# JUAN MENDOZA

July 15, 2022

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<b>1</b> .		CE REPORT			HEET PG 1
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	<ul> <li>A. S. L. S. A. S.</li> </ul>	USEONLY
NAME	NICKNAME	Mendor	SUFFIX	Date Received	BIRAHON
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	X; APT/SUITE#, W 8th St	CITY; STATE; ZIP CODE	JUL 1	5 2022 Ned 1
Change of Address	Los	Fresnos	x 78526	šyr	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 408-00/	EXTENSION	Date Hand-delivere	d or Date Poetmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME		SUFFIX	Date Processed	
		Garcia		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	761	(NO PO BOX PLEASE); APT / S	ide Brud.	STATE;	ZIP CODE
(Residence or Business)		Maito, TX			
8 CAMPAIGN TREASURER PHONE	AREA CODE	9HONE NUMBER  533-2063	EXTENSION		
a DESCRIPTIVE	(936)	5 22-206-		_	
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	
	01	01/2022	THROUGH 06	/ 30 / 20.	22
11 ELECTION	ELECTION DA  Month Day	Year Primary	ELECTION TYPE  Runoff  Other		
	08/01/	/ ZZ General	Description Special		
12 OFFICE	OFFICE HELD (If any)	the Peace not-	13 OFFICE SOUGHT (If known	n)	
14 NOTICE FROM		E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES M		
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T		
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 609.24
	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 3.6 70.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.  Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEA	_	•
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	·
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on .	
My name is	and my date of birth is	
My address is		1x 178566 (America
Executed in	(street) (city)	state) (zip code) (country)
	Signature of Candi	date/Officeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Con	nmissi	on Filers)
Juan Mendoza				-
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITI	CAL CONTRIBUTIONS		\$	O
2. SCHEDULEA2: NON-MONETARY (I	N-KIND) POLITICAL CONTRIBUTIONS		\$	0
3. SCHEDULE B: PLEDGED CONTRIB			\$	0
4. SCHEDULE E: LOANS			\$	0
5. SCHEDULE F1: POLITICAL EXPEN	DITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	O,
6. SCHEDULE F2: UNPAID INCURRED	OBLIGATIONS		\$	$\varphi$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				0
8. SCHEDULE F4: EXPENDITURES N	IADE BY CREDIT CARD		\$	Ø
9. SCHEDULE G: POLITICAL EXPEND	DITURES MADE FROM PERSONAL FU	NDS	\$	60924
10. SCHEDULE H: PAYMENT MADE FR	OM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11. SCHEDULE I: NON-POLITICAL EXPE	NDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	<i>O</i>
12. SCHEDULE K: INTEREST, CREDITS TO FILER	S, GAINS, REFUNDS, AND CONTRIBUT	TONS RETURNED	\$	0

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### 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 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \( \)  The Instruction Guide explains how to	Nages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME TVAN Merchoza		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 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
9 Complete <u>ONLY</u> 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,	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,	TX afficeholder 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 NEED	DED

### UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	By Gift/Awards al Committee Legal Servi	age Expense Memorials Expense	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule F2:	2 FILER NAME	Mendo.	74		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITER		•		3	\$	-
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		] Non-Polit	ical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Category) (c) Check if travel	ories listed at the top of this sometimes.		(b) Description	tin, TX, officeholder living s	xpense
11 Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Off	ice sought	Office he	ld
Date	Payee name	į.		,		
Amount (\$)	Payee address;	/ VX		∵ City;	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Polit	ical ·		
PURPOSE OF EXPENDITURE	Category (See Catego	ries listed at the top of this s	chedule)	Description		
	Check if travel	outside of Texas, Complete So	chetjule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off	icehoider name	Offi	ice sought	Office he	ld
	ATTACH ADDITIO	ONAL COPIES OF	THIS SC	HEDULE AS NE	EDED	. , ,

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILERNAME TVan Mendo & 9	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased;	City; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date  Name of person from whom ill vestment is purchased  Address of person from whom investment is purchased;	City; State; Zip Code
Description of investment	
Amount of investment (\$)	
	\
ATTACH ADDITIONAL COPIES OF THIS SCHEDI	ULE AS NEEDED

#### SCHEDULE G

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/Conations 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 (enter a rategory not listed shove)

Credit Card Payment		es/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME JUGA MENGOZ	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		I
6-5-22	SAMIS CLUB		
6 Amount (\$) //3. 2	77 Payee address; 35-70 W. 1761 BU	City;	State; Zip Code
Reimbursement from political contributions intended	Paringesville Ve	98520	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		-0 11.100-5
OF EXPENDITURE	Event Expense	May 1	For Hillers
	(c) Check if travel cutside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct	Gandidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Joan Mendora	11-4	
Date 6-10-72	Payee name 5/Ams CIUB		
Amount (\$) 56.49	Payee address; 35-70 W	Alten City:	State; Zip Code
Reimbursement from political contributions intended	Brownsv: 14 7 6	18570	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	al Heirers
EXPENDITURE	war Tx fense		
	Check if Iravel outside of Texas, Complete Schedule T.	Check if Austin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
expendante to penelli C/C	Juan Mindoes	-1P-41	
Date	Payee name	The state of the s	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	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 S	SCHEDULE AS NEEDI	∃D

