

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Pauline Medrano

OFFICE USE ONLY

Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged RECEIVED 2007 APR 10 PM 3:49 CITY SECRETARY DALLAS, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2346 Douglas Ave. Dallas TX 75219

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (214) 528-7808 n/a

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Joseph E Ashmore, Jr.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3636 Maple Ave. Dallas TX 75219

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (214) 559-7202

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year 1 / 01 / 07 4 / 12 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff General Special 5 / 12 / 07

12 OFFICE

OFFICE HELD (if any) Dallas City Council, Dist. 2

13 OFFICE SOUGHT (if known) Dallas City Council, Dist. 2

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

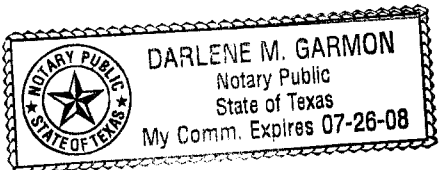
FORM C/OH COVER SHEET PG 2

15 C/OH NAME Pauline Medrano 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate / officeholder. ... COMMITTEE TYPE: GENERAL [] SPECIFIC [] COMMITTEE NAME: n/a

Table with 6 rows: CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description, amount, and dollar sign.

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.

Signature of Candidate or Officeholder: Pauline Medrano

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pauline Medrano, this the 10th day of April, 2007, to certify which, witness my hand and seal of office.

Signatures of officer administering oath: Darlene M. Garmon, Notary

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME *See Attached Spreadsheet*

3 ACCOUNT # (Ethics Commission filers)

4 Date 5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

	A	B	C	D	E	F	H
	Date	Name	Address	City	State	Zip Code	Amount
1							
2	3/20/2007	Frank Joseph Ashmore, Jr.	17503 Woods Edge Dr.	Dallas	TX	75287-7544	500
3	3/19/2007	Diane Ragsdale	3611 Dunbar Street	Dallas	TX	75215	75
4	3/21/2007	Sunhee C. Hong, D.D.S	12801 Midway Rd. Ste. 401	Dallas	TX	75244	100
5	3/15/2007	Pamela Dunlop Gates	2209 Briardale Rd.	Ft. Worth	TX	76119	100
6	3/25/2007	Gregory N. Kilhoffer	6303 Richmond Ave. Unit 202	Dallas	TX	75214	500
7	3/28/2007	Demetris Sampson	P.O. Box 2252	Dallas	TX	75221	1000
8	3/27/2007	Barry E. Hancock	3708 Stratford Ave.	Dallas	TX	75205	1000
9	12/18/2006	Christy Hammons	1320 Holly Hill Dr.	Grand Prairie	TX	75052	1000
10	1/23/2007	Kathy Vergos	162 Leda Dr.	Dallas	TX	75218	300
11	3/23/2007	Gloria R. Torres	5103 Denton Dr.	Dallas	TX	75235	40
12	3/22/2007	Mary Volbrecht	212 E. Haven Rd.	Waxahachie	TX	75165	250
13	3/22/2007	Thomas M. Dunning	717 N. Harwood Suite 250	Dallas	TX	75201	200
14	3/14/2007	Gilbert Aranza	P.O. Box 35265	Dallas	TX	75235	500
15	3/22/2007	J. McDonald and Ellen Williams	4715 Wildwood Rd.	Dallas	TX	75209	500
16	3/1/2007	Nina Vaca	7964 Xavier Ct.	Dallas	TX	75218-4512	300
17	3/1/2007	Claudia Calonne	3109 Knox St. #307	Dallas	TX	75205	1000
18	3/1/2007	Alan McDonald	3109 Knox St. #307	Dallas	TX	75205	1000
19	3/6/2007	Michael P. Heiskell	600 Texas St. 2nd Floor	Ft. Worth	TX	76102	250
20	3/7/2007	Howard Hallam	5330 S. Dentwood Dr.	Dallas	TX	75220	100
21	3/7/2007	Lucy C. Billingsley	4100 International Pkwy Ste. 1100	Carrollton	TX	75007	500
22	3/9/2007	Mark Stein	3733 Shenandoah St.	Dallas	TX	75205-2120	100
23	3/9/2007	Ruben Esquivel	1217 Hanna Circle	Desoto	TX	75115	100
24	3/15/2007	Roslyn Thompson	2 Abbottsford Court	Dallas	TX	75225	100
25	3/15/2007	Victor Puente	P.O. Box 612248	Dallas	TX	75261	100
26	3/18/2007	M. Kevin Bryant	1413 Eagle Bend	Southlake	TX	76092-9427	150
27	3/14/2007	Laura Estrada	1339 Cedar Hill Avenue	Dallas	TX	75208	100
28	3/11/2007	J. Christopher Luna	P.O. Box 131523	Dallas	TX	75313	100
29	3/6/2007	Harlan R. Crow	2100 McKinney Avenue, Ste. 700	Dallas	TX	75201	1000
30	3/9/2007	Barry Henry	3412 Harvard Avenue	Dallas	TX	75205	200
31	3/8/2007	Gina Norris	3641 Mockingbird Ln.	Dallas	TX	75205-2157	150
32	3/7/2007	Pete Shenkel	2515 McKinney Ave., Ste. 1200	Dallas	TX	75201	250
33	3/7/2007	Donald J. Malsion, Jr.	2105 N. Fitzhugh Avenue	Dallas	TX	75204-4618	50
34	3/7/2007	Lorianne Palmer	10255 CR 356	Terrell	TX	75161	100
35	3/15/2007	Lora J. Villarreal	2301 Lady Rule Ln.	Lewisville	TX	75056-5625	100
36	3/18/2007	Lilian F. Reyes	8008 Cedar Springs Rd. Ste. 301, M	Dallas	TX	75235	500

