

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Cara						
	NICKNAME	LAST	SUFFIX	Date Received			
	Mendelsohn						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	7120 Van Hook Drive		Dallas	TX	75248		
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	939 6123					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	Dinah			Amount \$			
	NICKNAME	LAST	SUFFIX	Date Processed			
	Miller			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
(Residence or Business)	15807 Nedra Way		Dallas	TX	75248		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972)	980 4463					
9 REPORT TYPE	<input 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 checked="" 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	Month	Day	Year	
	03	26	2019	THROUGH	04	24	2019
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	04	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Council District 12			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Cara Mendelsohn

15 Filer ID (Ethics Commission Filers)

**16 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 205.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 19680.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 29878.33

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 7674.42

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20000.00

18 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.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cara Mendelsohn, this the 25th day of April, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME
Cara Mendelsohn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,475.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,800.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 77.59
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 7

2 FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)

4 Date

04/23/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Metrotex Association of Realtors, Inc. Political Action Committee

6 Contributor address;

City; State; Zip Code

8201 N Stemmons Frwy

Dallas, TX 75247

7 Amount of contribution (\$)

2500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/22/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

The Real Estate Council Political Action Committee

Contributor address;

City; State; Zip Code

3100 N McKinnon St Suite 1150

Dallas, TX 75201

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HBA of Greater Dallas Homepac

Contributor address;

City; State; Zip Code

5816 W Plano Pkwy

Plano, TX 75093

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Citizens For Affordable Housing PAC

Contributor address;

City; State; Zip Code

7114 Royal Ln

Dallas, TX 75230

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 7**2** FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)**4** Date

04/15/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Dallas Retired Firefighters Association PAC Fund

6 Contributor address;

City; State; Zip Code

P.O. Box 117540

Carrollton, TX 75011

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/18/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HBA of Greater Dallas Homepac

Contributor address;

City; State; Zip Code

5816 W Plano Pkwy

Plano, TX 75093

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jean and David Dean

Contributor address;

City; State; Zip Code

P.O. Box 140039

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)
AttorneyEmployer (See Instructions)
David Dean and Associates

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael and Patricia Sutton

Contributor address;

City; State; Zip Code

6202 Oakleaf Rd

Dallas, TX 75248

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)
Managing PartnerEmployer (See Instructions)
Guideboat Capital Partners**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 7**2** FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)**4** Date

03/28/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Dallas Firefighters Association Public Safety Committee

6 Contributor address;

City; State; Zip Code

10956 Audelia Rd

Dallas, TX 75243

7 Amount of contribution (\$)

1500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dallas Police Officer PAC

Contributor address;

City; State; Zip Code

1412 Griffin St. East

Dallas, TX 75215

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wick Allison

Contributor address;

City; State; Zip Code

4340 Versailles Ave

Dallas, TX 75205

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

42 Real Estate, LLC

Contributor address;

City; State; Zip Code

2105 Commerce St Suite 342

Dallas, TX 75201

Amount of contribution (\$)

1000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 7

2 FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike and Diane Gruber

6 Contributor address;

City; State; Zip Code

1445 Ross Ave Suite 2500

Dallas, TX 75202

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Gruber Hail Johansen Shank LLP

Date

03/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John and Diane Matthews

Contributor address;

City; State; Zip Code

120 Winding Creek Way

Argyle, TX 76266

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

tbd

Employer (See Instructions)

tbd

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

J McDonald Williams

Contributor address;

City; State; Zip Code

8604 Greenville Ave Suite 200

Dallas, TX 75243

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ellen Carter Williams

Contributor address;

City; State; Zip Code

8604 Greenville Ave Suite 200

Dallas, TX 75243

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

retired

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 7**2** FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)**4** Date

03/27/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Mary C Evans

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

11407 W Ricks Circle

Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)

real estate publisher

9 Employer (See Instructions)

Candys Dirt

Date

03/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jack Bronstad

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6223 Pineview Rd

Dallas, TX 75248

Principal occupation / Job title (See Instructions)

stockbroker

Employer (See Instructions)

Stifel Nicolaus & Co

Date

03/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carol Aaron

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

9707 Meadow Brook Dr

Dallas, TX 75220

Principal occupation / Job title (See Instructions)

philanthropist

Employer (See Instructions)

Date

03/26/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tanya Ragan

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

630 Pearl

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Wildcat Management

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 7**2** FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)**4** Date

04/04/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Benjamin Mesches

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

18715 Stoneridge Dr

Dallas, TX 75252

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Haynes and Boone

Date

04/07/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eileen Disraeli

Amount of contribution (\$)

75.00

Contributor address;

City; State; Zip Code

5506 Tamaron Dr

Dallas, TX 75287

Principal occupation / Job title (See Instructions)
nurse

Employer (See Instructions)

Date

04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Larry Strauss

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5708 Eastman Dr

Plano, TX 75093

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date

04/20/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Kleinman

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

11322 E Ricks Dr

Dallas, TX 75230

Principal occupation / Job title (See Instructions)
PresidentEmployer (See Instructions)
MIDAK Management Company**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 7**2** FILER NAME

Cara Mendelsohn

3 Filer ID (Ethics Commission Filers)**4** Date

04/22/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Jean Callison

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1705 Burning Tree Ln

Plano, TX 75093

8 Principal occupation / Job title (See Instructions)
community volunteer**9** Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Billingsley

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1722 Routh Street Suite 770

Dallas, TX 75201

Principal occupation / Job title (See Instructions)
PartnerEmployer (See Instructions)
Billingsley Co

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aleksandra Rosen

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

6924 Brentfield Dr

Dallas, TX 75248

Principal occupation / Job title (See Instructions)
ManagerEmployer (See Instructions)
Planmeca USA, Inc.

Date

04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steve Atkinson

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5926 Tree Shadow Trl

Dallas, TX 75252

Principal occupation / Job title (See Instructions)
RealtorEmployer (See Instructions)
Dave Perry Miller Real Estate**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Cara Mendelsohn	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2019	5 Payee name USPS	
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 5995 Summerside Dr Dallas, TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) postcard stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/18/2019	Payee name USPS	
Amount (\$) 23.45	Payee address; City; State; Zip Code 5995 Summerside Dr Dallas, TX 75248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/16/2019	Payee name Alphagraphics	
Amount (\$) 48.55	Payee address; City; State; Zip Code 601 W Plano Pkwy Plano, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Cara Mendelsohn	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2019	5 Payee name MNA	
6 Amount (\$) 3750.00	7 Payee address; City; State; Zip Code 815 Brazos St Suite 304 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate / Officeholder name MNA	
Amount (\$) 7369.95	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2019	Candidate / Officeholder name MNA	
Amount (\$) 5300.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Cara Mendelsohn	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2019	5 Payee name MNA	
6 Amount (\$) 1285.15	7 Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/12/2019	Payee name MNA	
Amount (\$) 7369.95	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/11/2019	Payee name MNA	
Amount (\$) 725.25	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Cara Mendelsohn	3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2019	5 Payee name MNA	
6 Amount (\$) 853.44	7 Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/04/2019	Payee name MNA	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 03/27/2019	Payee name MNA	
Amount (\$) 1900.00	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising and consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Cara Mendelsohn	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
5 Date 04/16/2019	6 Payee name The Home Depot				
7 Amount (\$) 77.59	8 Payee address; City; State; Zip Code 2220 North Coit Rd Richardson, TX 75080				
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign zip ties			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					