

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: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST TIMOTHY	MI J.	
	NICKNAME Tim	LAST MENDOLIA	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 479 ALEDO CREEKS RD E. FORT WORTH, TX 76126			
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 798-3030			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JERRY	MI S.	
	NICKNAME STEVE	LAST BARTLEY	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 301 FM 1187 S ALEDO, TX 76008			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 441-5200			
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 Month Day Year 01 / 01 / 2022 THROUGH 6 / 30 / 2022			
11 ELECTION	ELECTION DATE Month Day Year 05 / 24 / 2022		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input checked="" 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) JPC, PARKER COUNTY		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received

RECEIVED
 JUL 11 2022
 BY: **[Signature]**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

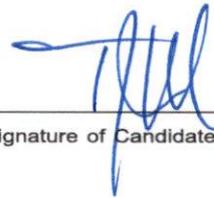
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME TIMOTHY J. MENDOLIA		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3188.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2941.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1111.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Timothy J. Mendolia this the 11th day of July, 2022, to certify which, witness my hand and seal of office.

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1450.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1738.23
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1338.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 450.75
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1146.35
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 2
2 FILER NAME TIMOTHY J. MENDOLIA		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN DUNSON	7 Amount of contribution (\$) \$150.⁰⁰
6 Contributor address; City; State; Zip Code 1434 KEENELAND HILL DR, ALEDO, TX 76008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDSEY DINGMORE	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 498 ALEDO BREEKS RD E, FT. WORTH, TX 76126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM + TERRA KINDRED	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City; State; Zip Code 505 BIG CREEK RD., WILLOW PARK, TX 76087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOYLE MOSS	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 967 ALEDO, TX 76008		
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>05/04/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JERRY STOCKON</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address; City; State; Zip Code <i>113 MCKENZIE LANE, WEATHERFORD, TX 76087</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>06/02/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRADLEY S. MANNING</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 1801, WEATHERFORD, TX 76086</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>06/30/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PHIL TREW</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>3633 CLIFF VIEW LOOP, WEATHERFORD, TX 76087</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2	
2 FILER NAME TIMOTHY J. MENDOLIA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1738.23	
5 Date 05/10/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESSMAN PRINTING, INC.	8 Amount of Contribution \$ \$973.89	9 In-kind contribution description FLYERS
7 Contributor address; City; State; Zip Code PO BOX 15148 FORT WORTH, TX 76108		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 02/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESSMAN PRINTING, INC.	Amount of Contribution \$ 300.⁰⁰	In-kind contribution description PUSH CARDS
Contributor address; City; State; Zip Code PO BOX 15148 FORT WORTH, TX 76108		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME TIMOTHY J. MENDOLIA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/17/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESSMAN PRINTING, INC.	8 Amount of Contribution \$ 374.34	9 In-kind contribution description
7 Contributor address; City; State; Zip Code PO BOX 15148 FORT WORTH TX 76108		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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.

1 Total pages Schedule F1: 1	2 FILER NAME TIMOTHY J. MENDOLIA	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2022	5 Payee name THE COMMUNITY NEWS	
6 Amount (\$) \$125.00 \$250.00 - \$125.00 REFUNDED	7 Payee address; City; State; Zip Code 1015 CHAMPIONS DRIVE ALEDO TX 76008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description INSERT IN PAPER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/13/2022	Payee name CAMPAIGN SIDEKICK	
Amount (\$) 413.52	Payee address; City; State; Zip Code 1550 OLD ANNETTA RD, ALEDO TX 76008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description TEXT BLASTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Date 3/16/2022	Payee name PRESSMAN PRINTING / JAY STRINGER	
Amount (\$) \$800.00	Payee address; City; State; Zip Code PO BOX 15148 FORT WORTH TX 76108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>TIMOTHY J. MENDOLIA</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>456.75</i>
5 Date <i>02/09/2022</i>	6 Payee name <i>WEATHERFORD DEMOCRAT</i>	
7 Amount (\$) <i>456.75</i>	8 Payee address; City; State; Zip Code <i>512 PALO PINTO STREET WEATHERFORD TX 76086</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>ADVERTISEMENT IN PAPER</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>TIMOTHY J. MENDOLIA</i>	Office sought <i>JP4, PARKER COUNTY</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 |
| 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.

1 Total pages Schedule G: 2	2 FILER NAME TIMOTHY J. MENDOLIA	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2022	5 Payee name EAST PARKER CO. CHAMBER OF COMMERCE	
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 CHUCKWAGON TRL. WILLOW PARK TX 76087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description LEINSTEON/GOV. ABBOTT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office sought JPT
10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office held
11 Date 01/14/2022	12 Payee name PRESSMAN PRINTING, INC.	
13 Amount (\$) 703.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	14 Payee address; City; State; Zip Code P.D. BOX 151408 FORT WORTH, TX 76106	
15 PURPOSE OF EXPENDITURE	16 Category (See Categories listed at the top of this schedule) ADVERTISING	17 Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
18 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office sought JPT
19 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office held
20 Date 01/16/2022	21 Payee name LOWE'S	
22 Amount (\$) \$42.72 <input type="checkbox"/> Reimbursement from political contributions intended	23 Payee address; City; State; Zip Code 118 E. INTERSTATE 20, WEATHERFORD, TX 76087	
24 PURPOSE OF EXPENDITURE	25 Category (See Categories listed at the top of this schedule) ADVERTISING	26 Description T. POSTS FOR SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
27 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office sought JPT
28 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 |
| 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.

1 Total pages Schedule G:	2 FILER NAME TIMOTHY J. MENDOLIA	3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2022	5 Payee name EAST PARKER COUNTY CHAMBER OF COMMERCE	
6 Amount (\$) \$ 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 CHUCKWAGON TRAIL WILLOW PARK TX 76087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SPONSOR EVENTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name TIMOTHY J. MENDOLIA	Office sought JP4
		Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED