City Secretary's Office

Supplemen Officeholde	tal Report r			FOR Cover She	et SR	
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Cara	МІ	2. Total Pages Filed: 16		
	NICKNAME	LAST <b>Mendelsohn</b>	SUFFIX	3. Office Held  Council District 1	12	
4. SUPPLEMENTAL REPORT TYPE	c January 15  ★ July 15	c 30th day before		c 15th day after camp treasurer appointme (officeholder only) \$500 c Final Report		
5. PERIOD / COVERED		1/1/2024	тнгоидн 6/30/20	)24		
6. ELECTION	Month Day Year	c Primary	c Runoff	<b>X</b> General c Spe	ecial c N/A	
7. OFFICE- HOLDER	CONTRIBUTION TOTALS		ER CONTRIBUTIONS OF \$5 GUARANTEES OF LOANS),	·	\$ 0.00	
L		2. TOTAL OFFICEHOLDI OTHER THAN PLEDGES	ER CONTRIBUTIONS , LOANS, OR GUARANTEES	S OF LOANS)	\$0.00	
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00				
	TOTALS	4. TOTAL OFFICEHOLD	ER EXPENDITURES		\$ 0.00	
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00				
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1,90				
	EXPENDITURE	7. TOTAL POLITICAL EX	\$ 0.00			
	TOTALS	8. TOTAL POLITICAL EX	\$ 2,963.15			
9. OFFICEHOLDER FUI FOR CAMPAIGN PUR			UNT OF OFFICEHOLDER CORES DURING THE REPORT	ONTRIBUTIONS USED FOR ING PERIOD	\$0.00	
10. AFFIDAVIT		is true and		of perjury, that the accompai Il information required to be i		
			***ELECTRONICAL	LY CERTIFIED***		
AFFIX NOTARY STA	MP / SEAL ABOVE		Signature of Candid	late or Officeholder		
Sworn to and subscribed	before me, by the said Car	a Mendelsohn		, this the <b>7th</b>	day	
	20_ <b>24</b> , to certify whic		eal of office.			
Signature of officer ad	dministering oath	Printed name of officer a	administering oath	Title of officer ad	ministering oath	

