# 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: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Cara	OFFICE USE O	NLY	
	NICKNAME LAST  Mendelsohn	SUFFIX	240 1000110	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OITY; STATE; ZIP CODE  Dallas TX 75248		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	( 469 ) 939 6123	EXTENSION	Date Hand-delivered or Date I	Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amou	unt \$
TREASURER NAME	Dinah		Date Processed	
	NICKNAME LAST Miller	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 15807 Nedra Way	UITE #; CITY; STATE;  Dallas TX 75248	ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 972 ) 980 4463	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campai treasurer appointment (Officeholder Only)	ť
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C	/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 25 / 2019	THROUGH 06	Day Year 2019	
11 ELECTION	ELECTION DATE  Month Day Year Primary  05 / 04 / 2019	ELECTION TYPE  Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Council District 12		
	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID	(Ethics Commission Filers)
Cara Mendelsohn					
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	DIDATE / OFFICEHOLDER. THES	UTIONS ACCEPTED OR POLITICAL EXPEND SE EXPENDITURES MAY HAVE BEEN MADE V ICEHOLDERS ARE REQUIRED TO REPORT TH	VITHOUT THE C	ANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN T	REASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER TH ITEES OF LOANS), UNLESS ITEMI		70.00
		POLITICAL CONTRIBI THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$	8620.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	0.00
	4. TOTAL	\$	11727.73		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION PORTING PERIOD	DNS MAINTAINED AS OF THE LAST	DAY \$	5080.36
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$	21200.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty of true and correct and includes all int under Title 15, Election Code.		
			***ELECTRONICALLY	CERTIFIE	D***
			Signature of Car	ndidate or 0	Officeholder
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, b	by the said <u>Cara Mer</u>	ndelsohn	, tł	nis the _14th
day of <u>July</u>	, 20 <u>19</u> ,	to certify which, witne	ess my hand and seal of office		
Signature of officer a	administering oath	Printed name of	officer administering oath	Title o	f officer administering oath

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER N	mmission Filers)				
C	ara Mend					
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,050.00		
2.	$\Box$	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 500.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00		
4.	$\Box$	SCHEDULE E: LOANS				
5.	$\Box$	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$				
8.	$\Box$	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$				
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00		

# **MONETARY POLITICAL CONTRIBUTIONS**

# SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 3
<b>2</b> FILER NAME Cara Mendelsohr	ı		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/03/2019	5 Full name of contributor  P Wise  6 Contributor address;  3444 University Blvd  Cout-of-state PAC (IE out-of-state PAC (IE out-of-st		7 Amount of contribution (\$) $1000.00$
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/04/2019	Full name of contributor		Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/25/2019	Full name of contributor	·	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/27/2019	Full name of contributor	Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 2 of 3
<b>2</b> FILER NAME Cara Mendelsohr			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/08/2019	5 Full name of contributor ☐ out-of-state PAC (ID#  Apartment Association of Greater Dallas-PAC  6 Contributor address; City; State; 5728 LBJ Frwy Suite 100 Dallas, TX	Zip Code	7 Amount of contribution (\$) 2500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/23/2019	Full name of contributor	Zip Code	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/01/2019	Full name of contributor	Zip Code	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/02/2019	Full name of contributor  Sherry Goldberg  Contributor address;  4 Robledo Drive  Out-of-state PAC (ID#  City; State; Z  Dallas, TX	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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

The I	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1: 3 of 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cara Mendelsohn			
4 Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7 Amount of contribution (\$)
05/02/2019	Ken Goldberg		1000.00
ľ	6 Contributor address; City	/; State; Zip Code	
	4 Robledo Drive	Dallas, TX 75230	
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instru	ictions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
06/03/2019	Katherine Krause		200.00
	Contributor address; City	y; State; Zip Code	
	1600 Viceroy Suite 400	Dallas, TX 75235	
	•	,	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instru	actions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City	r; State; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 1 of 1		
2 FILER NAME Cara Mendelsohn			<b>3</b> Fi	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date 05/04/2019	, ,				9 In-kind contribution description refreshments for election night event	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) volunteer	<b>11</b> Employe	er (FO	R NON-JUDIC	IAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's j	ob title (FOR JI	UDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of co	ontributor's spou	use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date  Full name of contributor				Amount of Contribution \$	In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	1		IAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL CODICO OF T	THIS SOURCE	III E A	C NEEDED		
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDU	<b>JLE A</b>	SNEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cara Mendelsohn 0 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ 05/02/2019 Cara Mendelsohn 1964 1200.00 . . . . . . . . . . . 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial 0.% Institution? 7120 Van Hook Drive Dallas, TX 75248 11 Maturity date 06/30/2019 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 0.00 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:\_ Interest rate City; Zip Code Is lender Lender address: State: a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/03/2019	5 Payee name The Home Depot		
6 Amount (\$) 116.69	7 Payee address; City; State; Zip Code 2200 North Coit Rd Richardson, TX 75080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense Sts
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 05/04/2019	Payee name  Coffee House Cafe		
Amount (\$) 259.89	Payee address; City; State; Zip Code 6150 Frankford Rd Dallas, TX 75252		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/30/2019	Payee name MNA		
Amount (\$) 350.00	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense		utside of Texas. Complete Schedule T. 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	S SCHEDULE AS NEI	EDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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 setage)

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 of 2	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2019	5 Payee name MNA		
6 Amount (\$) 5736.80	<b>7</b> Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/03/2019	Payee name MNA		
Amount (\$) 2750.00	Payee address; City; State; Zip Code 805 Brazos St Suite 304 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/21/2019	Payee name MNA		
Amount (\$) 2500.00	Payee address; City; State; Zip Code 30480 Brazos St Suite 30 <b>4</b> ustin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense		ntside of Texas. Complete Schedule T.
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

# **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memo			Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction	on Guide explain	s how to comple	ete this form.	
1 Total pages Schedule F4: 1 of 1	2 FILER Cara Mend					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACREDI	IT CARD	\$
<b>5</b> Date 04/29/2019	6 Payee USPS	name				
<b>7</b> Amount (\$) 7.35	8 Payee 5995 Sumn		City; State; Dallas, TX 7524	-		
9 TYPE OF EXPENDITURE	X	Political		Non-Political	I	
10	(a) Catego	ory (See Categories	listed at the top of thi	s schedule)	(b) Description	on
PURPOSE						travel outside of Texas. Complete Schedule T.
OF	postcard sta	amps				if Austin, TX, officeholder living expense
EXPENDITURE					postage	i Austili, 17, ulicelloidel livilig expense
11 Complete ONLY if direct expenditure to benefit C/Oh		didate / Officeho	older name	Office	sought	Office held
Date 04/25/2019	Payee USPS	name				
Amount (\$) 7.00	Payee 5995 Sumn	address; nerside Dr	City; State; Dallas, TX 7524	Zip Code 48		
TYPE OF EXPENDITURE	X	Political		Non-Politica	I	
	Catego	ory (See Categories	listed at the top of thi	s schedule)	Description	on
PURPOSE	postcard sta	amne			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	postcard sta	imps			Check	if Austin, TX, officeholder living expense
EXI ENDITORE					postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ididate / Officeh	older name	Office	sought	Office held
	ATTAC	CH ADDITION	AL COPIES O	F THIS SCHE	DULE AS NE	EDED