# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	<sup>2</sup> Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS.	FIRST Merida	мі М.	OFFICE USE ONLY
NAME	NICKNAME (Nardone)	LAST Mendoza	SUFFIX	Date Filed 1/14/25
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		a Espada Loop sti, TX 78418	CITY; STATE; ZIP CODE	Returnta
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 774-6640	EXTENSION	Rebecca Huerta
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Caitlin LAST Chupe	MI J. SUFFIX	Receipt # Arriount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU cahua Suite 1000 ti, TX 78401	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 884-9347	EXTENSION	
9 REPORT TYPE	January 15	30th day before elements and a second		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year 5 / 24	Month THROUGH 12	Day Year / 31 / 24
11 ELECTION	ELECTION DA Month Day 12 / 14	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known) City Council Distr	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15</b> C/OH NAME Ms. Merida Mendoza		16 Filer ID (E	Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	\$	877.88			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,800.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	29.88		
	4. TOTAL POLITICAL EXPENDITURES	\$	9,870.33		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	1,514.84		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	<sup>- тне</sup> \$			
MARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS My Comm. Exp. 04-06-2026 Please complete either option below:					
(1) Affidavit NOTARY STAMP/SEAL					
Sworn to and subscribed before me by Merida Mendoza this the Hath day of January, 20 25, togertify which witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath					
	OR				
(2) Unsworn Declaratio	on				

My name is	, ar	, and my date of birth is					
My address is				,,	,,		
	(street)		(city)	(state)	(zip code)	(country)	
Executed in	County, State of	, on the	day of	(month)	, 20 (year)		
			Signature of	Candidate/Off	iceholder (Dec	larant)	

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILE	9 FILER NAME 20 Filer ID (Ethics Con					
Ms. M	erida Mendoza					
	EDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,800.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
З.	\$					
4.	\$					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4				
2 FILER NAME Ms. Merida	Mendoza	3 Filer ID (Ethics Commission Filers)				
4 Date 12/06/2024	5       Full name of contributor       out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)				
Date 12/06/2024	Full name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occup	Dation / Job title (See Instructions) Employer (See Inst	tructions)				
<sub>Date</sub> 12/06/2024	Full name of contributor       out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)				
Date 12/06/2024	Full name of contributor       out-of-state PAC (ID#:	_) Amount of contribution (\$) 500.00				
Principal occup	Dation / Job title (See Instructions) Employer (See Inst	tructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	-				

Forms provided by Texas Ethics Commission

٦

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms. Merida	Mendoza		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Julio Reyes		
12/06/2024	6 Contributor address; City;	250.00	
		State; Zip Code isti, TX 78414	200.00
	-	130, 1770414	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC	(ID#: )	Amount of contribution (\$)
	Jason & Tracy Fisher		Amount of contribution (a)
12/06/2024	,	State; Zip Code	200.00
	Contributor address; City;	State; Zip Code	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(iD#:)	Amount of contribution (\$)
	Ruben Bonilla		
12/06/2024	Contributor address; City;	500.00	
		State; Zip Code	500.00
	Corpus Christi, T	X 70405	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Mark Escamilla		
12/06/2024	Contributor address; City;	State; Zip Code	150 00
			150.00
	Corpus Christi,	IX / 8418	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1								
If the reque	sted information is not applicable, <b>DO NOT include t</b> h	nis page in the report.						
The	The Instruction Guide explains how to complete this form.							
2 FILER NAME Ms. Merida	Mendoza	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#: David Loeb							
12/10/2021	6 Contributor address; City; State; Corpus Christi, TX 7							
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#: Robby Pedersen	Amount of contribution (\$)						
12/13/2024		zip Code 2,000.00						
Principal occur	Corpus Christi, T	TX 78418						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
12/13/2024		Zip Code 100.00						
Principal occu	•	loyer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)						
12/16/2024	Catherine Hilliard Contributor address; City; State;	Zip Code 500.00						
	Corpus Christi, TX							
Principal occup	eation / Job title (See Instructions) Empl	loyer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS S							

r

٦

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 4	
<sup>2</sup> FILER NAME Ms. Merid	a Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Linebarger, Goggan, Blair & Sampso	7 Amount of contribution (\$)	
12/20/2024	6 Contributor address; City; Austin, T	1,000.00	
8 Principal occu	pation / Job title (See Instructions)	ions)	
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 Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instruc		

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested	l information is not	applicable, DO	NOT include t	his page in the report.

