



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Mers)

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

*GINA ISLAS - MENDOZA*

COMMITTEE ADDRESS

*726 Willow Creek Circle San Marcos Tx 78666*

COMMITTEE CAMPAIGN TREASURER NAME

*Pete T. ISLAS*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*726 Willow Creek Circle San Marcos Tx 78666*

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *4430.03*

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

\$ *158.91*

EXPENDITURE TOTALS

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

\$ *-0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *1584.41*

CONTRIBUTION BALANCE

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

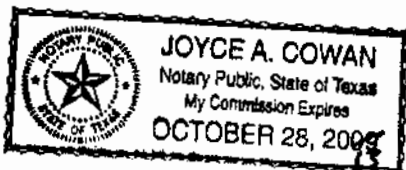
\$ *2960.17*

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.

*Gina Islas-Mendoza*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *GINA ISLAS - MENDOZA*, this the *15* day of *JAN.*, 2010, to certify which, witness my hand and seal of office.

*Joyce A. Cowan*  
Signature of officer administering oath

*Joyce A. Cowan*  
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 this Schedule A:

2 FILER NAME

*Pete T. Iglesias Trece*

3 ACCOUNT # (Ethics Commission files)

4 Date

*Oct 2, 2009*

5 Full name of contributor

*Lee Coakley*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*100.00*

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

*Aug 17  
2009*

Full name of contributor

*Howard Warner*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*58.91*

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.**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Pete T. Islas Treas.</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>11-24-09</i>	5 Payee name <i>H E B</i>	7 Amount (\$) <i>52.80</i>
6 Payee address; City; State; Zip Code <i>San Marcos TX</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>STAMPS for Mail Out</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas Mendez Hays Co. Club NA</i>
Date <i>12-11-09</i>	Payee name <i>Sign Arts</i>	Amount (\$) <i>49.80</i>
Payee address; City; State; Zip Code <i>San Marcos TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Material for Political Signs</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas Mendez Hays Co. Club NA</i>
Date <i>12-11-09</i>	Payee name <i>Kinko's FedEx</i>	Amount (\$) <i>156.97</i>
Payee address; City; State; Zip Code <i>301 N. Edward Gray ST San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>FLYERS for Mail Out.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas-Mendez Hays Co. Club NA</i>
Date <i>12-12-09</i>	Payee name <i>La Palma Grocery</i>	Amount (\$) <i>20.24</i>
Payee address; City; State; Zip Code <i>San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food &amp; Water for workers</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas - Mendez Hays Co. Club NA</i>

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Pete T. ISLAS TR CA.</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>10-23-09</i>	5 Payee name <i>Tyson Foods</i>	7 Amount (\$) <i>250.00</i>
6 Payee address: City, State, Zip Code <i>Seguin Tx</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>BBQ Fund Raiser</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas - Mendocino Hays Co. Clerk. NA</i>
Date <i>11-13-09</i>	Payee name <i>Gina A. ISLAS - Mendocino</i>	Amount (\$) <i>148.60</i>
Payee address: City, State, Zip Code <i>111 El Camino Way San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reimburse for expenses T-Shirts for Workers</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas - Mendocino Hays Co Clerk NA</i>
Date <i>10-23-09</i>	Payee name <i>Victory Cleaners</i>	Amount (\$) <i>113.67</i>
Payee address: City, State, Zip Code <i>San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>T-Shirts for Campaign Workers</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina Islas - Mendocino - Hays Co Clerk NA</i>
Date <i>10-30-09</i>	Payee name <i>Gina ISLAS - Mendocino</i>	Amount (\$) <i>716.57</i>
Payee address: City, State, Zip Code <i>111 El Camino Way San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Aug 1 2009 Brisbit + Supplies fundraiser</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina ISLAS - Mendocino Hays County Clerk NA</i>

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Pete T. ISHAKS TREA.</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>12-14-09</i>	5 Payee name <i>Kwik's FedEx</i> 6 Payee address; City; State; Zip Code <i>301 H. Edward Gary ST San Maron TX 78666</i>	7 Amount (\$) <i>15.96</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Copies for mail out.</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held <i>Gior ISHAKS - Mendoza-Hay Co Clerk      NA</i>	
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
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  Payee address;      City;      State;      Zip Code	Amount (\$)
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  Payee address;      City;      State;      Zip Code	Amount (\$)
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

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