

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6147

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Yolanda Montemayor	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P.O. Box 152855 Austin, Texas 78715		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 507-8584	
6 CAMPAIGN TREASURER NAME	MR / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Sally Ireland	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
P.O. Box 152855 Austin, Texas 78715			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 659-5787	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
		01 / 01 / 2006 01 / 26 / 2006	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
		03 / 07 / 2006	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known):	
		Travis County Commissioner, Pct 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		
	NONE		
Address / PO Box Apt. / Suite # City State Zip Code			

OFFICE USE ONLY

Date Received: FEB-2 2006 11:33 AM
 COUNTY CLERK
 TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Yolanda Montemayor

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

GENERAL

SPECIFIC

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

\$ 931.00

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

\$ 2607.51

EXPENDITURE TOTALS

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

\$ 11.13

4. TOTAL POLITICAL EXPENDITURES

\$ 5698.78

CONTRIBUTION BALANCE

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

\$ 7,474.76

OUTSTANDING LOAN TOTALS

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

\$ 10,000.00

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yolanda Montemayor this the 2nd day of Feb, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

LYNNE WHITTINGTON
Printed name of officer administering oath

NOTARY
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 of 5

2 FILER NAME
Yolanda Montemayor

3 ACCOUNT # (Ethics Commission filers)

4 Date: 1/11/06
5 Full name of contributor: Tracy D. McCloud
 out-of-state PAC (ID#: _____)
6 Contributor address: 1207 North Beal St.
Belton, Texas 76513

7 Amount of contribution (\$): \$50.00
8 In-kind contribution description (if applicable):

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

Date: 1/11/06
Full name of contributor: Richard B. Valenta
 out-of-state PAC (ID#: _____)
Contributor address: 6638 Clybourn Ave. 43
N. Hollywood, CA 91606

Amount of contribution (\$): \$100.00
In-kind contribution description (if applicable):

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

Date: 1/11/06
Full name of contributor: Blanca Zamora-Garcia
 out-of-state PAC (ID#: _____)
Contributor address: 1715 S. 1st St.
Austin, Texas 78704

Amount of contribution (\$): \$200.00
In-kind contribution description (if applicable):

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

Date: 1/11/06
Full name of contributor: Ana + Greg Duarte
 out-of-state PAC (ID#: _____)
Contributor address: 16613 Trevin Cove
Manor, Texas 78653

Amount of contribution (\$): \$100.00
In-kind contribution description (if applicable):

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

Date: 1/11/06
Full name of contributor: Daniel Berumen
 out-of-state PAC (ID#: _____)
Contributor address: 301 Tobin Dr.
Buda, Texas 78610

Amount of contribution (\$): \$10.00
In-kind contribution description (if applicable):

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Yolanda Montemayor

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/06

5 Full name of contributor out-of-state PAC (ID#)

Anna E. Martinez

6 Contributor address; City; State; Zip Code

2013 Cheshire Dr.
Austin, Texas 78723

7 Amount of contribution (\$)

\$15.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/11/06

Full name of contributor out-of-state PAC (ID#)

Leonor ESPINOZA

Contributor address; City; State; Zip Code

637 Trinity St.
Lockhart, Texas 78644

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/06

Full name of contributor out-of-state PAC (ID#)

Cheryl L. Styskal

Contributor address; City; State; Zip Code

6103 London Dr.
Austin, Texas 78745

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/06

Full name of contributor out-of-state PAC (ID#)

Karen M. Linden

Contributor address; City; State; Zip Code

3124 Dunns Canyon Rd.
Belton, Texas 76513

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/06

Full name of contributor out-of-state PAC (ID#)

Rick Wallen

Contributor address; City; State; Zip Code

905 E. 7th St.
Austin, Texas 78702

Amount of contribution (\$)

\$250.00
Rental fee
for fundraisers

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Yolanda Montemayor

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/18/06

5 Full name of contributor out-of-state PAC (ID# _____)

Olivia Nevarcz

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

28729 RR 12
Dripping Springs, Texas 78620

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/18/06

Full name of contributor out-of-state PAC (ID# _____)

Cheryl Rössmann

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3006 Burning Oak Dr.
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/06

Full name of contributor out-of-state PAC (ID# _____)

Eric Montemayor

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3600 No. Hillis Dr. #120
Austin, Texas 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/06

Full name of contributor out-of-state PAC (ID# _____)