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 2
<b>2</b> FILER NAME Cara Mendelsoh				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
02/13/2024	David Kurtz			500.00
Campaign Contribution	6 Contributor address; 5727 Portsmouth Ln	City; Dallas,	State; Zip Code TX 75252	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/21/2024	Anne Binns			200.00
Campaign Contribution	Contributor address; 4244 Briarbend Rd	City;	State; Zip Code TX 75287	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/21/2024	Michelle Canter			500.00
Campaign Contribution	Contributor address; 5315 Stone Falls Ln	City; Dallas,	State; Zip Code TX 75287	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 04/22/2024	Full name of contributor Hugh Peace	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; 4528 Briar Oaks Cir	City; Dallas,	State: Zip Code TX 75287	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 2
2 FILER NAME Cara Mendelsoh				3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2024	Full name of contributor     Kandi Duplantis	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) 200.00
Campaign Contribution	6 Contributor address; 5202 Harbor Town Dr	City; Dallas,	State; Zip Code TX 75287	
8 Principal occ	 upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 04/27/2024 Campaign Contribution	Full name of contributor  Susan Meriwether  Contributor address; 7255 Holyoke Dr	City;	State; Zip Code	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 04/27/2024	Full name of contributor  Jeffrey Rosenfeld	_	C (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 6925 Rocky Top Cir	City;	State; Zip Code TX 75252	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 04/27/2024	Full name of contributor John Galli Jr	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; 1614 Squaw Valley Dr	City; Dallas,	State: Zip Code TX 75252	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1: 1 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/02/2024	Google G Suite		
6 Amount (\$) 12.79 Campaign Funds for	7 Payee address; 1600 Amphitheatre PkwyMountain View, CA 94043	City;	State; Zip Code
Campaign Expenditures  8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
			L
PURPOSE OF EXPENDITURE	Advertising Expense	Google business work	kspace
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/16/2024	Constant Contact		
Amount (\$) 81.02	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	1601 Trapelo Rd Waltham, MA 02451		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	emails	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/25/2024	Go Daddy		
Amount (\$) 340.87	Payee address; 2155 E GoDaddy Way Tempe, AZ 85284	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	2133 E GoDaudy Way Tempe, AZ 83284		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not isted above	ve)
<b>1</b> Total pages Schedule F1: 2 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission F	Filers)
4 Date	5 Payee name			
01/29/2024	Automattic, Inc.			
6 Amount (\$) 268.63	<b>7</b> Payee address; 60 29th Street Suite 343 San Francisco, CA 94110	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/29/2024	Automattic, Inc.			
Amount (\$) 51.17	Payee address;	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	60 29th Street Suite 343 San Francisco, CA 94110			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/22/2024	Constant Contact			
Amount (\$) 243.06	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State; Zip Code	_
Campaign Funds for Campaign Expenditures	1001 Hapelo Ku Walilalii, MA 02431			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	, ,	
<b>1</b> Total pages Schedule F1: 3 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
04/08/2024	Go Daddy			
6 Amount (\$) 191.75 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; 2155 E GoDaddy Way Tempe, AZ 85284	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/22/2024	Signs by Tomorrow			
Amount (\$) 572.60 Campaign Funds for	Payee address; 1101 Ohio Drive Suite 1 <b>Pl</b> ano, TX 75093	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/31/2024	Wix.com Inc.			
Amount (\$) 233.82	Payee address; 5 Yunitsman St Tel Aviv Israel, TX 69360-	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	3 Tullitsiliali St Tel Aviv Islael, 17 09300-			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	oursi (omer a sategor	,
1 Total pages Schedule F1: 4 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/16/2024	Amazon Inc.			
6 Amount (\$) 106.63 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; 410 Terry Ave N Seattle, WA 98109	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign stakes		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/01/2024	Constant Contact			
Amount (\$) 170.56 Campaign Funds for Campaign Expenditures	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
1 0 1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
06/01/2024	Constant Contact			
Amount (\$) 170.56  Campaign Funds for Campaign Expenditures	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel Out Of District Other (enter a categor	
	The Instruction Guide explai			, ,	,
1 Total pages Schedule F4:	2 FILER NAME Cara Mendelsohn			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
<b>5</b> Date	6 Payee name				
06/10/2024	Tactacam				
<b>7</b> Amount (\$) 9.00	8 Payee address;		City;	State;	Zip Code
Officeholder Funds for	1668 Jordan West Rd Decorah, IA 52	2101			
Campaign Expenditures					
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Enhanced security system	s schedule)	(b) Description	nm subscription	
	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	eld
Date	Payee name				
05/10/2024	Tactacam				
Amount (\$) 9.00	Payee address;		City;	State;	Zip Code
Officeholder Funds for	1668 Jordan West Rd Decorah, IA 52	2101			
Campaign Expenditures					
TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi Enhanced security system	is schedule)	Description ca	am subscription	
	Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	ıstin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	eld
	ATTACH ADDITIONAL COPIES (	OF THIS SO	CHEDULE AS NE	EDED	

### SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense  Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instru	ction Guide exp	lains how to co	mplete this form.			
1 Total pages Schedule F4: 2 of 6	2 FILER I					3 Filer ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	ZED EXP	ENDITUR	ES CHARGE	DTOACRE	EDIT CARD	\$		
5 Date	6 Payee	name						
04/10/2024	Tactacam							
<b>7</b> Amount (\$) 9.00	8 Payee	Payee address; City; State; Zip Code						
Officeholder Funds for	1668 Jordai	n West Rd	Decorah, IA	52101				
Campaign Expenditures								
9 TYPE OF EXPENDITURE	X	Political		Non-Poli	tical			
10 PURPOSE OF EXPENDITURE		y (See Categorie ecurity system	s listed at the top of	this schedule)	(b) Description	nm subscription		
	(c)	Check if travel ou	itside of Texas. Compl	ete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Offic	eholder name	Off	fice sought	Office h	eld	
Date	Payee	name						
03/10/2024	Tactacam							
Amount (\$) 9.00 Officeholder Funds for	Payee 1668 Jordar	address; n West Rd	Decorah, IA	52101	City;	State;	Zip Code	
Campaign Expenditures								
TYPE OF EXPENDITURE	X	Political		Non-Pol	itical			
PURPOSE OF EXPENDITURE	_	y (See Categorie ecurity systen	es listed at the top of N	this schedule)	Description ca	nm subscription		
		Check if travel or	utside of Texas. Comp	lete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Offic	eholder name	Of	fice sought	Office h	eld	
	ATTAC	H ADDITIC	NAL COPIES	OF THIS SO	CHEDULE AS NE	EDED		

