

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

6317

| | | | | | | | |
|--|---|--|----------------------|-----------|--------|--|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission files) | 2 Total pages filed. | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MS. AMALIA NICKNAME LAST SUFFIX RODRIGUEZ-MENDOZA | OFFICE USE ONLY <hr/> Date Received: _____ <hr/> Date Hand-delivered or Date Postmarked: _____ <hr/> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> Date Processed: _____ <hr/> Date Imaged: _____ | | Receipt # | Amount | | |
| Receipt # | Amount | | | | | | |
| | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2710 ADDISON AVE AUSTIN, TX 78757 | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 453-3858 | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR. JIM NICKNAME LAST SUFFIX EW BANK | | | | | | |
| 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 | <input type="checkbox"/> January '05 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th 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 / 06 THROUGH 06 / 30 / 06 | | | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 07 / 06 | | | | | | |
| 12 OFFICE | OFFICE HELD (if any): DISTRICT CLERK | 13 OFFICE SOUGHT (if known): DISTRICT CLERK | | | | | |
| 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: _____ Address / PO Box, Apt / Suite #, City, State, Zip Code: _____ | | | | | | |

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 Use)

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 -

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3,090.47

CONTRIBUTION BALANCE

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

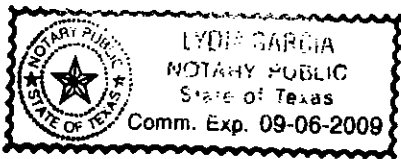
\$ 3,871.05

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 13th day of July, 2009, to certify which, witness my hand and seal of office.

Lydia Garcia
Signature of officer administering oath

Lydia Garcia
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 # (Election Commission Form)

4 Date

5 Full name of contributor 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 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 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 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 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

N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

AMALIA RODRIGUEZ-MENDOZA

4 TOTAL OF UNITEMIZED PLEDGES:

\$

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

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)

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 <i>AMALIA RODRIGUEZ-MENDOZA</i> | | 3 ACCOUNT # (Ethics Commission File#) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇐ ⇒ ⇒ ⇒ \$ | | |
| 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) |
| 14 Description of Collateral <input type="checkbox"/> none | | |
| 15 GUARANTOR INFORMATION <input 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 | 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) |
| Description of Collateral <input type="checkbox"/> none | | |
| GUARANTOR INFORMATION <input 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: |
| 2 FILER NAME AMALIA RODRIGUEZ-MENDOZA | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 1/6/2006 | 5 Payee name EW BANK + BYRON | 7 Amount (\$) 551.74 |
| 6 Payee address: City, State, Zip Code | | |
| 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 |
| Date 1/17/06 | Payee name AUSTIN LYRIC OPERA | Amount (\$) 150.00 |
| Payee address: City, State, Zip Code | | |
| Purpose of payment (See instructions regarding type of information required) KING EVENT | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 1/23/2006 | Payee name TRAVIS County Democratic PARTY | Amount (\$) 100.00 |
| Payee address: City, State, Zip Code | | |
| Purpose of payment (See instructions regarding type of information required) SPONSORSHIP | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 2/2/06 | Payee name AUSTIN Women's Political CAUCUS | Amount (\$) 65.00 |
| Payee address: City, State, Zip Code | | |
| Purpose of payment (See instructions regarding type of information required) DUES | | ** 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: |
| 2 FILER NAME AMALIA RODRIGUEZ-MENDOZA | | 3 ACCOUNT # (Since Commission files): |
| 4 Date 2/2/06 | 5 Payee name THE UNIVERSITY OF TEXAS | 7 Amount (\$) 60.00 |
| 6 Payee address: City: State: Zip Code | | |
| 8 Purpose of payment (See instructions regarding type of information required.) DUES | 9 ** Complete if direct expenditure to benefit C/OH ** Cand name / Officeholder name Office sought Office held | |
| Date 2/6/06 | Payee name AUSTIN MUSEUM OF ART | Amount (\$) 50.00 |
| Payee address: City: State: Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) DUES | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 2/8/06 | Payee name CINE LAS AMERICAS | Amount (\$) 150.00 |
| Payee address: City: State: Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) EVENT SPONSOR | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 2/15/06 | Payee name CAPITAL CITY CHAMBER OF COMMERCE | Amount (\$) 30.00 |
| Payee address: City: State: Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) LUNCHEON | ** Complete if direct expenditure to benefit C/OH ** Cand name / 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.

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

2/20/06

AMALIA RODRIGUEZ MENDOZA

6 Payee address City, State, Zip Code

2710 ADDISON AVE AUSTIN, TX.

185.00

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

REIMBURSEMENT FOR VOLUNTEER APPRECIATION

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/7/06

AUSTIN LYRIC OPERA

Payee address: City, State, Zip Code

250.00

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

CONTRIBUTION

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/3/06

CARLA MC ELROY

Payee address: City, State, Zip Code

38.73

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

ICE CREAM SOCIAL FOR STAFF

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/31/06

AUSTIN LYRIC OPERA

Payee address: City, State, Zip Code

195.00

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

EVENT

** 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.

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

3/31/06

CITIZENS FOR MARGARET GOMEZ

50.00

6 Payee address: City: State: Zip Code

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

CONTRIBUTION

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/22/06

PODER

100.00

Payee address: City: State: Zip Code

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

CONTRIBUTION

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/5/06

CINCO DE MAYO COMMITTEE

25.00

Payee address: City: State: Zip Code

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

PROGRAM SPONSOR

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/12/06

AUSTIN LYRIC OPERA

315.00

Payee address: City: State: Zip Code

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

SEASON SPONSOR

** 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

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission Filer)

4 Date

5/15/06

5 Payee name

SOUTHWEST WRITERS COLLECTION

7 Amount (\$)

250.00

6 Payee address: City, State, Zip Code

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

EVENT CONTRIBUTION

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

6/2/06

Payee name

AMALIA RODRIGUEZ-MENDOZA

Amount (\$)

107.00

Payee address: City, State, Zip Code

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

REIMBURSEMENT FOR LA NOCHE VOLUNTEER EVENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

6/6/06

Payee name

UNIVERSITY OF TEXAS

Amount (\$)

88.00

Payee address: City, State, Zip Code

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

CLASS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

6/15/06

Payee name

SAM BISCOE SPECIAL PROJECTS

Amount (\$)

25.00

Payee address: City, State, Zip Code

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

SPONSOR

-- 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:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission Form)

4 Date

6/15/06

5 Payee name

AUSTIN SALTILLO SISTER CITIES

7 Amount (\$)

130.00

6 Payee address City: State: Zip Code

ASSOC.

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

CULTURAL EXCHANGE PROGRAM

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

Candidate / Officeholder name Office sought Office held

Date

6/27/06

Payee name

AUSTIN PUBLIC LIBRARY FOUNDATION

Amount (\$)

175.00

Payee address: City: State: Zip Code

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

EVENT SPONSOR

** 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

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 filers):

| 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.) | | <input type="checkbox"/> Reimbursement from political contributions intended |
| 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 |
| 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 |
| 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 |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

SCHEDULE H
N/A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

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 / Officer/holder 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 / Officer/holder 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 / Officer/holder 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 / Officer/holder name Office sought Office held

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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

AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission files)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Fees

| | | |
|--------|--|---------------|
| 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