Matthew Remington

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12501 Tech Ridge Blvd #612
Austin, Texas 78753

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/06

Full name of contributor out-of-state PAC (ID# _____)

Velma Garcia

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6303 Cannonleague Dr.
Austin, Texas 78745

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:
4 of 5

2 FILER NAME *Yolanda Montemayor* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>1/23/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert & Connie Eller</i>	7 Amount of contribution (\$) <i>\$20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>8204 Williamson Creek Dr Austin, Texas 78736</i>			

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

Date <i>1/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thomas L. Cole</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>8817 Burleson Manor Rd. Manor, Texas 78653</i>			

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

Date <i>1/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cheryl L. Styskal</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>6103 London Dr. Austin, Texas 78745</i>			

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

Date <i>1/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John & Billie Boyd</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>403 Sinclair Dr. Spice Wood, Texas 78669</i>			

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

Date <i>1/23/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rebecca Delcon</i>	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5508 Emerald Forest Dr. Austin, Texas 78745</i>			

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 5

2 FILER NAME
Yolanda Montemayor

3 ACCOUNT # (Ethics Commission files)

4 Date
1/23/06

5 Full name of contributor out-of-state PAC (ID#:
Lynne Whittington

6 Contributor address: City: State: Zip Code
3401 Clawson Rd #A
Austin, Texas 78704

7 Amount of contribution (\$)
\$10.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/23/06

Full name of contributor out-of-state PAC (ID#:
Olivia Nevarez

Contributor address: City: State: Zip Code
28729 RR 12
Dripping Springs, Texas 78620

Amount of contribution (\$)
\$10.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/23/06

Full name of contributor out-of-state PAC (ID#:
Dolores Avina

Contributor address: City: State: Zip Code
5505 Emerald Forest Dr.
Austin, Texas 78745

Amount of contribution (\$)
\$10.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/23/06

Full name of contributor out-of-state PAC (ID#:
Tex Style Too

Contributor address: City: State: Zip Code
6303 Cannon League Dr
Austin, TX 78745

Amount of contribution (\$)
\$153.00

In-kind contribution description (if applicable)
Bumper stickers

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/26/06

Full name of contributor out-of-state PAC (ID#:
Rick Wallen

Contributor address: City: State: Zip Code
905 E. 7th St.
Austin, Texas 78702

Amount of contribution (\$)
\$203.51

In-kind contribution description (if applicable)
Printing of Raffle Tickets

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">Yolanda Montemayor</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan <p style="text-align: center;">1-9-06</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Sally Ireland</p>	9 Loan Amount (\$) <p style="text-align: center;">\$5000.00</p>
6 Is lender a financial institution? <p style="text-align: center;">Y <input checked="" type="radio"/> (N)</p>	8 Lender address; City: State: Zip Code <p style="text-align: center;">1013 Cedar Glen Austin, Texas 78745</p>	10 Interest rate <p style="text-align: center;">0%₀</p>
		11 Maturity date <p style="text-align: center;">N/A</p>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City: State: Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan: <p style="text-align: center;">1-13-06</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Sally Ireland</p>	Loan Amount (\$) <p style="text-align: center;">\$5000.00</p>
is lender a financial institution? <p style="text-align: center;">Y <input checked="" type="radio"/> (N)</p>	Lender address; City: State: Zip Code <p style="text-align: center;">1013 Cedar Glen Austin, Texas 78745</p>	Interest rate <p style="text-align: center;">0%₀</p>
		Maturity date <p style="text-align: center;">N/A</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City: State: Zip Code	Amount Guaranteed (\$)
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. 1 of 2
2 FILER NAME Yolanda Montemayor		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/11/06	5 Payee name Capitol Rubber Stamp 6 Payee address: City: State: Zip Code 3314 S. Congress Austin, Texas 78704	7 Amount (\$) \$ 16.24
8 Purpose of payment (See instructions regarding type of information required.) Rubber Stamp		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/11/06	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 1311 E 6th Street Austin, TX 78702	Amount (\$) \$ 1,000.00
Purpose of payment (See instructions regarding type of information required.) Filing day dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/12/06	Payee name Angie Barrientos Payee address: City: State: Zip Code 7401 Shadywood Dr Austin, TX 78745	Amount (\$) \$ 1,000.00
Purpose of payment (See instructions regarding type of information required.) Consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/17/06	Payee name Tex Style TAO Payee address: City: State: Zip Code 6303 Cannon League Drive Austin, TX 78745	Amount (\$) \$ 310.00
Purpose of payment (See instructions regarding type of information required.) T-shirts + stickers		** 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: <i>2 of 2</i>
2 FILER NAME <i>Yolanda Montemayor</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/24/06</i>	5 Payee name <i>Lynne Whittington</i>	7 Amount (\$) <i>\$200.00</i>
6 Payee address; City: State: Zip Code <i>3401 Clawson Rd #A Austin, Texas 78704</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Labor</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/25/06</i>	Payee name <i>SBC</i>	Amount (\$) <i>\$250.40</i>
Payee address; City: State: Zip Code <i>Po Box 930170 Dallas, TX 75393-0170</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Telephone Service</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/26/06</i>	Payee name <i>Fed Ex Kinko's</i>	Amount (\$) <i>\$300.00</i>
Payee address; City: State: Zip Code <i>5601 Brodie Ln # 1210 Austin, Texas 78745</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Copy Cards</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/26/06</i>	Payee name <i>US Postal Service</i>	Amount (\$) <i>\$78.00</i>
Payee address; City: State: Zip Code <i>South Congress Station Austin, Texas 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>postage</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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
1 of 7

