CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Cara	MI	OFFICE USE ONLY				
IVAIVIL	NICKNAME LAST Mendelsohn	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		eity; state; zip code Pallas TX 75248					
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 939 6123	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Dinah	МІ	Receipt # Amount \$				
NAME	NICKNAME LAST Miller	SUFFIX	Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 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 X 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 03	Day Year 25 / 2019				
11 ELECTION	Month Day Year Primary 05 / 04 / 2019 X General	Runoff Other Description Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Council District 12					
	go то	PAGE 2	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)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	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		\$ 405.00
		POLITICAL CONTRIB THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)	5	8505.00
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITIBLE OF \$100 OR LESS		RES OF \$100 OR LESS,	5	\$ 0.00
	4. TOTAL	POLITICAL EXPENDIT	TURES	9	13196.25
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST	r DAY (7320.27
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE	\$ 10000.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.		
			ELECTRONICALLY	CERTIFII	ED
			Signature of Car	ndidate or	Officeholder
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, b	by the said <u>Cara Mer</u>	ndelsohn	, t	his the 4th
day of <u>April</u>	, 20 <u>19</u> ,	to certify which, witne	ess my hand and seal of office		
Signature of officer a	dministering oath	Printed name of	f officer administering oath	Title	of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Cara Mendelsohn	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$ 11,453.09
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 959.08
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$ 784.08
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	USINESS OF C/OH \$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	\$ 0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 1 of 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cara Mendelsohi	ı		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID GILBERT ARANZA	#:)	7 Amount of contribution (\$)
03/08/2019	6 Contributor address; City; State; P.O. Box 601527	Zip Code	1000.00
O Deire in all a servi	anting / Lab title (Can Instructions))
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date)	Amount of contribution (\$)
	Contributor address; City; State;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDUI F AS NE	EDED

SCHEDULE A1

The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 6		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Cara Mendelsohn					
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
03/08/2019	GILBERT ARANZA		1000.00		
03/06/2019	6 Contributor address; City; State;		1000.00		
	P.O. Box 601527	ļ			
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
	, , , , , , , , , , , , , , , , , , ,	·			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
			(4)		
	Contributor address; City; State;	Zip Code			
	Continuation address, City, State,	Zip Odde			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	- during the comments of the control)	Amount of contribution (\$\psi\$)		
	Contributor address; City; State;	Zip Code			
	Only, State,	Zip Gode			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDI II E AS NE	EDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 6		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Cara Mendelsohn					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
03/08/2019	GILBERT ARANZA		1000.00		
03/08/2019	6 Contributor address; City; State;		1000.00		
	P.O. Box 601527	,			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
	,				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
			(,,		
	Contributor address; City; State;	Zip Code			
	Online address, Only, State,	Zip Gode			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
	out-of-state FAO (γundant of contribution (ψ)		
	Contributor address: City: State:	Zin Codo			
	Contributor address; City; State;	Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDI II E AS NEE	EDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 4 of 6
2 FILER NAME		3	Filer ID (Ethics Commission Filers)
Cara Mendelsohr	1		
4 Date	5 Full name of contributor ut-of-state PAC (ID#:) 7	7 Amount of contribution (\$)
03/08/2019	GILBERT ARANZA		1000.00
	6 Contributor address; City; State;	Zip Code	
	P.O. Box 601527		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
			(4)
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State;		
		p	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
		Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL CODIES OF	THE COLLEGE A CALES	n=n

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 6		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Cara Mendelsohn					
4 Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)		
03/08/2019	GILBERT ARANZA		1000.00		
03/08/2019	6 Contributor address; City; State;		1000.00		
	P.O. Box 601527	ļ			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zin Code			
	Contributor address, City, Clate,	2.15 0000			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
24.0		,	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Data					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	,		,		
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDI II E AS NE	EDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cara Mendelsohi	1		
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
03/08/2019	GILBERT ARANZA		1000.00
	6 Contributor address; City; State;	Zip Code	
	P.O. Box 601527		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	nns)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
			γundant of contribution (ψ)
	Contributor address; City; State;	Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructio	ins)
i illicipai occup	ation / bob title (bee instructions)	Employer (oce matraolio	110)
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
			·
		I	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
	ony, oldie,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL CODIES OF	TUIC COUEDIII E AC NEE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1 of 2	
2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
Engineer 12 Contributor's 14 Contributor's	Mike Douglass 7 Contributor address; City; State; Zip Code 5209 Corinthian Bay Plano, TX 75093 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Engineer Texas Inst 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		8 Amount of Contribution \$ In-kind contribution description 200.00 40 used fence posts Check if travel outside of Texas. Complete Schedule poloyer (FOR NON-JUDICIAL) (See Instructions) Instruments Intributor's job title (FOR JUDICIAL) (See Instructions)	
Date 01/29/2019	Full name of contributor) de	Amount of In-kind contribution Contribution \$ description 500.00 refreshments for campaign kick-off event Check if travel outside of Texas. Complete Schedule T.	
Principal occ community v	upation / Job title (FOR NON-JUDICIAL) (See Instructions) volunteer	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	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 CODIES OF I	TUIC COUEDI	II E AC NEEDED	

