

Supplemental Report  
OfficeholderFORM  
Cover Sheet **SR**

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Cara</b>	MI <b>L</b>	2. Total Pages Filed: <b>6</b>
	NICKNAME	LAST <b>Mendelsohn</b>	SUFFIX	3. Office Held <b>Council District 12</b>
4. SUPPLEMENTAL 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			
5. PERIOD / COVERED	7/1/2022    THROUGH    12/31/2022			
6. ELECTION	Month    Day    Year <b>5/6/2023</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> N/A			
7. OFFICE-HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 13,000.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 913.87
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="text-align: center;"> <p>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.</p> <p>***ELECTRONICALLY CERTIFIED***</p> <p>_____</p> <p>Signature of Candidate or Officeholder</p> </div> </div>				
Sworn to and subscribed before me, by the said <u>Cara L Mendelsohn</u> , this the <u>10th</u> day of <u>January</u> , 20 <u>23</u> , to certify which, witness my hand and seal of office.				
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1 of 3
<b>2</b> FILER NAME Cara L Mendelsohn		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/22/2022  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Addy ..... <b>6</b> Contributor address; City; State; Zip Code 3805 Normandy Ave Dallas, TX 75205	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Executive Chairman Principal occupation / Job title (See Instructions)		<b>9</b> ISN Corporation Employer (See Instructions)
Date 10/22/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Addy ..... Contributor address; City; State; Zip Code 3805 Normandy Ave Dallas, TX 75205	Amount of contribution (\$) 1000.00
Founder Principal occupation / Job title (See Instructions)		The Addy Foundation Employer (See Instructions)
Date 10/31/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TX _____) HBA of Greater Dallas HOMEPAC ..... Contributor address; City; State; Zip Code 5816 W. Plano Pkwy Plano, TX 75093	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Mazziotta ..... Contributor address; City; State; Zip Code 7114 Royal Lane Dallas, TX 75230	Amount of contribution (\$) 1000.00
Owner Principal occupation / Job title (See Instructions)		Nunneley Real Estate Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2 of 3
<b>2</b> FILER NAME Cara L Mendelsohn		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/2022  Campaign Contribution	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray L Hunt ..... <b>6</b> Contributor address; City; State; Zip Code 1900 N Akard Street Dallas, TX 75201	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Chairman		<b>9</b> Employer (See Instructions) Hunt Consolidated, Inc.
Date 12/05/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis Johnson ..... Contributor address; City; State; Zip Code 1001 Bellevue St Suite P1 Dallas, TX 75215	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon Stein ..... Contributor address; City; State; Zip Code 9338 Meadowbrook Dr Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Southern Wine and Spirits
Date 12/03/2022  Campaign Contribution	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Stein ..... Contributor address; City; State; Zip Code 9338 Meadowbrook Dr Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3 of 3
<b>2</b> FILER NAME Cara L Mendelsohn		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Burk	<b>7</b> Amount of contribution (\$) 1000.00
Campaign Contribution	<b>6</b> Contributor address; City; State; Zip Code 5311 Park Ln Dallas, TX 75220	
<b>8</b> <u>President</u> Principal occupation / Job title (See Instructions)		<b>9</b> <u>Burk Interests, Inc.</u> Employer (See Instructions)
Date 11/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buzz and Nancy Deitchman	Amount of contribution (\$) 2000.00
Campaign Contribution	Contributor address; City; State; Zip Code 17205 Wester Way Ct Dallas, TX 75248	
<b>Attorney</b> Principal occupation / Job title (See Instructions)		<b>B Buzz Deitchman PC</b> Employer (See Instructions)
Date 10/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Goad	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; State; Zip Code 7034 Lattimore Dr Dallas, TX 75252	
<b>Head of Revenue Management</b> Principal occupation / Job title (See Instructions)		<b>Mint House</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
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.

<b>1</b> Total pages Schedule F4: 1 of 1	<b>2</b> FILER NAME Cara L Mendelsohn	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 11/14/2022	<b>6</b> Payee name Constant Contact	
<b>7</b> Amount (\$) 374.22 Officeholder Funds for Campaign Expenditures	<b>8</b> Payee address; City; State; Zip Code 1601 Trapelo RD Suite 329Waltham, MA 02451	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description Solicitation expense
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/07/2022	Payee name Vistaprint	
Amount (\$) 539.65 Officeholder Funds for Campaign Expenditures	Payee address; City; State; Zip Code 95 Hayden Av Lexington, MA 02421	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description stationery, business cards
	<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		

# 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  
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.

<b>1</b> Total pages Schedule G: 1 of 1	<b>2</b> FILER NAME Cara L Mendelsohn	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/11/2022	<b>5</b> Payee name Master Card - Citi	
<b>6</b> Amount (\$) 913.87 Campaign Funds for Campaign Expenditures <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; P.O. Box 78045 Phoenix, AZ 85062 City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description Payment for Schedule F4 expenses
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		