

# Supplemental Report Officeholder

# FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Cara</b>	MI	2. Total Pages Filed: <b>2</b>
	NICKNAME	LAST <b>Mendelsohn</b>	SUFFIX	3. Office Held <b>Council District 12</b>
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15   <input checked="" type="checkbox"/> July 15         </div> <div> <input type="checkbox"/> 30th day before election   <input type="checkbox"/> 8th day before election         </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Exceeded \$500 limit         </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)   <input type="checkbox"/> Final Report         </div> </div>			
5. PERIOD / COVERED	1/1/2022 THROUGH 6/30/2022			
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special    <input type="checkbox"/> N/A         </div> </div>			
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)		\$ 2,500.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES		\$ 0.00
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 style="width: 40%;"> <p>10. AFFIDAVIT</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%; 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>_____ Signature of Candidate or Officeholder</p> </div> </div>				
<p>Sworn to and subscribed before me, by the said <u>Cara Mendelsohn</u>, this the <u>9th</u> day of <u>July</u>, 20 <u>22</u>, to certify which, witness my hand and seal of office.</p>				
<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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 1

**2** FILER NAME

Cara Mendelsohn

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

**4** Date

06/21/2022

Campaign  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

TREPAC/Texas Association of Realtors Political Action Committee

**6** Contributor address;

City; State; Zip Code

P.O. Box 2246

Austin, TX 78768

**7** Amount of contribution (\$)

2500.00

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

**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

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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.**