# SCHEDULE **F4**

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overli Polling Expe		Travel In District	ng Expense nent & Related Expense			
Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)			
	The Instruction Guide explain	s how to co	mplete this form.					
<b>1</b> Total pages Schedule F4: 3 of 6	2 FILER NAME Cara Mendelsohn							
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACRI	EDIT CARD	\$				
5 Date	6 Payee name							
02/10/2024	Tactacam							
<b>7</b> Amount (\$) 9.00	8 Payee address;	8 Payee address; City; State; Zip Code						
Officeholder Funds for	1668 Jordan West Rd Decorah, IA 521	.01						
Campaign Expenditures								
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical					
10	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description					
PURPOSE	Enhanced security system		са	am subscription				
OF EXPENDITURE								
	(c) Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder living	expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	əld			
Date	Payee name							
02/11/2024	Tactacam							
Amount (\$) 95.93	Payee address;		City;	State;	Zip Code			
Officeholder Funds for	1668 Jordan West Rd Decorah, IA 521	.01						
Campaign Expenditures								
TYPE OF EXPENDITURE	X Political	Non-Po	litical					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Enhanced security system	schedule)	Description ca	am subscription				
	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livinç	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	eld			
	ATTACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NE	EDED				

# SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Me Legal Services	emorials Expense	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of District Other (enter a catego		
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 4 of 6	2 FILER N					3 Filer ID (Ethics (	Commission Filers)	
4 TOTAL OF UNITEM	ZED EXP	ENDITURE	ES CHARGEI	DTOACR	EDIT CARD	\$		
5 Date	6 Payee r	name						
02/11/2024	Tactacam							
<b>7</b> Amount (\$) 95.93	8 Payee a	8 Payee address; City; State; Zip Code						
Officeholder Funds for	1668 Jordan	West Rd	Decorah, IA 5	52101				
Campaign Expenditures								
9 TYPE OF EXPENDITURE	X	Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE		(See Categorie ecurity systen	s listed at the top of th	is schedule)	(b) Description	am subscription		
	(c)	Check if travel ou	tside of Texas. Complet	te Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Office	eholder name	Of	fice sought	Office h	eld	
Date	Payee r	name						
02/11/2024	Tactacam							
Amount (\$) 95.93	Payee	address;			City;	State;	Zip Code	
Officeholder Funds for	1668 Jordan	West Rd	Decorah, IA 5	52101				
Campaign Expenditures								
TYPE OF EXPENDITURE	X	Political		Non-Po	litical			
PURPOSE OF EXPENDITURE		y (See Categorie ecurity systen	es listed at the top of th	nis schedule)	Description ca	am subscription		
		Check if travel ou	utside of Texas. Comple	te Schedule T.	Check if Au	ustin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	didate / Offic	eholder name	Of	fice sought	Office h	eld	
	ATTAC	H ADDITIO	NAL COPIES	OF THIS SO	CHEDULE AS NE	EDED		

### SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	
Candidate/Officeholder/Politica	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: 5 of 6	2 FILER NAME Cara Mendelsohn  3 Filer ID (Ethics Commission Filers)
	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>5</b> Date	6 Payee name
02/10/2024	Tactacam
<b>7</b> Amount (\$) 120.00	8 Payee address; City; State; Zip Code
Officeholder Funds for	1668 Jordan West Rd Decorah, IA 52101
Campaign Expenditures	
9 TYPE OF EXPENDITURE	X Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Enhanced security system cam subscription
-	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
05/20/2024	Sams Club
Amount (\$) 15.98 Officeholder Funds for	Payee address; City; State; Zip Code 301 Coit Rd Plano, TX 75075
Campaign Expenditures	
TYPE OF EXPENDITURE	X Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Enhanced security system  Description batteries
	Check if travel outside of Texas. Complete Schedule T.  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

# SCHEDULE **F4**

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overl Polling Expo Printing Exp		Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	The Instruction Guide explain	ns how to co	mplete this form.		
<b>1</b> Total pages Schedule F4: 6 of 6	2 FILER NAME Cara Mendelsohn			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee name				
04/28/2024	Sams Club				
<b>7</b> Amount (\$) 24.98	8 Payee address;		City;	State;	Zip Code
Officeholder Funds for	301 Coit Rd Plano, TX 7507	75			
Campaign Expenditures					
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Enhanced security system		ba	atteries	
OF EXPENDITURE					
-	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	eld
Date	Payee name				
05/18/2024	The Home Depot				
Amount (\$) 25.94 Officeholder Funds for Campaign Expenditures	Payee address; 2220 North Coit Rd Richardson, TX	X 75080	City;	State;	Zip Code
TYPE OF EXPENDITURE	X Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			gn cable ties	
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	neld
	ATTACH ADDITIONAL COPIES O	OF THIS SO	CHEDULE AS NE	EDED	

# POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Credit Card Payment	The Instruction Guide explains how	w to complete this form.			
1 Total pages Schedule G: 1 of 3	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 06/11/2024	5 Payee name Master Card - Citi	<u>'</u>			
6 Amount (\$) 9.00 Campaign Funds for Campaign Expenditures Reimbursement from political contributions intended	7 Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Credit Card Payment	Payment for Schedule F4 expen			
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Office sought	TX, officeholder living expense  Office held		
Date 05/11/2024	Payee name Master Card - Citi				
Amount (\$) 9.00  Campaign Funds for  Campaign Expenditures  Expenditures  TX  political contributions intended	Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Credit Card Payment	e) Description Payment for Schedule F4 expen	nses		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date 04/11/2024	Payee name Master Card - Citi				
Amount (\$) 9.00 Campaign Funds for Campaign Empediative in from Dollitical contributions intended	Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Credit Card Payment	Description Payment for Schedule F4 expen	nses		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		

# POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G: 2 of 3	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/11/2024	5 Payee name Master Card - Citi			
6 Amount (\$) 416.79 Campaign Funds for Campaign Expenditures Reimbursement from political contributions intended	7 Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Payment for Schedule F4 expension		
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	, TX, officeholder living expense  Office held	
Date 06/11/2024	Payee name Master Card - Citi			
Amount (\$) 41.92 Campaign Funds for Campaign Expenditures X political contributions intended	Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Payment for Schedule F4 expe	nses	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
Date 05/11/2024	Payee name Master Card - Citi			
Amount (\$) 24.98 Campaign Funds for Campaign Expenditure in from [X] political contributions intended	Payee address; P.O. Box 78045 Phoenix, AZ 85062	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Payment for Schedule F4 expen	nses	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 3 of 3 Cara Mendelsohn 4 Date 5 Payee name 03/02/2024 Amazon Inc. **6** Amount (\$) 63.87 7 Payee address; City; State; Zip Code Campaign Funds for 410 Terry Ave N Seattle, WA 98109 Campaign Expenditures Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Enhanced security system solar panel OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/22/2024 Amazon Inc. Amount (\$) 59.00 Payee address; City; State; Zip Code Campaign Funds for 410 Terry Ave N Seattle, WA 98109 Campaign Expenditures Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE solar panel Enhanced security system OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/10/2024 Cabelas Amount (\$) 330.16 Payee address; City; State; Zip Code Campaign Funds for 1 Cabela Drive Allen, TX 75002 Campaign Expenditures nt from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Enhanced security system enhanced security system OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH