

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	LAST	SUFFIX
		Pauline	
		Medrano	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
		2346 Douglas Avenue Dallas TX	75219
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	528-7808	
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 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"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	01	01	06
		THROUGH	
			06 / 30 / 06
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month / Day / Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	/ /	<input type="checkbox"/> General	<input type="checkbox"/> 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 <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

CITY STAMPELARY
DALLAS TEXAS
JUL 19 PM 3:55

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED

GO TO PAGE 2

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**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. ••

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>N/A</u>
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2454.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2648.24
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.

AFFIX NOTARY STAMP / SEAL ABOVE

Pauline Medrano
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Pauline Medrano, this the 13th day of July, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

RYAN D. JONES
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Pauline Medrano		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/30/06 5/31/06	5 Payee name USPS 6 Payee address; City; State; Zip Code Oak Lawn Station Dallas, TX 75219	7 Amount (\$) 439.⁹⁵
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 5/25/06	Payee name Ace Parking Management, Inc. Payee address; City; State; Zip Code 2800 block Elm Street Dallas, TX 75226	Amount (\$) 4.⁰⁰
Purpose of payment (See instructions regarding type of information required.) Parking		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/24/06	Payee name Dallas County Payee address; City; State; Zip Code 2377 N. Stemmons Frwy Suite 820 Dallas, TX. 75207	Amount (\$) 10.13
Purpose of payment (See instructions regarding type of information required.) Election List		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/25/06	Payee name UL Printing Inc. Payee address; City; State; Zip Code 4016 Harry Hines Dallas, TX 75219	Amount (\$) 1500.⁰⁰
Purpose of payment (See instructions regarding type of information required.) Newsletter		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000003

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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 3/8/06 5 Payee name Anna Casey 6 Payee address; City; State; Zip Code 11153 Morgan Drive Lavon TX 75166. 7 Amount (\$) 500.00

8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee. 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.) ** 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.) ** 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.) ** 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Pauline Medrano</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>12/16/05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Delgado</u>	7 Amount of contribution (\$) <u>\$500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>221 N. Kansas St. Suite 2000 El Paso, TX 79901-1441</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/8/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daniel A. Reyes</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>500 N. Akard LP10-125 Dallas, TX 75201</u>			
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)	
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)	
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)	

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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