			CARLES CONTRACTOR CONTRACTOR CONTRACTOR		
T	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 1			
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
Ms. Meri	da Mendoza				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$ 877.88	}		
5 Date	6 Full name of contributor out-of-state PAC (ID#: Corpus Christi Police Officers Association PAC Fu	8 Amount of Contribution \$ 877.88	9 In-kind contribution description 3 Mass Texting		
12/14/2024	7 Contributor address; City; State; Corpus Christi, TX 7840	Zip Code )8		Messages     ide of Texas, Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description	
12/06/2024	Coastal Bend Coalition	7-0-1-		Mailers, Mass Text Messages & Social Media	
	Contributor address; City; State; Corpus Christi, TX 78	Zip Code 3411	Check if travel outsid	Marketing   de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Employer (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)				
1	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			requirements.	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Commission

# SCHEDULE F1

Revised 1/1/2024

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages The Instruction Guide explains how to comp		kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense	
1 Total pages Schedule F1: 2	1	аме la Mendoza			3 Filer ID (Ethic	s Commission Filers)
4 <sub>Date</sub> 12/16/2024	5 Payee na HEB	me				
6 Amount (\$) 69.34	7 Payee ad 1145Wa	<sup>Idress;</sup> Idron, Corpus Christi,	TX 784	City; 18	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event F	ood Expense		Food for Electi	ion Night Wa	tch Party
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	me				
12/16/2024	Merida's	Tapas				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
146.11	15137 S	Padre Island Dr, Cor	ous Chr	risti, TX 78418		
		(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Event H	ood Expense		Food for Elect	ion Night Wa	tch Party
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/16/2024	Matt Wo	olbright				
Amount (\$)	Payee ad	•		City;	State;	Zip Code
3,475.00	1309 Cof	feen Ave, Ste 1200, S	Sheridar	n, WY 82801		
	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Consulti	ng Expense		Consulting Exp	ense	
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

www.ethics.state.tx.us

#### 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 E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense	
1 Total pages Schedule F1: 2		AME da Mendoza			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee n				I		
12/13/2024	East Me	eets West Productions	6				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
5,000.00	1024 Leopard St, Ste A, Corpus Christi, TX 78401						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PURPOSE Consulting Expense			Consulting			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name				Office sought		Office held	
Date	Payee na	ame					
12/24/2024	Padre Is	aland Business Associ	ation				
Amount (\$) 875.00	<sub>Рауее а</sub> 14493 S	ddress; Padre Island Dr, Cor	pus Chi	<sub>City;</sub> risti, TX 78418	State;	Zip Code	
PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this sing Expense	schedule)	Description Printed Ad in I	PIBA Bulletin		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	a expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
12/11/2024	Island M	loon					
Amount (\$) 275.00	<sup>Рауее ас 14646 С</sup>	<sup>Idress;</sup> ompass St, Corpus C	hristi, T	<sup>City;</sup> X 78418	State;	Zip Code	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Moon Newspar	per Ad		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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 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 (enter a category not listed above)		
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F2:       2 FILER NAME         1       Ms. Merida Mendoza						3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS						\$		
5 Date 12/08/2024	6 Payee East Me	<sup>name</sup> ets West Prod	luctions	*****		1		
7 Amount (\$)	8 Payee	address;			City;	Sta	ate;	Zip Code
2,000.00	1024 Leopard St, Corpus Christi, TX 78401							
9 TYPE OF EXPENDITURE		Political	and the second se	Non-Pol	itical			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description							
PURPOSE OF EXPENDITURE	Consult	ting Expense	Expense		Consulting Ex	Expenses		
	(c)	Check if travel outside of Texa	as. Complete Sche	edule T.	Check if Aus	tin, TX, officeholde	er living ex	pense
11 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								1
Date	Payee	name		-				
Amount (\$)	Payee	address;			City;	Sta	ate;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	itical			
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at	the top of this sch	nedule)	Description			
		Check if travel outside of Tex	xas. Complete Sch	iedule T.	Check if Au	stin, TX, officehold	er living e	xpense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024								