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2 of 2		
2 FILER NAME Cara Mendelsohn			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6 Full name of contributor □ out-of-state PAC (ID#:) Alan Weissman 7 Contributor address; City; State; Zip Code 17427 Tamaron Dr Dallas, TX 75287		8 Amount of Contribution \$\frac{9}{400.00}\$ In-kind contribution description 400.00 refreshments for meet & greets Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (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 In-kind contribution Contribution \$ description		
Principal acc	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	l	Check if travel outside of Texas. Complete Schedule T.		
Fillicipal occ	upation / 300 title (FOR NON-30DICIAL) (See Instituctions)	Employe	er (FOR NON-JUDICIAL)(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 COPIES OF T	THIS SCHEDU	JLE AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
Others (actors a extension and listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2019	5 Payee name Alphagraphics		
6 Amount (\$) 234.56	7 Payee address; City; State; Zip Code 601 W Plano Pkwy Plano, TX 75075		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/23/2019	Payee name Alphagraphics		
Amount (\$) 64.21	Payee address; City; State; Zip Code 601 W Plano Pkwy SuitePlado, TX 75075		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/06/2019	Payee name Alphagraphics		
Amount (\$) 240.64	Payee address; City; State; Zip Code 601 W Plano Pkwy SuitePI2iio, TX 75075		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. 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

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

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 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2019	5 Payee name Alphagraphics		
6 Amount (\$) 219.29	7 Payee address; City; State; Zip Code 601 W Plano Pkwy SuitePllano, TX 75075		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/18/2019	Payee name Alphagraphics		
Amount (\$) 234.56	Payee address; City; State; Zip Code 601 W Plano Pkwy SuitePll270o, TX 75075		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/12/2019	Payee name Alphagraphics		
Amount (\$) 303.92	Payee address; City; State; Zip Code 601 W Plano Pkwy SuitePlano, TX 75075		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 NE	EDED

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)	
ordat dara taymont	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)	
4 Date 01/14/2019	5 Payee name DRI Printing Services			
6 Amount (\$) 97.88	7 Payee address; City; State; Zip Code 8000 Haskell Av Van Nuys, CA 91406			
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	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 03/21/2019	Payee name MNA			
Amount (\$) 4927.53	Payee address; City; State; Zip Code 815 Brazos St Suite 304 Austin, CA 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense preparation and sending senior mailers		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 03/18/2019	Payee name MNA			
Amount (\$) 4330.50	Payee address; City; State; Zip Code 815 Brazos St Suite 304 Austin, CA 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense agmt \$2700,4x4s\$630.5	
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

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
Others (actions extensions thirted above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 4 of 4	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)	
4 Date 02/08/2019	5 Payee name USPS			
6 Amount (\$) 210.00	7 Payee address; City; State; Zip Code 5995 Summerside Dr Dallas, TX 75248			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) postcard stamps		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 02/25/2019	Payee name USPS			
Amount (\$) 175.00	Payee address; City; State; Zip Code 5995 Summerside Dr Dallas, TX 75248			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postcard stamps	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 500 postcard stamps		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 01/07/2019	Payee name Vistaprint			
Amount (\$) 415.00	Payee address; City; State; Zip Code 95 Hayden Av Lexington, MA 02421			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		ntside of Texas. Complete Schedule T. TX, officeholder living expense umper stickers	
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Legal Services	morials Expense	Polling Expense Printing Expense Salaries/Wages/	e Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruct	ion Guide explair	ns how to compl	ete this form.	
1 Total pages Schedule F4: 1 of 3	2 FILER Cara Mend					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURE	S CHARGED	TOACRED	IT CARD	\$
5 Date 03/15/2019	6 Payee USPS	name				
7 Amount (\$) 175.00	8 Payee 5995 Summ		City; State; Dallas, TX 752	•		
9 TYPE OF EXPENDITURE	X	Political		Non-Political	I	
10	(a) Catego	ory (See Categorie	es listed at the top of th	is schedule)	(b) Description	on
PURPOSE					Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	postcard sta	amps				if Austin, TX, officeholder living expense
EXPENDITURE					500 postcard	
11 Complete ONLY if direct expenditure to benefit C/OF		didate / Office	holder name	Office	sought	Office held
Date 02/09/2019	Payee The Home					
Amount (\$) 16.51	Payee 2220 North	address; Coit Rd	City; State; Richardson, TX	Zip Code 75080		
TYPE OF EXPENDITURE	X	Political		Non-Politica	I	
	Catego	ory (See Categorie	es listed at the top of th	is schedule)	Description	on
PURPOSE	Advertising	Fynanca			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Auverusing	gExpense				if Austin, TX, officeholder living expense
EXI ENDITORE					grommets an	d tool
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTA	CH ADDITION	NAL COPIES C	OF THIS SCHE	EDULE AS NE	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/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica	y Gir al Committee Le	ft/Awards/Memorials Expense gal Services	Printing Expense Printing Expense Salaries/Wages/	e Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	1	The Instruction Guide expla	ins how to compl	ete this form.	
1 Total pages Schedule F4: 2 of 3	2 FILER NAM Cara Mendelso				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPEN	DITURES CHARGED	TOACRED	IT CARD	\$
5 Date	6 Payee nam	ne			
02/09/2019	The Home Dep	oot			
7 Amount (\$) 66.51	8 Payee add 2220 North Co		•		
9 TYPE OF EXPENDITURE	X Polit	tical [Non-Political	I	
10	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Description	on
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
OF	Advertising Ex	pense			
EXPENDITURE				6 packs of ca	if Austin, TX, officeholder living expense able ties
11 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office	sought	Office held
Date 02/05/2019	Payee nan Signs by Tomo				
Amount (\$)	Payee add	dress; City; State; ve Suite 117 Plano, TX 750	Zip Code		
660.98	1101 Ohio Driv	ve Suite 117 Plano, TX 750	93		
TYPE OF EXPENDITURE	X Polit	tical	Non-Politica	ıl	
	Category	(See Categories listed at the top of t	his schedule)	Description	on
PURPOSE	Advertising Ex	nansa		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Ex	pense		Check i	if Austin, TX, officeholder living expense
EXPENDITURE				4x4 signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name	Office	sought	Office held
				<u> </u>	
	ATTACH	ADDITIONAL COPIES	OF THIS SCHE	DULE AS NE	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 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 (orders expenses and listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4: 3 of 3	2 FILER NAME Cara Mendelsohn		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 01/29/2019	6 Payee name Coffee House Cafe		
7 Amount (\$) 40.08	8 Payee address; City; State; 6150 Frankford Rd Dallas, TX 752		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	on
PURPOSE	Event Expense	Check i	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense		if Austin, TX, officeholder living expense apaign party reservation
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 th	Checki	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

