

# 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:

4

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	Cara						
	NICKNAME	LAST	SUFFIX	Date Received			
	Mendelsohn						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	7120 Van Hook Drive		Dallas	TX	75248		
<input type="checkbox"/> Change of Address							
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 469 )	939 6123					
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	Dinah			Receipt #			
	NICKNAME	LAST	SUFFIX	Amount \$			
	Miller			Date Processed			
	Date Imaged						
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
(Residence or Business)	15807 Nedra Way		Dallas	TX	75248		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 972 )	980 4463					
<b>9</b> 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 (Attach C/OH - FR)						
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2019	THROUGH	12	31	2019
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)			
	Council District 12			Not Applicable			

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

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Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://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	\$ 2,500.00
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
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 type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
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 1

**2** FILER NAME

Cara Mendelsohn

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

**4** Date

10/31/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Metrotex Association of Realtors, Inc.

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

2500.00

**6** Contributor address;

City; State; Zip Code

8201 N Stemmons Frwy

Dallas, TX 75247

**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;

City; State; Zip Code

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.**