Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Cara L	2. Total Pages Filed: 11	
	NICKNAME	LAST SUFFIX Mendelsohn	3. Office Held Council District 1	2
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day before election c Runoff	c 15th day after campa treasurer appointmer (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2023 THROUGH 12/31/2023		
6. ELECTION	Month Day Year			
		c Primary c Runoff $oldsymbol{X}$ (General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
Ļ		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	\$ 0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE	ESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 0.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$ 30,561.20
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPENDITURES DURING THE REPORTING PER		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perju is true and correct and includes all inforr me under Title 15, Election code.		
		ELECTRONICALLY CE	ERTIFIED	
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				
Sworn to and subscribed b	pefore me, by the said <u>Cara</u>	L Mendelsohn	this the14th	day
of January , 20	24 , to certify which,	witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer adr	ninistering oath

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.	outer (other a satisf	
1 Total pages Schedule F1:	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
12/26/2023	Cara Mendelsohn			
6 Amount (\$) 1115.16 Campaign Funds for Campaign Expenditures	7 Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	6/30/23 report	
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/26/2023	Cara Mendelsohn			
Amount (\$) 913.87 Campaign Funds for Campaign Expenditures	Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	s 12/31/22 report	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/26/2023	Cara Mendelsohn			
Amount (\$) 140.00 Campaign Funds for Campaign Expenditures	Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	6/30/21 report	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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.		
1 Total pages Schedule F1: 2 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
12/26/2023	Cara Mendelsohn			
6 Amount (\$) 206.57 Campaign Funds for Campaign Expenditures	7 Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses 4/21/21 report		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/26/2023	Cara Mendelsohn			
Amount (\$) 1596.84 Campaign Funds for	Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	3/22/21 report	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/26/2023	Cara Mendelsohn			
A 1 (A)	Payee address;	City;	State;	Zip Code
44.40	7120 Van Hook Drive Dallas, TX 75248	- 3,	,	•
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	s 12/31/20 report	
	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	<u> </u>	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 o	complete this form.	Other (enter a catego	ny not listed above)
1 Total pages Schedule F1: 3 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/26/2023	Cara Mendelsohn			
6 Amount (\$) 784.08 Campaign Funds for	7 Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
Campaign Expenditures	(C) Cotogony (Co. Cotogonica listed at the top of this cale data)	(b) Description		
8	(a) Category (See Categories listed at the top of this schedule)		2/25/10	
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	3/25/19 report	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/26/2023	Cara Mendelsohn			
Amount (\$) 2145.07	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	7120 Van Hook Drive Dallas, TX 75248			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Schedule G expenses	12/31/18 report	
	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			
12/26/2023	Cara Mendelsohn			
Amount (\$) 21200.00	Payee address; 7120 Van Hook Drive Dallas, TX 75248	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	, 120 , the 1300A 211 W 2 that 1, 121 W 2 To			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repayment		
	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	complete this form.		
1 Total pages Schedule F1: 4 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
08/06/2023	RISD Council of PTAs			
6 Amount (\$) 123.00 Campaign Funds for Campaign Expenditures	7 Payee address; 400 S. Greenville Ave Richardson, TX 75081	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Marnis Angel Membership supporting RISD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/04/2023	Assist the Officer Foundation			
Amount (\$) 1000.00	Payee address; 1412 Griffin St. E Dallas, TX 75215	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/14/2023	Signature Coins			
Amount (\$) 588.60	Payee address; 4301 Metric Dr Winter Park, FL 32792	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	4501 Medie Di Willer Fark, FE 52172			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Challenge coins		
	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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	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	complete this form.		
1 Total pages Schedule F1: 5 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics Commission Filers	s)
4 Date	5 Payee name			
07/17/2023	Constant Contact			
6 Amount (\$) 219.60 Campaign Funds for Campaign Expenditures	7 Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/15/2023	Constant Contact			
Amount (\$) 81.02 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 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			
10/16/2023	Constant Contact			
Amount (\$) 81.02 Campaign Funds for Campaign Expenditures	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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	
	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.		,
1 Total pages Schedule F1: 6 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		I	
11/15/2023	Constant Contact			
6 Amount (\$) 81.02 Campaign Funds for Campaign Expenditures	7 Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/15/2023	Constant Contact			
Amount (\$) 81.02 Campaign Funds for Campaign Expenditures	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
Campaign Expenditures	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			
12/08/2023	Canva			
Amount (\$) 2.00 Campaign Funds for Campaign Expenditures	Payee address; 3212 E Cesar Chavez St Austin, TX 78702	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Description emails		
EXPENDITURE				
	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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, -	,
1 Total pages Schedule F1: 7 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
07/17/2023	Canva			
6 Amount (\$) 1.00 Campaign Funds for Campaign Expenditures	7 Payee address; 3212 E Cesar Chavez St Austin, TX 78702	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/05/2023	Google G Suite			
Amount (\$) 10.72 Campaign Funds for Campaign Expenditures	Payee address; 1600 Amphitheatre PkwyMountain View, CA 94043	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Google business work	kspace	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/07/2023	Google G Suite			
Amount (\$) 26.82 Campaign Funds for Campaign Expenditures	Payee address; 1600 Amphitheatre PkwyMountain View, CA 94043	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Google business work	kspace	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g 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 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.	Otrier (eriter a categor	y not listed above)
1 Total pages Schedule F1: 8 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/02/2023	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	(4) 0.1	455		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Google business worl	kspace	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/02/2023	Google G Suite			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.79 Campaign Funds for Campaign Expenditures	1600 Amphitheatre PkwyMountain View, CA 94043			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Google business worl	kspace	
	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
Date	Payee name			
12/04/2023	Google G Suite			
Amount (\$) 12.79	Payee address; 1600 Amphitheatre PkwyMountain View, CA 94043	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1000 Ampinineatie I kwyviountam View, CA 94043			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Google business worl	kspace	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	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.	Guioi (Gilioi di Galogo	.,
1 Total pages Schedule F1: 9 of 9	2 FILER NAME Cara L Mendelsohn		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/15/2023	Constant Contact			
6 Amount (\$) 81.02 Campaign Funds for Campaign Expenditures	7 Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	emails		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	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			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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	DED	

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

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0.00
1 of 1 4 TOTAL OF UNITEM	Cara L Mendelsohn IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	(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
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
	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