2 FILER NAME

Yolanda Montemayor

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)	Reimbursement from political contributions intended
1/5/06	Office Max	5400 Brodie Lane # 350 Austin, TX 78745	Office Supplies	\$ 111.28	<input checked="" type="checkbox"/>
1/6/05	Texas Printing Co.	1209 East Cesar Chavez Austin, Texas 78702	Printing of post cards	\$59.53	<input checked="" type="checkbox"/>
1/6/05	U.S. Postal Service	GMF station Austin, Texas 78710	Postage	\$25.76	<input checked="" type="checkbox"/>
1/7/06	U.S. Postal Service	7310 Mockingbird station 7310 Manchaca Rd Austin, TX 78745	Postage	\$4.60	<input checked="" type="checkbox"/>
1/7/06	U.S. Postal Service	7310 Manchaca Rd Austin, Texas 78745	Postage	\$ 9.94	<input checked="" type="checkbox"/>

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 Schedule G: 2 of 7
2 FILER NAME <i>Yolanda Montemayor</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/9/06</i>	5 Payee name <i>Tax Assessor-Collector</i>	8 Amount (\$) <i>\$ 56.50</i>
	6 Payee address: City: State: Zip Code <i>5501 Airport Austin, Texas</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Vote Listing & Map</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/9/06</i>	Payee name <i>Angie Barrientos</i>	Amount (\$) <i>\$ 500.00</i>
	Payee address: City: State: Zip Code <i>7401 Shadywood Dr Austin TX 78745</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Consultant</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/9/06</i>	Payee name <i>Dollar Plus</i>	Amount (\$) <i>\$ 21.23</i>
	Payee address: City: State: Zip Code <i>1922 E. Riverside Austin, Texas 78741</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Party favors</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/10/06</i>	Payee name <i>Texas Printing Co.</i>	Amount (\$) <i>\$ 51.96</i>
	Payee address: City: State: Zip Code <i>P.O. Box 6250 Austin, Texas 78762</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Printing of fundraiser tickets</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/10/06</i>	Payee name <i>Joe's Bakery</i>	Amount (\$) <i>\$ 250.00</i>
	Payee address: City: State: Zip Code <i>2305 E. 7th St. Austin, Texas 78702</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Announcement Party fees</i>	<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 Schedule G:

3 of 7

2 FILER NAME

Yolanda Montemayor

3 ACCOUNT # (Ethics Commission files)

4 Date

1/12/06

5 Payee name

U.S. Postal Service

6 Payee address: City: State: Zip Code

Downtown Station
Austin, Texas 78701

8 Amount (\$)

\$78.00

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

Stamps

 Reimbursement from political contributions intended

Date

1/12/06

Payee name

FedEx Kinko's

Payee address: City: State: Zip Code

3300 Bee Coves Rd.
Austin, Texas 78746

Amount (\$)

\$16.45

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

Copies

 Reimbursement from political contributions intended

Date

1/12/06

Payee name

Business Network Int'l

Payee address: City: State: Zip Code

- UNK -
Austin TX

Amount (\$)

\$15.00

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

Meeting

 Reimbursement from political contributions intended

Date

1/12/06

Payee name

Capital Area Democratic Women

Payee address: City: State: Zip Code

PO Box 684906
Austin TX 78768-4906

Amount (\$)

