

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

\$ 0.00

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

\$ 1,700.00

EXPENDITURE TOTALS

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

\$ 1,231.52

4. TOTAL POLITICAL EXPENDITURES

\$ 5,004.72

CONTRIBUTION BALANCE

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

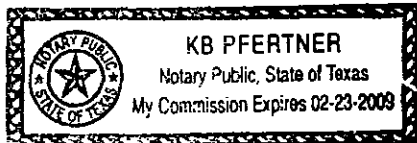
\$ 0.00

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



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.

Yolanda Montemayor
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said YOLANDA MONTEMAYOR this the 10TH day of July, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

K.B. PFERTNER
Printed name of officer administering oath

NOTARY, TEXAS
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: <i>1 of 1</i> | |
| 2 FILER NAME <i>Yolanda Montemayor</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>3/3/06</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Guadalupe G. Sosa</i> | 7 Amount of contribution (\$) <i>\$100.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State; Zip Code <i>P.O. Box 40205 Austin, Texas 78704</i> | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>3/3/06</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Amalgamated Transit Union</i> | Amount of contribution (\$) <i>\$1,500.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code <i>5025 Wisconsin Ave NW Washington, DC 20016</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/27/06</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jonathan M. Beall</i> | Amount of contribution (\$) <i>\$50.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code <i>2001 Justin Ln Austin, Texas 78757</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/27/06</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mary R. Donsbach</i> | Amount of contribution (\$) <i>\$50.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State; Zip Code <i>5005 Glenice Cir Austin, Texas 78745</i> | | | |
| 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME

Yolanda Montemayor

3 ACCOUNT # (Ethics Commission Users)

4 Date

3/2/06

5 Payee name

ATT

7 Amount (\$)

\$137.96

6 Payee address: City: State: Zip Code

555 Main St RM 22802
Beaumont, Texas 77701

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

Phones for campaign

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

Date

3/20/06

Payee name

Aus-Tex Printing

Amount (\$)

\$48.72

Payee address: City: State: Zip Code

2431 Forbes Dr
Austin, Texas 78754

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

Campaign post cards

-- 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

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 1

2 FILER NAME

Wanda Montemayor

3 ACCOUNT # (Ethics Commission Use)

4 Date

2/28/06

5 Payee name

Aus. Tex. Printing

6 Payee address: City: State: Zip Code

*2431 Forbes Dr.
Austin, Texas 78754*

8 Amount (\$)

\$1,679.76

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

Post cards

Reimbursement from political contributions intended

Date

2/1/06

Payee name

Aus. Tex. Printing

Payee address: City: State: Zip Code

*2431 Forbes Dr.
Austin, Texas 78754*

Amount (\$)

\$1,157.06

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

Post cards + mailing

Reimbursement from political contributions intended

Date

3/1/06

Payee name

Aus-Tex Printing

Payee address: City: State: Zip Code

*2431 Forbes Dr.
Austin, Texas 78754*

Amount (\$)

\$522.70

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

Post cards + mailing

Reimbursement from political contributions intended

Date

3/1/06

Payee name

Austin Chronicle

Payee address: City: State: Zip Code

*P.O. Box 4006
Austin Texas 78765*

Amount (\$)

\$227.00

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

Campaign Ad

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

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

Yolanda Montemayor

2 ACCOUNT # (Ethics Commission filers)

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.

X Yolanda Montemayor

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.

X Yolanda Montemayor

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