

**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:
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR	FIRST Pauline	MI
	NICKNAME	LAST Medrano	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of 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	nla
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	FIRST Joseph	MI E.
	NICKNAME	LAST Ashmore, Jr.	SUFFIX
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	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	4 / 13 / 07		5 / 02 / 07
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 5 / 12 / 07	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Dallas City Council, District 2		Dallas City Council, District 2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> 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		

**OFFICE USE ONLY**

Date Received

2007 MAY - 1 PM 2:28

CITY SECRETARY  
DALLAS, TEXAS

RECEIVED

Date Hand-delivered to Account

Date Postmarked

Receipt #

Date Processed

Date Imaged

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. *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. \*\*

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	<b>COMMITTEE NAME</b>  <u>n/a</u>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,650.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>302.50</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,084.33</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>35,573.09</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

**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.

Pauline Medrano  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAULINE MEDRANO, this the 1st day of May, 2007, to certify which, witness my hand and seal of office.

Genevieve S Ruelas  
Signature of officer administering oath

Genevieve S. Ruelas  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**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
55	3/13/2007	J.P. Morgan Chase & CO. - PAC	270 Park Avenue	New York	NY	10017	250
56	3/19/2007	Richard R. Rogers	16251 Dallas Pkwy	Addison	TX	75001	250
57	3/7/2007	Southwest Airlines Co <i>Free Donor FUND</i>	P.O. Box 36611 HDQ 4GA	Dallas	TX	75235	500
58	4/10/2007	Winstead Sechrest & Minick P.C. - PAC	5400 Renaissance Tower, 1201 Elm St.	Dallas	TX	75270	500
59	4/16/2007	Senaio Adam Trevino	2821 South Surrey	Carrollton	TX	75006	250
60	4/12/2007	David E. Whitten	8123 San Fernando Way	Dallas	TX	75218	250
61	3/29/2007	Jackson Walker LLP PAC	901 Main Street Ste. 6000	Dallas	TX	75202	500
62	4/14/2007	Robert H. Todd	7640 W. Greenway Blvd. Apt. 5P	Dallas	TX	75209-5044	1000
63	4/25/2007	Minerva Rodriguez	1036 Opal Drive	Desoto	TX	75115	400
64	4/20/2007	Joe Alcantar	6222 Vanderbilt Avenue	Dallas	TX	75214	500
65	4/18/2007	Garry D. Castro	3796 Blagg Rd.	Denton	TX	76208	250
66	4/20/2007	John Martinez	2926 Lovers Lane	Dallas	TX	75225	250
67	4/20/2007	Minerva Rodriguez	1036 Opal Drive	Desoto	TX	75115	100
68	4/20/2007	M. J. Rodriguez, DDS	5939 Meadow Crest	Dallas	TX	75230	500
69	4/20/2007	Chris Escobedo	1222 N. Winneika	Dallas	TX	75208-2750	500
70	4/20/2007	Chris Escobedo	1222 N. Winneika	Dallas	TX	75208-2750	500
71	4/20/2007	Michael A. Gonzales	7014 Casa Loma Avenue	Dallas	TX	75214-4006	100
72	4/20/2007	Ben Muro	7106 Lakehurst	Dallas	TX	75230	200
73	4/20/2007	Tom Lazo	4818 Mill Run Rd.	Dallas	TX	75244-6527	300
74	4/13/2007	William A. Shirley, Jr.	2621 State Street	Dallas	TX	75204	1000
75	4/13/2007	Kathy L. Nealy	2323 N. Houston Street No. 216	Dallas	TX	75219	1000
76	4/9/2007	Dallas Police Officer - PAC	1412 Griffin St. East	Dallas	TX	75215	500
77	4/6/2007	Lucious L. Williams	1421 Covington Dr.	Desoto	TX	75115-7703	250
78	4/7/2007	E. A. Boyer	6110 B Averill Way	Dallas	TX	75225	50
79	4/18/2007	Hispanic PAC of Dallas	7726 Marquette	Dallas	TX	75225	500
80	4/18/2007	CWA - Cope PCC	501 3rd Street, NW	Washington D.C.	TX	20001	2000
81	4/20/2007	Gerald G. Carlton	24 Lakeside Park	Dallas	TX	75225	250
82							12650

**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  
*4/9/07*

5 Payee name  
*American Campaign Signs + Graphics, LLC*  
6 Payee address; City; State; Zip Code  
*3623 Fm 3042  
Pittsburg, TX 75686*

7 Amount (\$)  
*\$1281.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*Yard signs*  
(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  
*4/29/07  
4/21/07  
4/18/07  
4/26/07*

Payee name  
*Exxon*  
Payee address; City; State; Zip Code  
*3716 Maple Ave.  
Dallas, TX*

Amount (\$)  
*\$161.69.*

Purpose of payment (See instructions regarding type of information required.)  
*gasoline*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*3/1/07  
3/29/07*

Payee name  
*Sprint*  
Payee address; City; State; Zip Code  
*P.O. Box 660092  
Dallas TX 75266-0092*

Amount (\$)  
*\$151.79*

Purpose of payment (See instructions regarding type of information required.)  
*Campaign Phone*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*4/26/07*

Payee name  
*P.O. Oaklawn Station*  
Payee address; City; State; Zip Code  
*Dallas TX 75219-4129*

Amount (\$)  
*\$117.00*

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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  
4/29/07  
4/20/07  
4/26/07

5 Payee name  
Black-eyed Pea  
6 Payee address; City; State; Zip Code  
3857 Cedar Springs  
Dallas TX

7 Amount (\$)  
\$ 70.35

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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