\$15.00

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

Meeting

 Reimbursement from political contributions intended

Date

1/12/06

Payee name

Lynne Whittington

Payee address: City: State: Zip Code

3401 Clawson Rd 4A
Austin, Texas 78704

Amount (\$)

\$200.00

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

Labor

 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 Schedule G: 4 of 7
2 FILER NAME Yolanda Montemayor		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/12/06	5 Payee name TOPS 6 Payee address; City: State: Zip Code 1100 E. 5th St. Austin, Texas 78702	8 Amount (\$) \$10.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	
Date 1/13/06	Payee name Capital Rubber Stamp Payee address; City: State: Zip Code 3314 S. Congress Austin, Texas 78704	Amount (\$) \$9.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Name tag	
Date 1/13/06	Payee name Tax Assessor-Collector Payee address; City: State: Zip Code 5501 Airport Austin, Texas	Amount (\$) \$32.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Voter Data	
Date 1/13/06	Payee name Fiesta Tortilla Payee address; City: State: Zip Code 3800 Remontory Point Austin, TX 78744	Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Chips for volunteers	
Date 1/13/06	Payee name Austin Pizza Payee address; City: State: Zip Code 3601 W. William Cannon Austin, TX 78749	Amount (\$) \$70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Pizza for volunteers	

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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: <i>5 of 7</i>
2 FILER NAME <i>Yolanda Montemayor</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>1/13/06</i>	5 Payee name <i>Family Dollar Stores</i> 6 Payee address; City; State; Zip Code <i>500 W. Wm. Cannon Austin, Texas 78745</i>	8 Amount (\$) <i>\$7.58</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Envelopes</i>	
Date <i>1/13/06</i>	Payee name <i>Capital Rubber Stamp</i> Payee address; City; State; Zip Code <i>3314 S. Congress Austin, Texas 78704</i>	Amount (\$) <i>\$30.31</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Rubber Stamps</i>	
Date <i>1/16/06</i>	Payee name <i>The UPS Store</i> Payee address; City; State; Zip Code <i>3005 S. Lamar # D-109 Austin, Texas 78704</i>	Amount (\$) <i>\$2.34</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Copies</i>	
Date <i>1/17/06</i>	Payee name <i>Tax Assessor-Collector</i> Payee address; City; State; Zip Code <i>5501 Airport Austin, Texas</i>	Amount (\$) <i>\$40.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Pct. Maps</i>	
Date <i>1/17/06</i>	Payee name <i>El Sol Y La Luna</i> Payee address; City; State; Zip Code <i>1224 S. Congress Ave Austin TX 78704</i>	Amount (\$) <i>\$50.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>1st Thursday / So Co</i>	

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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
6 of 7

2 FILER NAME

Volanda Montemayor

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/19/06</i>	5 Payee name <i>FedEx Kinko's</i>	8 Amount (\$) <i>\$47.72</i>
	6 Payee address; City: State: Zip Code <i>327 Congress Austin, Texas 78701</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Copies</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/19/06</i>	Payee name <i>Angie's Mexican Restaurant</i>	Amount (\$) <i>\$703.63</i>
	Payee address; City: State: Zip Code <i>900 E. 7th St Austin, Texas 78702</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Fundraiser Expense</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/19/06</i>	Payee name <i>Elvia Muniz</i>	Amount (\$) <i>\$50.00</i>
	Payee address; City: State: Zip Code <i>900 E. 7th St. Austin, Texas 78702</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Labor at fundraiser</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/20/06</i>	Payee name <i>Tax Assessor - Collector</i>	Amount (\$) <i>\$10.00</i>
	Payee address; City: State: Zip Code <i>5501 Airport Austin, Texas</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Pct 4 Maps</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1/21/06</i>	Payee name <i>Krispy Kreme</i>	Amount (\$) <i>\$22.16</i>
	Payee address; City: State: Zip Code <i>701 E. Stassney Lane Austin, TX 78745</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Snacks for volunteers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: 7 of 7

2 FILER NAME Yolanda Montemayor 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/26/06</u>	5 Payee name <u>Fed Ex Kinko's</u> 6 Payee address: City: State: Zip Code <u>327 Congress Austin, Texas 78701</u>	8 Amount (\$) <u>\$ 19.49</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Paper purchase</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

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