, LLP	Law Firm	474-9486	524 N. Lamar Blvd. Ste 202	Austin	TX	78703	\$350.00	11/16/2005	
24	Catherine A. Maury		Attorney	474-1493	1717 W. 6th St., Ste. 230	Austin	TX	78703	\$950.00	11/17/2005	
25		Whitehurst, Harkness Oznum & Drees	Law Firm	476-4346	700 Lavaca St., Ste. 1150	Austin	TX	78701	\$100.00	11/22/2005	
26				494-2864	P.O. Box 1802	Austin	TX	78767	\$500.00	11/23/2005	
27		Noelle, English & Prescott, LLP	Law Firm	494-2864	823 Congress Ave., Ste. 1505	Austin	TX	78701	\$100.00	11/23/2005	
28		Brown McCarroll PAC	Law Firm PAC		700 Lavaca St., Ste. 903	Austin	TX	78701	\$50.00	12/1/2005	
29	Amy E. Wynn			454-3383	1111 Congress Ave., Ste. 1400	Austin	TX	78701	\$1,000.00	12/1/2005	
30	Ara Maria Salinas				3604 Windsor Rd	Austin	TX	78703-1509	\$100.00	12/7/2005	
31	Christopher Elliott		Attorney		7507 Parkleaf Pl.	Austin	TX	78757	\$25.00	12/14/2005	
32		Lineberger Goggan Blair & Sampson	Law Firm	447-6675	3105 Pleasant Run Place	Austin	TX	78703	\$100.00	12/20/2005	
33				478-4487	P.O. Box 17428	Austin	TX	78760	\$350.00	12/27/2005	
34					P.O. Box 50038	Austin	TX	78763	\$350.00	12/28/2005	
35											
36									\$7,070.00		