C	Candidate/Officeholder/Politic Credit Card Payment	_	es Salarie uction Guide explains how to	o complete this form.	Other (enter a category not listed above)
1	Total pages Schedule G: 1 of 2	2 FILER NAME Cara Mendelsohn			3 Filer ID (Ethics Commission Filers)
4	Date 03/11/2019	5 Payee name Visa - Chase			
6	Amount (\$)	7 Payee address;	City; State; Zip Code		
	660.98 Reimbursement from political contributions intended	P.O. Box 6294	Carol Stream, IL 60197		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories credit card payment	listed at the top of this schedule)		e of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officel	nolder name	Office sought	Office held
	Date 03/11/2019	Payee name Master Card - Citi			
	Amount (\$)	Payee address;	City; State; Zip Code		
	16.51 Reimbursement from political contributions intended	P.O. Box 78045	Phoenix, AZ 85062		
	PURPOSE OF EXPENDITURE	Category (See Categories credit card payment	listed at the top of this schedule)		e of Texas. Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officel DH	nolder name	Office sought	Office held
	Date 03/11/2019	Payee name Master Card - Citi			
	Amount (\$)	Payee address;	City; State; Zip Code		
	66.51 Reimbursement from political contributions intended	P.O. Box 78045	Phoenix, AZ 85062		
	PURPOSE OF EXPENDITURE	Category (See Categories credit card payment	listed at the top of this schedule)		e of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officel DH	nolder name	Office sought	Office held
		ATTACH ADDIT	IONAL COPIES OF THIS	SCHEDULE AS NEED	ED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

Travel Out Of District
Other (enter a category not listed above)

C	Candidate/Officeholder/Politic Credit Card Payment	_	Salarie tion Guide explains how t	o complete this form.	Other (enter a category not listed above)	
1	Total pages Schedule G: 2 of 2	2 FILER NAME Cara Mendelsohn			3 Filer ID (Ethics Commission Filers)	
4	Date 03/11/2019	5 Payee name Master Card - Citi		- 1		
6	Amount (\$)	7 Payee address;	City; State; Zip Code			
	40.08 Reimbursement from political contributions intended	P.O. Box 78045	Phoenix, AZ 85062			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories lis credit card payment	sted at the top of this schedule)		e of Texas. Complete Schedule T. (, officeholder living expense vation fee	
9	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeho DH	lder name	Office sought	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City; State; Zip Code			
	Reimbursement from political contributions intended			142		
	PURPOSE OF EXPENDITURE	Category (See Categories lis	sted at the top of this schedule)		e of Texas. Complete Schedule T. (, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeho DH	lder name	Office sought	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City; State; Zip Code			
	political contributions intended			(h) D		
	PURPOSE OF EXPENDITURE	Category (See Categories lis	sted at the top of this schedule)		e of Texas. Complete Schedule T. (, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeho DH	lder name	Office sought	Office held	
		ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEED	ED	