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#### SCHEDULE G

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ivan mendors 4 Date 3-31-72 | Mol Man + 6 Amount (\$)65-02 7 Payee address; 1004 W . 0091 BIVEL. Zip Code Reimbursement from political contributions intended LOS Fresnos, Tr. 77566 (a) Category (See Categories listed at the top of this schedule) (b) Description Block und Iking, Flyces 8 PURPOSE Complete Schedule T. (GAS) OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct expenditure to benefit C/OH ABU LOPEZ SUPER Meat PANICET Payee address; 719 W. occan Blood. City; State; Z LOS FRESAUS, TX 78546 Category (See Categories listed at the top of this schedule) QUENT SYPENSE Check if travel outside of Traves Complete 2: 1 Reimbursement from political contributions Intended PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 4-20-72 Payee address; W. OCEAN BIVEL City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Even f Observation GDS. on Whith in party PURPOSE PASTINS OUT Flylds EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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			,	

#### SCHEDULE G

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
Foed/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Legal Services
Loan Repayment/ReImbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Printing Expense
Salaries/Manes/Contract Labor

#Rental Expense
| Rental Expense | Transportation Equipment & Related Expense | Travel in District |
| Contract i abor | Cherical Contract | Co

Candidate/Officeholder/Politi Credit Card Payment		Printing Expense Travel Out of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.
1 Total pages Schedule G:	2 FILER NAME  JUAN MEXICO:	3 Filer ID (Ethics Commission Filers)
4 Date		· · · · · · · · · · · · · · · · · · ·
21-16-72	SAMIS Clu	<b>ち</b>
6 Amount (\$) 1946	7 Payee address; 3570 W - /	91 for fluid City; State; Zip Code
Reirhbursement from political contributions intended	Brownsville, To	·
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description  MOI FOR HIIRES
OF EXPENDITURE	Event Expense	MOI FORE 14116CR-
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jun Mudoza	50-4
Date	Payee name	
4-74-72	5000's CluB	
Amount (\$) 178.77	Payee address; 3570 Alfun	Side City; State; Zip Code
Reimbursement from political contributions intended	Brunsville, To	
PURPOSE	Category (See Categories listed at the top of this sch	
OF EXPENDITURE	quest Expense	Description  Medit Feel /// Pers
	Check if travel outside of Texas. Complete Scher	edule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	H Tuan Menlo	TP-4
Date	Payee name	
6-12-22	MAI MAT	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from	3500 W. Alfo.	16/000
political contributions intended	Brownsville, &	
PURPOSE	Category (See Categories listed at the top of this sche	
OF		
EXPENDITURE	Check if travel outside of Texas, Complete Sched	
Complete ONLY if affect expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Mendoza Man 4 Date 5 Payee name 6 Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (b) Description (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE l outsi Check if the of Texas, Comple Check if Austin, TX, officeholder living expense Candidate / d er name Office sought hoi Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Austin, TX, officeholder living expense Candidate / Officeholder name Office 8 Office held ught Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	I IZED EXPENDITURES CHARGED	) TO A CREDIT CARD	\$
5 Date	6 Payee name  Juan Men	do Tes	
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  (c) Check if travel outside of Texas, Complete		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ostin, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Politicai	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories sted at the top of thi		ustin, 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 NE	EDED

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	•	Δ ·	
1 Total pages Schedule H:	2 FILER NAME JUAN MOI	1074	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	ule T, Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched		
	Check if travel outside of Texas. complete Street T. Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Offit Aholder hame H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description	
· · · · [	Check if travel outside of Texas, Complete Schedul	leTCheck if Austin,	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 NEEDED			

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME TOWN Mendoe	3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
<b>6</b> Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	、 State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regarding type of information
Date	Payee name	\	
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

·	.,		
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	Ivan Mendoza	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; Stat	e; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	!	Amount (\$)
	Purpose for which amount is received Check if p	oolitical contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	ie; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution (	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The state of the s					
The Instr	uction Guide explains	how to complete t	nis form.	1 Total pages Schedule T:	
2 FILER NAME	Tivan Men	rdo Za		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	/ Corporation or Labor O	rganization / Pledgor	/ Payee		
5 Contribution / Expend	diture reported on:				
Schedule 42	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
			<u></u>		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	Name of person(s)	traveling			
	8 Departure city or na	ame of departure loca	tion		
	9 Destination city or r	name of destination lo	ecation		
10 Means of transportat	ion 11 Purpo	se of travel (including	name of conference,	seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	diture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	· · · · · · · · · · · · · · · · · · ·	<b>\</b>			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
	Destination city or r	name of destination (	cation		
Means of transportat	ion Purpo	se of travel (including	name of conference,	seminar, or other event)	
Name of Contributor	/ Corporation or Labor O	rganization / Pledgar	/ Payee		
Contribution / Expend	liture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s)	traveling			
•	Departure city or na	ame of departure loca	fion		
	opararo ory of the	or doparture rota	\		
	Destination city or r	name of destination lo	cation		
Means of transportat	ion Purpo:	se of travel (including	name of conference,	seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH I	NAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	ATURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signatun	e of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder				
	A.	CAMPAIGN FUNDS			
	Checl	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.		
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended countexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain butions longer than six years after all contributions and unexpended		
	B. ASSETS				
	Check	k only one:			
	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Sig	gnature of Candidate		
;		EHOLDER plete this section <i>only</i> if you are an officeholder <i>⊶</i>			
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Sign	nature of Officeholder		

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