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Pauline Medrano

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/07
2/28/07

5 Payee name

County of Dallas

6 Payee address; City; State; Zip Code

2377 North Stemmas Frwy Ste 826
Dallas, TX 75207

7 Amount (\$)

113.15

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

voter lists

(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

3/16/07

Payee name

Party City

Payee address; City; State; Zip Code

3560 West Airport Frwy
Irving, TX 75062

Amount (\$)

104.55

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

Favors to participate in St. Patrick's 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

3/23/07

Payee name

Ace Parking Management, Inc.

Payee address; City; State; Zip Code

Amount (\$)

15.00

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

Parking

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/18/07

Payee name

Snookie's

Payee address; City; State; Zip Code

3604 Oak Lawn
Dallas, TX 75219

Amount (\$)

71.61

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Pauline Medrano.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/25/07
3/23/07
2/8/07
3/1/07
3/14/07

Exxon

6 Payee address; City; State; Zip Code

3716 Maple Ave.
Dallas TX 75219.

181.49

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

Gas.

(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

Amount (\$)

3/12/07
3/3/07

Quik Trip.

Payee address; City; State; Zip Code

3230 W. Mockingbird Ln.
Dallas TX 75

53.12.

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

Amount (\$)

3/4/07
3/5/07

Dallas Main Post Office / Oak Lawn Stat.

Payee address; City; State; Zip Code

75222-9991
75219-4129

\$ 330.00

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

Stamps

(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

Amount (\$)

3/28/07
1/20/07
3/25/07
3/4/07
3/28/07

Office Depot

Payee address; City; State; Zip Code

2929 Oak Lawn Ave
Dallas, TX 75219

136.55

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

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 FILER NAME Pauline Medrano 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/6/07</u>	5 Payee name <u>JMH Printing</u>	7 Amount (\$) <u>1,057.15</u>
6 Payee address; City; State; Zip Code <u>721 West Tarrant Rd. Grand Prairie, TX 75050</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>campaign literature</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>4/3/07</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>383.69</u>
Payee address; City; State; Zip Code <u>2929 Oaklawn Ave Dallas TX 75219</u>		

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

Date <u>3/29/07</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>38.96</u>
Payee address; City; State; Zip Code <u>2929 Oaklawn Ave. Dallas TX 75219</u>		

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

Date <u>4/7/07</u>	Payee name <u>Texas Land and Cattle</u>	Amount (\$) <u>87.92</u>
Payee address; City; State; Zip Code <u>3130 Lemmon Dallas, TX 75219</u>		

Purpose of payment (See instructions regarding type of information required.) <u>volunteer mtg.</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** 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 FILER NAME

Pauline Medrano

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/8/07

Mark Davis

6 Payee address; City; State; Zip Code

8718 Bound Brook
Dallas, TX

\$250.00

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

photography

(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

Amount (\$)

3/30/07

Ed Zachow

Payee address; City; State; Zip Code

604 Fuller Drive
Cedar Hill, TX 75104

\$300.00

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

graphic art

(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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED