

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> / MR FIRST: GINA MI: M NICKNAME: ISLAS - Mendocia LAST: ISLAS SUFFIX:	OFFICE USE ONLY Date Received RECEIVED JAN 18 2011 ELECTION OFFICE Date Hand-delivered or Date Postmarked [Signature]	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 111 E1 CAMINO WAY SAN MARCOS TX 78666	Receipt # Amount	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 749 - 2243 EXTENSION:	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> / MR FIRST: Pete MI: T. NICKNAME: ISLAS LAST: ISLAS SUFFIX:	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 726 Willow Creek Circle San Marcos Tx 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 353 - 0784 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 10 / 24 / 10 1 / 15 / 11		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County 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 Gina Islas-Mendoza 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 45.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 387.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <342.60>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

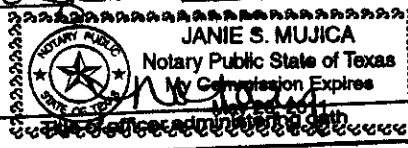
Gina Islas-Mendoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gina Islas-Mendoza this the 18th day of Jan, 20 11, to certify which, witness my hand and seal of office.

Janie S. Mujica
Signature of officer administering oath

JANIE S. MUJICA
Printed name 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 <i>Pete T. Islas</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10-26-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia C. Evans-Peirce</i>	7 Amount of contribution (\$) <i>20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 1707 San Marcos TX 78666</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-1-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy H. Brown</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>823 Willow Creek Circle San Marcos TX 78666</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)	
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)	
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:

2 FILER NAME

Pete T. Islas

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

11-1-10

McLay's

6 Payee address; City, State; Zip Code

100 Wonder World San Marcos TX 78666

2.71
00

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

stake for sign

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

Candidate / Officeholder name Office sought Office held

Gina Islas-Mendoza County Club

Date

Payee name

Amount (\$)

10-27-10

Fed Ex office

Payee address; City, State; Zip Code

301 N. Edward Gary San Marcos TX 78666

6.72

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

COPIES

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

Candidate / Officeholder name Office sought Office held

Gina Islas-Mendoza County Club

Date

Payee name

Amount (\$)

10-28-10

FedEx office

Payee address; City, State; Zip Code

301 N. Edward Gary San Marcos TX 78666

6.04

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

Gina Islas-Mendoza County Club

Date

Payee name

Amount (\$)

11-2-10

Fed Ex office

Payee address; City, State; Zip Code

301 N. Edward Gary San Marcos TX 78666

~~*49.63*~~
49.63

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

Campaign Supplies

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

Candidate / Officeholder name Office sought Office held

Gina Islas-Mendoza County Club

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

Pete T. Islas

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10-27-10

Walgreens

6 Payee address; City, State; Zip Code

639 E Hopkins San Marcos TX 78666

14.06

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

inkjet Refills for copies from Home

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

Gina Islas Mendocino County Clerk

Date

Payee name

Amount (\$)

10-18-10

Walgreens

Payee address; City, State; Zip Code

639 E. Hopkins San Marcos TX 78666

21.63

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

inkjet Refills for Copies from Home

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

Gina Islas-Mendocino County Clerk

Date

Payee name

Amount (\$)

11-5-10

Walgreens

Payee address; City, State; Zip Code

639 E Hopkins San Marcos TX 78666

14.06

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

inkjet Refills for Copies from Home

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

Gina Islas-Mendocino County Clerk

Date

Payee name

Amount (\$)

11-1-10

H.E.B.

Payee address; City, State; Zip Code

641 E. Hopkins San Marcos TX 78666

22.83

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

Supplies for Election Party

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

Gina Islas-Mendocino County Clerk

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 <i>Pete T. ISLAS</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>11-1-10</i>	5 Payee name <i>H.E.B</i>	7 Amount (\$) <i>97.94</i>
6 Payee address; City; State; Zip Code <i>641 E. HOPKINS San Marcos TX 78666</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Party</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina ISLAS-Mendoza County Clerk</i>	
Date <i>11-2-10</i>	Payee name <i>H.E.B</i>	Amount (\$) <i>48.98</i>
Payee address; City; State; Zip Code <i>641 E HOPKINS San Marcos TX 28666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>" Campaign Party</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina ISLAS-Mendoza County Clerk</i>	
Date <i>11-2-10</i>	Payee name <i>Shel. Dela Rosa</i>	Amount (\$) <i>100.00/m</i>
Payee address; City; State; Zip Code <i>732 Willow Crest Circle San Marcos TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Party</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>Gina ISLAS-Mendoza County Clerk</i>	
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