

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

Cara

NICKNAME

LAST

SUFFIX

Mendelsohn

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7120 Van Hook Drive

Dallas TX 75248

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

939 6123

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Dinah

NICKNAME

LAST

SUFFIX

Miller

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

15807 Nedra Way

Dallas TX 75248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

980 4463

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

03

26

2019

THROUGH

Month

Day

Year

04

24

2019

11 ELECTION

ELECTION DATE

Month

Day

Year

05

04

2019

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Council District 12

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

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

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

1445 Ross Ave Suite 2500

Dallas, TX 75202

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

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

120 Winding Creek Way

Argyle, TX 76266

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

8604 Greenville Ave Suite 200

Dallas, TX 75243

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

8604 Greenville Ave Suite 200

Dallas, TX 75243

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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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
	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 04/16/2019	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
	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: 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		
Candidate / Officeholder name Office sought Office held		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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
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		

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		
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		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		