

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:
5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Nickname: Pauline LAST SUFFIX
 Medrano

OFFICE USE ONLY

Date Received: 2007 JAN 16 AM 9:04
 CITY SECRETARY DALLAS, TEXAS
 RECEIVED

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 2346 Douglas Ave. Dallas, Texas 75219

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 3636 Maple Avenue Dallas, Texas 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
 7 / 1 / 06 THROUGH 12 / 31 / 06

11 ELECTION

ELECTION DATE: Month Day Year
 5 / 12 / 07

ELECTION TYPE: Primary Runoff General Special

12 OFFICE

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

13 OFFICE SOUGHT (if known)

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: n/a

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)

additional pages

.. 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. ..

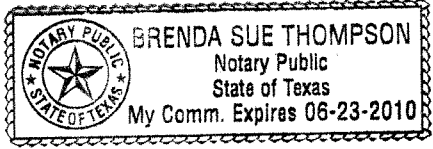
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>n/a</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>710.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,638.24</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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 16th day of January, 2007, to certify which, witness my hand and seal of office.

Brenda Thompson Signature of officer administering oath
Brenda Thompson Printed name of officer administering oath
Notary Title of officer administering oath

070220

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Pauline Medrano		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-20-06 12-04-06 12-28-06	5 Payee name USPS 6 Payee address; City; State; Zip Code Oaklawn Station Dallas, Texas 75219	7 Amount (\$) 483.60
8 Purpose of payment (See instructions regarding type of information required.) Stamps (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 10-19-06 10-20-06	Payee name Office Depot Payee address; City; State; Zip Code 2929 Oaklawn Ave. 75219	Amount (\$) 209.08
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 11-21-06	Payee name Domino's Pizza Payee address; City; State; Zip Code Oaklawn Dallas, Tex. 75219	Amount (\$) \$ 17.32
Purpose of payment (See instructions regarding type of information required.) Pizza (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

070220

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: 2

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

4 Date <u>12-27-06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H. Ron White</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1999 Bryan St. 34th Floor Dallas, Texas 75201</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date <u>12-18-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Howard Okon</u>	Amount of contribution (\$) <u>\$ 500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4433 N. Hall St. Dallas, Texas 75219</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12-5-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joel A. Maten</u>	Amount of contribution (\$) <u>\$ 1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>12333 Brittany Circle Dallas, Texas 75230</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12-27-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linebarger Goggan Blair & Sampson, LLP</u>	Amount of contribution (\$) <u>\$ 1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 17428 Austin, Texas 78760</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12-15-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Brand</u>	Amount of contribution (\$) <u>\$ 1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4220 Normandy Dallas, Texas 75205</u>		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Pauline Medrano		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-31-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Okon	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5844 Preston Haven Dallas, Tex. 75230			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-18-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerry Stool	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2808 Fairmount Dallas, Texas 75201			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie D. Bewley	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2912 Cromwell Way Flower Mound, Tx. 75022			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-17-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald T. Petty	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7803 Hanover Dallas, Texas 75225			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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