FORM C/OH COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| OAM AM | | | |
|---|---|--|--|
| The C/OH Instruction Go | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MR FIRST MR. BEN NICKNAME LAST MENDOZA | MI | OFFICE USE ONLY Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; 3330 NASHV EL PASO, 7X | CITY; STATE; ZIP CODE | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (575) 222 54 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MR BEN NICKNAME LAST MENDOZA | MI | Receipt # Amount \$ Date Processed Date Imaged # 4 4 2019 |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT 3338 NASHV EL PASA, TX | ILLE AVE | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (575) 22254 | EXTENSION 413 | |
| 9 REPORT TYPE | January 15 30th day before July 15 8th day before | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 02 / 15 / 19 | THROUGH 04 | Day Year / 04/19 |
| 11 ELECTION | | mary Runoff Other Description neral Special UNE | EXPIRED TERM |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know ELPASD IN SCHOOL D BOARD OF T | IPEPENDENT ISTRICT TRUSTEE PIST. 3 |
| | GO T | TO PAGE 2 | |

MENDOZA

3330 NASAVILLE ASE EL PASO JX 19980

55 222 5413

MR EEV

MENGOZA

3330 MISHWALE NE EL 1950, TX 79930

575 222 5413

02 15 19

15 Def 19 1

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61.40 40

INEXPIRED THEM

ELASO INTERENTENT SCHOOL PLATRICE BOARD OF TRUSTEE 119T. 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | / / | | 15 Filer ID | /Fibine Commission Filese) |
|---|--|--|-----------------|------------------------------|
| MR, B | | ND02A | | (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAND | NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDIATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI TURES. | VITHOUT THE CA | ANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | []SECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | | | | |
| 17 CONTRIBUTION | 1. TOTAL P | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA | | |
| TOTALS | PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | AN ZED \$ | 0 |
| | 2. TOTAL I | POLITICAL CONTRIBUTIONS | | |
| | (OTHER | THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | |
| EXPENDITURE TOTALS | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | |
| | 4. TOTAL F | POLITICAL EXPENDITURES | \$ | 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | 000 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | 8 |
| 18 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of pe | erjury, that th | ne accompanying report is |
| | | true and correct and includes all information under Title 15, Election Code | rmation requ | uired to be reported by me |
| | ELIZABETH CARRASC My Notary ID # 104354 | JO 19 | 1 A | a 1 |
| 0 | Expires September 5, 20 | J19 Duce | NOW | Of |
| | AND REPORT OF THE PROPERTY AND P | Signature of Cand | lidate or Of | ficeholder |
| AFFIX NOTARY STAMP | //SEALABOVE | | | 1700 |
| Sworn to and subscri | ibed before me. b | y the said Benjamin Flor Mendere | | Lith |
| day of April | | o certify which, witness my hand and seal of office. | , this | s the |
| 41 | 1 | nand and seal of office. | | 1 |
| Cyauti C | auarco | Brabeth Canasco | N | otany |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of o | officer administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME MR, BEN MENDOZA 20 Filer ID (Ethics Con | nmission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | s <u>O</u> |
| 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 | \$ 6 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ - |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 4 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ & |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 8 |

| | ETARY POLITICAL CONT | RIBUTIONS | SCHEDULE A1 |
|--------------|---|-------------------------|---------------------------------------|
| | The Instruction Guide explains how to complete | | 1 Total pages Schedule A1: |
| FILER NA | R. BEN MENDOZA | | 3 Filer ID (Ethics Commission Filers) |
| Date | E Eulipean of a said. | PAC (ID#:) | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; S | State; Zip Code | |
| Principal o | occupation / Job title (See Instructions) | 9 Employer (See/Instruc | etions) |
| Date | Full name of contributor aut-of-state | PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; | State; Zip Code | |
| Principal od | ccupation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; St | | |
| Principal oc | ccupation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor out-of-state | PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; Si | | |
| Principal oc | cupation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in: | OF THIS SCHEDULE AS NE | EDED |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| ті | ne Instruction Guide explains how to complete this form. | 1 Total pages Schedule A2: |
|-------------------|---|--|
| 2 FILER NAM | BEN MENDOZA | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIBUTION | s s |
| 5 Date | 6 Full name of contributor | 8 Amount of . 9 In-kind contribution Contribution \$. description |
| | 7 Contributor address; City; State; Zip Code | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emp | ployer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | s principal occupation (FOR JUDICIAL) 13 Cor | ntributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | s employer/law firm (FOR JUDICIAL) | v firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor | r is a child, law firm of parent(s) ((any) (AOR JUDICIAL) | |
| Date | Full name of contributor ut-of-state PAC (ID#: | Amount of . In-kind contribution Contribution \$. description |
| | Contributor address; City; State, Zip Code | Check if travel outside of Texas. Complete Schedule T. |
| Principal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | ployer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's | s principal occupation (FOR JUDICIAL) Con | ntributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | s employer/law firm (FOR JUDICIAY) Lav | v firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributo | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
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| · · · | ATTAOUADDITIONAL COLUMN | |
| II II | ATTACH ADDITIONAL COPIES OF THIS SCH f contributor is out-of-state PAC, please see instruction guide | IEDULE AS NEEDED for additional reporting requirements. |

