

# 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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Merida	MI M.	<b>OFFICE USE ONLY</b>  Date Received  <b>Date Filed 12/5/24</b>  <i>Rebecca Huerta</i> <b>Rebecca Huerta</b> City Secretary			
	NICKNAME (Nardone)	LAST Mendoza	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; 15888 Punta Espada Loop Corpus Christi, TX 78418	APT / SUITE #;	CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 361 )	PHONE NUMBER 774-6640	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlin	MI J.	Receipt #	Amount \$		
	NICKNAME	LAST Chupe	SUFFIX	Date Processed	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 555 N Carancahua Suite 1000 Corpus Christi, TX 78401		APT / SUITE #;	CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 361 )	PHONE NUMBER 884-9347	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	09	27	24	THROUGH	10	26	24
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	5	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council District 4				
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**15 C/OH NAME**  
Ms. Merida Mendoza

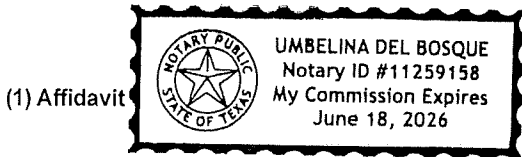
**16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 330.04
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,315.10
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 255.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,755.29
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,269.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Merida May Mendoza*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Merida May Mendoza this the 5th day of December 2024, to certify which, witness my hand and seal of office.

Umbelina Del Bosque Umbelina Del Bosque Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Ms. Merida Mendoza		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,985.06
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,500.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	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	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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: 5

2 FILER NAME  
Ms. Merida Mendoza

3 Filer ID (Ethics Commission Filers)

4 Date  
09/22/2024

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Phillip & Michelle Ramirez

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
\_\_\_\_\_, Corpus Christi, TX 78411

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
09/23/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Jeremy & Lacey Baugh

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Robstown, TX 78360

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/23/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Christopher & Heidi Hamilton

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Corpus Christi, TX 78413

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/25/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Hugo Berlanga

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Corpus Christi, TX 78414

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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: <b>5</b>
2 FILER NAME Ms. Merida Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Bradley Meadow ..... 6 Contributor address; City; State; Zip Code [REDACTED], Los Angeles, CA 90064	7 Amount of contribution (\$)  <b>485.06</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME  
Ms. Merida Mendoza

3 Filer ID (Ethics Commission Filers)

4 Date  
10/17/2024

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Gabe Guerra

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78414

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/18/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Barbara Cherry

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78413

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/21/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
William or Alexandra Holmes

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78418

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/24/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Callie MacDonald

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78418

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME  
Ms. Merida Mendoza

3 Filer ID (Ethics Commission Filers)

4 Date  
10/05/2024

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Hurst

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78418

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/09/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Professional Firefighters Association

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78415

4,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/17/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Corpus Christi Police Officers Association

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78408

3,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/17/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Timothy & Oralia Lange

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] Corpus Christi, TX 78418

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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: 5
2 FILER NAME Ms. Merida Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Laurence & Tiffany Valls 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert Parker Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78469	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Valero PAC Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78249	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: _____) MAG Enterprises Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78427	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Ms. Merida Mendoza	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/08/2024	<b>5</b> Payee name East Meets West Productions	
<b>6</b> Amount (\$) 8,500.00	<b>7</b> Payee address; City; State; Zip Code 1024 Leopard St, Ste A, Corpus Christi, TX 78401	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Multiple Commercials on Ch 3, Ch 6, 93.9 FM K99 FM, 6"x9" Postcards, 4'x4' & 18'x24' Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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