

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**Cover Sheet pg 1**

The C/OH Instruction Guide explains how to complete this form.

1. ACCOUNT #  
(Ethics Commission filers)

2. Total Pages Filed:

6

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Pauline

NICKNAME

LAST

SUFFIX

Medrano

**OFFICE USE ONLY**

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
C Change of Address

Address/PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

2346 Douglas Avenue

Dallas TX 75219

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

528 7808

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Joseph

NICKNAME

LAST

SUFFIX

Ashmore Jr.

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3636 Maple Avenue

Dallas TX 75219

8. CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

559 7202

9. REPORT TYPE

January 15

10. PERIOD COVERED

7/1/2008

THROUGH

12/31/2008

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

Dallas City Council District 2

13. OFFICE SOUGHT (if known)

Council District 2

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  
C additional pages

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

NAME

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME <b>Pauline Medrano</b>	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  C additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 379.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 4071.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22051.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pauline Medrano, this the 13th day of January, 20 09, to certify which, witness my hand and seal of office.

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Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:  
1 of 4

2 FILER NAME

Pauline Medrano

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/08/2008

5 Payee name

Wolf Camera #1635

7 Amount  
(\$)

13.94

6 Payee address; City; State; Zip Code

4208 Oak Lawn Dallas, TX 75219

8 Purpose of payment (See instructions regarding type of information required.)

photos

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

07/28/2008

Payee name

United States Post Office

Amount  
(\$)

895.00

Payee address; City; State; Zip Code

2911 Oak Lawn Avenue Dallas, TX 75219

Purpose of payment (See instructions regarding type of information required.)

postage

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

07/30/2008

Payee name

Dave The Printer

Amount  
(\$)

965.89

Payee address; City; State; Zip Code

2338 Irving Blvd Dallas, TX 75207

Purpose of payment (See instructions regarding type of information required.)

printing

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/30/2008

Payee name

Wolf Camera #1635

Amount  
(\$)

20.41

Payee address; City; State; Zip Code

4208 Oak Lawn Avenue Dallas, TX 75219

Purpose of payment (See instructions regarding type of information required.)

photos

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form		1 Total pages Schedule F: 2 of 4
2 FILER NAME Pauline Medrano		3 ACCOUNT # (Ethics Commission filers)
4 Date  08/18/2008	5 Payee name Wolf Camera #1635  6 Payee address; City; State; Zip Code 4208 Oak Lawn Avenue Dallas, TX 75219	7 Amount (\$)  52.99
8 Purpose of payment (See instructions regarding type of information required.) photos (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  09/17/2008	Payee name Party City  Payee address; City; State; Zip Code 3560 West Airport Frwy Irving, TX 75062	Amount (\$)  104.95
Purpose of payment (See instructions regarding type of information required.) favors for GLBT parade (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  12/30/2008	Payee name Office Depot  Payee address; City; State; Zip Code 2929 Oak Lawn Avenue Dallas, TX 75219	Amount (\$)  23.79
Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  09/23/2008	Payee name Office Depot  Payee address; City; State; Zip Code 2929 Oak Lawn Avenue Dallas, TX 75219	Amount (\$)  50.00
Purpose of payment (See instructions regarding type of information required.) labels (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:  
3 of 4

2 FILER NAME

Pauline Medrano

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/17/2008

5 Payee name  
Office Depot6 Payee address; City; State; Zip Code  
2929 Oak Lawn Avenue Dallas, TX 752197 Amount  
(\$)

62.16

8 Purpose of payment (See instructions regarding type of information required.)  
office supplies  
(If travel outside of Texas, complete Schedule T)9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

09/23/2008

Payee name  
Deborah BurchPayee address; City; State; Zip Code  
13429 Hidden Valley Montgomery, TX 77356Amount  
(\$)

850.00

Purpose of payment (See instructions regarding type of information required.)  
Computer work, data entry, data analysis  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

07/02/2008

Payee name  
Dallas County Elections DepartmentPayee address; City; State; Zip Code  
2722 Stemmons Frwy Dallas, TX 75207Amount  
(\$)

13.04

Purpose of payment (See instructions regarding type of information required.)  
election lists  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

10/04/2008

Payee name  
Herrerias RestaurantPayee address; City; State; Zip Code  
4001 Maple Avenue Dallas, TX 75219Amount  
(\$)

40.11

Purpose of payment (See instructions regarding type of information required.)  
volunteer meeting  
(If travel outside of Texas, complete Schedule T)\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule F: 4 of 4
2 FILER NAME Pauline Medrano		3 ACCOUNT # (Ethics Commission filers)
4 Date  08/07/2008	5 Payee name Richard Dominguez Richard Dominguez  6 Payee address; City; State; Zip Code 4209 Pioneer Road Balch Springs, TX 75180	7 Amount (\$)  600.00
8 Purpose of payment (See instructions regarding type of information required.) Graphic Design Work (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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