

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

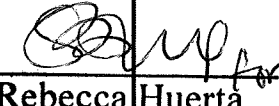
FORM C/OH
COVER SHEET PG 1

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	FIRST	MI
	Ms.	Merida	M
	NICKNAME	LAST	SUFFIX
	(Nardone)	Mendoza	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	15888 Punta Espada Loop Corpus Christi, TX 78418		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	774-6640	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Caitlin	J
	NICKNAME	LAST	SUFFIX
		Chupe	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	555 N Carancahua Suite 1000 Corpus Christi, TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	884-9347	
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 checked="" type="checkbox"/> July 15 <input 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
	1	1	24
	THROUGH		Month Day Year
			6 / 30 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input 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)	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	
Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

Date Filed 7-15-24


Rebecca Huerta
 City Secretary

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

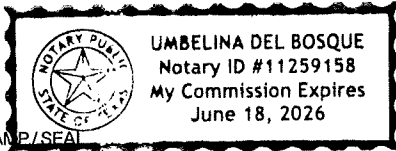
15 C/OH NAME Ms. Merida Mendoza May (Nardone) Mendoza		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 745.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 25.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 25.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,949.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 (Nardone) Mendoza
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Merida M. Mendoza this the 15th day of July, 2024, to certify which, witness my hand and seal of office.
Umbelina Del Bosque Umbelina Del Bosque
 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 May (Nardone) Mendoza		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,975.00
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	\$	25.38
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: 3
2 FILER NAME Ms. Merida Mendoza May (Nardone) Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Charles Eskridge 6 Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Cassandra L Rohmfeld Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2024	Full name of contributor out-of-state PAC (ID#: _____) William Emmons Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77450	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Bradley Scott Contributor address; City; State; Zip Code [REDACTED] CC, TX 78414	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 3
2 FILER NAME Ms. Merida Mendoza May (Nardone) Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Debra Gallindo 6 Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Victoria Rogers Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Jaime Garcia Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78260	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Pamela Hulme Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	Amount of contribution (\$) 40.00
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: 3
2 FILER NAME Ms. Merida Mendoza May (Nardone) Mendoza		3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Alfred Hilpold 6 Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Gulley Family Investments, Ltd. Contributor address; City; State; Zip Code [REDACTED] CC, TX 78414	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Mr. or Mrs. Jose Antonio Canales Contributor address; City; State; Zip Code [REDACTED] TX 78465	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Hilda Garcia Contributor address; City; State; Zip Code [REDACTED] CC, TX 78418	Amount of contribution (\$) 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.		