

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME AMALIA RODRIGUEZ-MENDOZA 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>N/A</u>
	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	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>600.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1350.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1935.06</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amalia Rodriguez-Mendoza, this the 1st day of January, 20 11, to certify which, witness my hand and seal of office.

Erica Marie Lopez
Signature of officer administering oath

Erica Marie Lopez
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:	
2 FILER NAME AMALIA RODRIGUEZ-MENDOZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINEBARGER GOGGAN BLAIR + SAMPSON	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 17428 AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) LAW FIRM		10 Employer (See Instructions)	
Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT R. KIDD	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 819 W. 11th St. AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) KIDD LAW FIRM	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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
AMALIA RODRIGUEZ-MENDOZA

3 ACCOUNT # (Ethics Commission Filers)

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		
(If travel outside of Texas, complete Schedule T)			

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		
(If travel outside of Texas, complete Schedule T)			

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		
(If travel outside of Texas, complete Schedule T)			

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		
(If travel outside of Texas, complete Schedule T)			

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		
(If travel outside of Texas, complete Schedule T)			

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 <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
 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 (See Instructions) 20 Employer (See Instructions)

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
 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 (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME AMALIA RODRIGUEZ-MENDOZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25/10	5 Payee name ARRIBA MAGAZINE	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1009 E. CESAR CHAVEZ, AUSTIN, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertisement Exp.	(b) Description (If travel outside of Texas, complete Schedule T)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/1/10	Payee name TRAVIS COUNTY DEMOCRATIC PARTY	
Amount (\$) 250.00	Payee address; City; State; Zip Code 1311 E. 6TH ST. AUSTIN, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION / DONATION	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/2/10	Payee name FONDA SAN MIGUEL	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2330 NORTH LOOP, AUSTIN, TX 78756	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bev.	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/7/10	Payee name AUSTIN Public Library Friends Foundation	
Amount (\$) 125.00	Payee address; City; State; Zip Code P.O. Box 13201 AUSTIN, TX 78711	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION / DONATION	Description (If travel outside of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME AMALIA RODRIGUEZ-MENDOZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/11/10		5 Payee name Foundation for Women Resources			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code HIGHLAND 25 PARK Village, Ste 100-371 DALLAS, Tx 75205			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION / DONATION		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/10/11		Payee name ALONTI			
Amount (\$) 80.00		Payee address; City; State; Zip Code 1210 SAN ANTONIO, Austin, Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Bev for staff retreat		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/2/10		Payee name ELEANOR THOMPSON			
Amount (\$) \$ 50.00		Payee address; City; State; Zip Code 3313 PECAN Springs Rd. #B AUSTIN, Tx 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION / DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/7/10		Payee name AUSTIN LYRIC OPERA			
Amount (\$) 85.00		Payee address; City; State; Zip Code 901 DARTON SPRINGS RA., AUSTIN, Tx 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/BEV Bd. Dinner		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <p style="text-align:center">3</p>	2 FILER NAME <p style="text-align:center">AMALIA RODRIGUEZ-MENDOZA</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">12/7/10</p>	5 Payee name <p style="text-align:center">DISTRICT CLERK EMPLOYEE FUND</p>	
6 Amount (\$) <p style="text-align:center">\$100.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">1000 Guadalupe St. AUSTIN, TX 78701</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">Contribution/Donation - Holiday</p>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">event</p>	Office sought <p style="text-align:center"></p>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center"></p>	Office held <p style="text-align:center"></p>
Date <p style="text-align:center">12/29/10</p>	Payee name <p style="text-align:center">FOUNDATION FOR WOMEN RESOURCES</p>	
Amount (\$) <p style="text-align:center">\$250.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">25 Highland Park Village, Ste 100-371 DALLAS, TX 75205</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Contribution / Donation</p>	Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center"></p>	Office sought <p style="text-align:center"></p>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center"></p>	Office held <p style="text-align:center"></p>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

N/A

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>AMALIA RODRIGUEZ-MENDOZA</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

N/A

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I
N/A

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>AMALIA RODRIGUEZ-MENDOZA</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 *AMACIA RODRIGUEZ-MENDOZA* 3 ACCOUNT # (Ethics Commission Filers)

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 SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME AMALIA RODRIGUEZ-MENDOZA		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED