

# 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:

13

3 CANDIDATE / OFFICEHOLDER NAME

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

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED  
2005 APR 27 PM 12:13  
CITY CLERK  
DALLAS, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 528-7808 —

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
3 / 29 / 05 4 / 27 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 07 / 05  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

Dallas City Council, District 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  
NA

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

000001

**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. ••

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

*NA*

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ *10,570.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *1,138.24*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,405.40*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

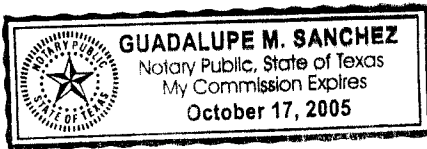
\$ *20,715.61*

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.

*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 *27th* day of *April*, 2005, to certify which, witness my hand and seal of office.

*Guadalupe M Sanchez*

Signature of officer administering oath

*GUADALUPE M. SANCHEZ*

Printed name of officer administering oath

*Notary Public*

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:  
*1 + 1 (attached) = 2*

2 FILER NAME  
*Pauline Medrano*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*See Itemized Attached List*  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
In-kind contribution description (if applicable)

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.

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MEDRANO CAMPAIGN CONTRIBUTORS

4/5/2005	Alvin Granoff	P.O. Box 224228	Dallas	75222	\$250.00
4/1/2005	M. Martha Metzger	4428 Ivy Dr.	Mesquite	75150	\$35.00
4/6/2005	Barry Kinggard	2120 Riverforest Dr.	Arlington	76017-1637	\$1,000.00
4/4/2005	Dolly and Matt Angle	3301 North Nottingham	Arlington, VA	22207	\$100.00
4/7/2005	Real Estate Council Community Leadership Council	8117 Preston Rd. Suite 750	Dallas	75225	\$1,000.00
4/11/2005	John Mosqueda, Esther Contreras	413 E. Center St.	Duncanville	75116-4806	\$100.00
3/31/2005	Dairrell Jordan	1201 Elm Street Suite 1700	Dallas	75270	\$500.00
4/4/2005	Metrotex Association of Realtors PAC	8201 N. Stemmons Freeway	Dallas	75247	\$1,000.00
4/1/2005	Dallas Retired Fire Fighters Assoc	1727 Auburn Dr.	Carrollton	75007	\$350.00
4/10/2005	Lupe Valdez	707 N. Edgefield	Dallas	75208	\$50.00
4/5/2005	J.J. Collimer	5525 Westgrove Dr.	Dallas	75248	\$250.00
4/11/2005	Jaime Cortes	1130 Cedar Hill Ave.	Dallas	75208	\$100.00
4/10/2005	David Romo	P.O. Box 720566	Dallas	75372-0566	\$25.00
4/10/2005	Anthony Hunt	7009 Cliffwood	Dallas	75237	\$500.00
4/7/2005	Constructive Citizenship Program of Texas Instruments	P.O. Box 742496	Dallas	75374-2496	\$500.00
4/13/2005	Elizabeth Miller	2710 Douglas Ave. Unit 116	Dallas	75219	\$50.00
4/13/2005	Apartment Association of Greater Dallas - PAC	4230 LBJ Frwy Suite 140	Dallas	75244	\$2,500.00
4/19/2005	L.B. Massey	4039 Cole Ave. No. 115	Dallas	75204	\$10.00
4/15/2005	C.L. Mayo	1563 McCoy	Dallas	75204	\$25.00
4/22/2005	UA Plumbers & Steamfitters Local Union 100	3629 W. Miller Rd.	Garland	75041	\$1,000.00
4/13/2005	Kathy Vergos	162 Leda Dr.	Dallas	75218	\$250.00
4/20/2005	James Vergos	9758 Van Dyke Rd.	Dallas	75218	\$250.00
4/23/2005	David Romo	P.O. Box 720566	Dallas	75374-2496	\$25.00
4/25/2005	Donald J. McNamara	3232 McKinney Ave. #890	Dallas	75204	\$200.00
4/25/2005	Frank Ashmore	4011 Maple Ave.	Dallas	75219	\$500.00

\$ 10,570.00

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME  
Pauline Medrano

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/30/05	5 Payee name Clear Channel Outdoor	7 Amount (\$) \$570.00
6 Payee address; City; State; Zip Code 3700 E. Randal Mill Rd. Arlington, TX 76011		

8 Purpose of payment (See instructions regarding type of information required.) Graphic Sheets	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/14/05	Payee name The Order Desk	Amount (\$) \$1717.24
Payee address; City; State; Zip Code 2910 Canton St. Dallas, TX 75226		

Purpose of payment (See instructions regarding type of information required.) Mail service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/14/05	Payee name JMH Printing	Amount (\$) \$2225.49
Payee address; City; State; Zip Code 721 West Tarrant Rd. Grand Prairie, TX 75050		

Purpose of payment (See instructions regarding type of information required.) Printing- Campaign literature	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/25/05	Payee name The Order Desk	Amount (\$) \$224.56
Payee address; City; State; Zip Code 2910 Canton St. Dallas, TX 75226		

Purpose of payment (See instructions regarding type of information required.) Mail Service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Pauline Medrano</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>4/15/05</i>	<b>5</b> Payee name <i>Office Depot</i> <b>6</b> Payee address; City; State; Zip Code <i>2929 Oaklawn Ave Dallas, TX 75219</i>	<b>7</b> Amount (\$) <i>\$ 11.13</i>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/26/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Dallas, TX 75219</i>	Amount (\$) <i>\$ 240.28</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/2/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Dallas, TX 75219</i>	Amount (\$) <i>\$ 71.34</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/2/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Dallas, TX 75219</i>	Amount (\$) <i>\$ 80.09</i>
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		<b>000006</b>

**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  
*2/28/05*

5 Payee name  
*Office Depot*  
6 Payee address; City; State; Zip Code  
*8330 Stemmons Frwy  
Dallas TX 75247*

7 Amount (\$)  
*\$ 59.67*

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

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

Date  
*4/26/05*

Payee name  
*Office Depot*  
Payee address; City; State; Zip Code  
*8330 Stemmons Frwy  
Dallas TX 75247*

Amount (\$)  
*\$ 15.11*

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

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

Date  
*4/22/05*

Payee name  
*Office Depot*  
Payee address; City; State; Zip Code  
*2929 Oak lawn  
Dallas, TX 75219*

Amount (\$)  
*\$ 56.27*

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

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

Date  
*3/17/05*

Payee name  
*Office Depot*  
Payee address; City; State; Zip Code  
*2929 Oak lawn  
Dallas, TX 75219*

Amount (\$)  
*\$ 15.01*

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

**.. 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 <i>Pauline Medrano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/22/05</i>	5 Payee name <i>Office Depot</i> 6 Payee address; City; State; Zip Code <i>2929 Oaklawn Ave. Dallas, TX 75219</i>	7 Amount (\$) <i>\$ 7.35</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>4/22/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Ave Dallas, TX 75219</i>	Amount (\$) <i>\$ 10.37</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>4/15/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Ave. Dallas, TX 75219</i>	Amount (\$) <i>\$3.45</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>4/15/05</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>2929 Oaklawn Ave Dallas, TX 75219</i>	Amount (\$) <i>\$ 15.13</i>
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000003

## 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

3/29/05

5 Payee name

Campaign Systems Inc.

6 Payee address; City; State; Zip Code

300 Sewell Ct.  
Irving, TX 750387 Amount  
(\$)

\$ 346.27

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

Labels and phone list

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

Candidate / Officeholder name

Office sought

Office held

Date

3/29/05

Payee name

Ed Zachow Graphics

Payee address; City; State; Zip Code

604 Fuller Dr.  
Cedar Hill, TX 75104Amount  
(\$)\$ 900.<sup>00</sup>

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

Graphic work

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

Candidate / Officeholder name

Office sought

Office held

Date

4/6/05

Payee name

Mark Davis Photography

Payee address; City; State; Zip Code

8718 Boundbrook  
Dallas, TXAmount  
(\$)\$ 300.<sup>00</sup>

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

photography

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

Candidate / Officeholder name

Office sought

Office held

Date

3/29/05

Payee name

Edward &amp; Patterson Signs

Payee address; City; State; Zip Code

4733 Don Dr.  
Dallas, TX 75247Amount  
(\$)\$ 500.<sup>00</sup>

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

campaign signs

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000009

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 3/22/05 5 Payee name USPS 6 Payee address; City: State; Zip Code Dallas Main Post Office Store A Dallas, TX 75222-9991 7 Amount (\$) \$460.00

8 Purpose of payment (See instructions regarding type of information required.) stamps 9 \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

Date 4/7/05 Payee name USPS Payee address; City: State; Zip Code Dallas Main Post Office Store A Dallas, TX 75222-9991 Amount (\$) \$460.00

Purpose of payment (See instructions regarding type of information required.) stamps \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

Date 4/23/05 Payee name USPS Payee address; City: State; Zip Code Oaklawn Station Dallas, TX 75219-9998 Amount (\$) \$296.00

Purpose of payment (See instructions regarding type of information required.) stamps \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

Date 4/7/05 Payee name USPS Payee address; City: State; Zip Code Airlawn Station Dallas, TX 75235-9998 Amount (\$) \$112.00

Purpose of payment (See instructions regarding type of information required.) stamps \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000010

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

4/20/05

5 Payee name

USPS

7 Amount (\$)

\$78.00

6 Payee address; City; State; Zip Code

Air lawn station  
Dallas, TX 75235-9998

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

stamps.

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

Date

4/15/05

Payee name

USPS

Amount (\$)

\$ ,81

Payee address; City; State; Zip Code

Oak lawn Station  
Dallas, TX 75219-9998

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

label

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

Date

4/3/05

Payee name

Home Depot #0589

Amount (\$)

\$49.69

Payee address; City; State; Zip Code

6110 Lemmon Ave.  
Dallas, TX 75209

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

posts

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

Date

4/12/05

Payee name

Home Depot #0589

Amount (\$)

\$38.91

Payee address; City; State; Zip Code

6110 Lemmon Ave.  
Dallas, TX 75209

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

stakes.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000011

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Pauline Medrano</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>4/19/05</i>	<b>5</b> Payee name <i>Home Depot #0589</i>	<b>7</b> Amount (\$)  <i>\$35.09</i>
<b>6</b> Payee address; City; State; Zip Code <i>6110 Lemmon Ave. Dallas, TX 75209</i>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>paint, posts</i>		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/2/05</i>	Payee name <i>Sal's Pizza</i>	Amount (\$)  <i>\$83.74</i>
Payee address; City; State; Zip Code <i>525 Wycliff Ave. Dallas, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/16/05</i>	Payee name <i>Herrera's Cafe</i>	Amount (\$)  <i>\$62.51</i>
Payee address; City; State; Zip Code <i>4001 Maple Ave Dallas, TX 75219</i>		
Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/3/05</i>	Payee name <i>Herrera's Cafe</i>	Amount (\$)  <i>\$67.41</i>
Payee address; City; State; Zip Code <i>4001 Maple Ave Dallas, TX 75219</i>		
Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		<b>000012</b>

POLITICAL EXPENDITURES	SCHEDULE F
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME <i>Pauline Medrano</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>4/22/05</i>	5 Payee name <i>Choy's - Dallas</i>	7 Amount (\$) <i>\$93.48</i>
6 Payee address; City; State; Zip Code <i>4544 McKinney Ave. Dallas, TX 75205</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>4/15/05</i>	Payee name <i>Black-Eyed Pea</i>	Amount (\$) <i>\$51.33</i>
Payee address; City; State; Zip Code <i>3857 Cedar Springs Dallas, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date <i>4/10/05</i>	Payee name <i>Bread Winners Cafe + Bakery</i>	Amount (\$) <i>\$59.43</i>
Payee address; City; State; Zip Code <i>5560 West Lovers Ln. Dallas, TX 75209</i>		

Purpose of payment (See instructions regarding type of information required.) <i>campaign volunteer meeting.</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	000013
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