| PLED | GED CONTRIBUTIONS | | SCHEDULE B |
|----------------|---|--|---------------------------------------|
| 1 | The Instruction Guide explains how to complete this form. | 1 Total pages Sched | lule B: |
| FILER NA! | IR. BEN MENDOZA | 3 Filer ID (Ethics C | commission Filers) |
| | OF UNITEMIZED PLEDGES | \$ | |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: | _) 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code | | · · · · · · · · · · · · · · · · · · · |
| O Principal a | | | : ide of Texas. Complete Schedu |
| U Frincipal of | ccupation / Job title (See Instructions) | Instructions) | |
| Date | Full name of pledgor | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State: Zip Code | | |
| | | Check if travel outside | de of Texas. Complete Schedu |
| Principal occ | cupation / Job title (See Instructions) Employer (Se | e Instructions) | |
| Date | Full name of pledgor | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | • • • |
| | | Check if travel outside | de of Texas. Complete Schedte |
| Principal occ | cupation / Job title (See Instructions) Employer (Se | e Instructions) | |
| Date | Full name of pledgor out-of-state PAC (ID#: | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | • • • |
| | | Check if travel outsid | le of Texas. Complete Schedul |
| Principal occi | upation / Job title (See Instructions) Employer (See | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL CODIES OF THIS SOUTH | ACAICERE | |
| lf | ATTACH ADDITIONAL COPIES OF THIS SCHEDULI contributor is out-of-state PAC, please see instruction guide for a | = AS NEEDED additional reporting re | equirements. |

| LOANS | SCHEDULE E |
|---|--|
| The Instruction Guide explains how to complete | e this form. |
| 2 FILER NAME MR. BEN MENDOZA | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | \$ |
| 5 Date of loan 7 Name of lender | C (ID#:) S Loan Amount (\$) |
| 6 Is lender address; City; State a financial Institution? | ate; Zip Code 10 Interest rate |
| Y N | 11 Maturity date |
| \ \ | 13 Employer (See lostructions) |
| 14 Description of Collateral none | 15 Check if pe sonal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| 18 Guarantor address; City; Sta | ate: Zip Code |
| | 21 Employer (See Instructions) |
| Date of loan Name of lender out of-state P/ | AC (ID#:) Loan Amount (\$) |
| a financial | tate; Zip Code Interest rate |
| Institution? Y N | Maturity date |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Description of Collateral | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR Name of guarantor INFORMATION | Amount Guaranteed (\$) |
| Guarantor address; City; S | tate; Zip Code |
| Principal Occupation (See Instructions) | Employer (See Instructions) |
| - " | PIES OF THIS SCHEDULE AS NEEDED struction guide for additional reporting requirements. |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/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 F1: | 2 FILER NAME, BEN | MENDOZ | ZA . | 3 Filer /D (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 th | | | iside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officebolder nam | le (| Office sought | Office held |
| Date | Payee name | | | |
| Amount (\$) | | State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | o top of this schedule) | | side of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | е | Office sought | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | 1, | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | top of this schedule) | | ido of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder nam | e | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

| UNPAID INC | URRED OBLIGATIONS | SCHEDULE F2 |
|---|--|---|
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F2: | MR. BEN MENDOZA 3 | Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITER | MIZED UNPAID INCURRED OBLIGATIONS \$ | |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | Check if A | vel outside of Texas. Complete Schedule T, ustin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought | Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; Zity; State; Zip Code | |
| TYPE OF Expenditure | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | evel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought | Office held |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

E **F3**

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | The instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
|------------|---|---------------------------------------|
| 2 FILER NA | MR. BENBENDUZA | 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; C | State; Zip Code |
| | | |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | | |
| | | |
| | Description of investment | |
| · | Amount of investment (\$) | |
| | | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |
| | Town Filtre O | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER MAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name

| 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 schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/Oi | Candidate / Officeholder name 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 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/O | Candidate / Officeholder name Office sought Office held |
| | · |
| | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made | Fees Food | /Beverage Expense | Office O | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District |
|--|-----------------------|-------------------------------------|-------------|----------------------------------|--|
| Candidate/Officeholder/Politic | | Awards/Memorials Expense | | Expense /Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
| Credit Card Payment | The | e Instruction Guide expl | | - | Cold (Charles assured by the Cold Cold Cold Cold Cold Cold Cold Cold |
| 1 Total pages Schedule G: | · | BEN M | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | 31073 | | |
| 6 Amount (\$) | 7 Payee address; | ; City; State; | Zip Code | | |
| Reimbursement from political contributions intended | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Cat | ategories listed at the top of this | ; schedule) | . [] | de of Texas. Complete Schedule T. |
| | <u></u> | | | check if Austin, T. | FX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / C | Officeholder name | | Office sought | Office held |
| Date | Payee name | 19 | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE | Category (See Cate | tegories listed at the top of this | schedule) (| (b) Description | |
| OF | 1 | / | 1 | | de of Texas. Complete Schedule T. |
| EXPENDITURE | l | / | | Check if Austin, T | X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / C | Officeholder name | | Office sought | Office held |
| Date | Payee name | / | | | |
| | | | | | |
| Amount (\$) | Payee address; | City; State; 2 | Zip Code | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE | Category (See Cate | egories listed at the top of this s | schedule) (| b) Description | |
| OF EXPENDITURE | | | | | e of Texas. Complete Schedule T. |
| | - | | | L Check if Austin, TX | X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Of H | fficeholder name | | Office sought | Office held |
| | ATTACHAD | DITIONAL COPIES O | OF THIS SO | CHEDULE AS NEED! | ED |
| | | | | | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 By
Candidate/Officeholder/Political Committee
Codf (Card Payment

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

| Credit Card Payment | The Instruction Guide explains how to | o complete this form. | ory not isseed above) |
|--|--|--|-----------------------|
| Total pages Schedule H: | 2 FILER NAME, BEN MEN | DOZA 3 Filer ID (Ethic | es Commission Filers) |
| Date | 5 Business name | _ | |
| Amount (\$) | 7 Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel of tside of Texas. Complete Schedu Check if Austin, TX, officeholder living expe | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | 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 schedule) | Description Check if travel outside of Texas. Complete Sched | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | 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 schedule) | Description Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expe | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME M. BEN MENDOZA 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 instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) | | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zin Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF Expenditure | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | | |
| 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 Schedule K: | | | | |
|---|---|--|--|--|--|--|
| 2 FILER NAME | MR. BEN MENDOZA | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) | | | | |
| | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | 7 Purpose for which amount is received Check if | political contribution returned to filer | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | | |
| | Address of person from whom amount is received; City; Stay | ; Zip Code | | | | |
| | Purpose for which amount is received Check if | political contribution returned to filer | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | | |
| | Address of person from whom amount is received; City; State | ; Zip Code | | | | |
| | Purpose for which amount is received Check if | political contribution returned to filer | | | | |
| Date | Name of person from whom amount is received | Amount (\$) | | | | |
| | Address of person from whom amount is received; City; State | : Zip Code | | | | |
| | Purpose for which amount is received Check if | political 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 instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule T: | | | |
|---|--|---------------------------------------|------------------------|--|--|--|--|
| 2 FILER NAME K | BEN | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | | |
| 5 Contribution / Expen | diture 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 | | | |
| 6 Dates of travel | travel 7 Name of person(s) traveling | | | | | | |
| | 8 Departure city or name of departure location | | | | | | |
| | 9 Destination city or name of destination location | | | | | | |
| | | | | | | | |
| 10 Means of transporta | tion 11 Purp | pose of travel (including | name of conference, s | eminar, or other event) | | | |
| Name of Contributor | / Corporation or Labor | Organization / Pledgo | / Payee | | | | |
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| Contribution / Expend | Schedule | | | | | | |
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| Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | | |
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| Schedule A2 | Schedule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | | | |
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| Dates of travel | Name of person(s | | | | | | |
| | Departure city or name of departure location | | | | | | |
| | - Spartare of departure location | | | | | | |
| | Destination city or | name of destination lo | ocation | | | | |
| Means of transportati | on Purp | ose of travel (including | name of conference, se | eminar, or other event) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | |
| orms provided by Tayas Ethics Commission | | | | | | | |