

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

14

3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
Pauline		Medrano	-	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	BY JOHN F. WARKEN COUNTY CLERK DALLAS COUNTY PROCLAMATION 2022 JUL 12 PM 4:16 FILED	
<input type="checkbox"/> Change of Address	2346 Douglas Ave. Dallas, Texas 75219						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Handled or Date	Postmarked		
(214) 923-2781							
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR	FIRST	MI	Receipt #	Amount \$		
	NICKNAME	LAST	SUFFIX	Date Prepared	Date Filed		
Anna		Hill	-				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE		
4819 Silver Ave. Dallas, Texas 75223							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(214) 823-5576							
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	01	2022	THROUGH	6	30	2022
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	8	2022	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)					
	Dallas County Treasurer	Dallas County Treasurer					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	N/A	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 159.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,235.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 549.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 868.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 45,564.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Pauline Medrano this the 12 day of July, 2022, to certify which, witness my hand and seal of office.

Tyreece Stephens Signature of officer administering oath
Tyreece Stephens Printed name of officer administering oath
Public Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Pauline Medrano</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>44,235.⁰⁰</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ -
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>319.10</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ -
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ -
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ -
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ -
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph + Cassandra Laster	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City: State: Zip Code 3318 Reed Lane Dallas, Tx 75215		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shoney Raspberry	Amount of contribution (\$) \$ 250.00
Contributor address; City: State: Zip Code 1900 McKinney Ave. Apt. #1605 Dallas, Texas 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridget Moreno Lopez	Amount of contribution (\$) \$500.00
Contributor address; City: State: Zip Code 4326 Meadowdale Lane Dallas, Tx 7529		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolanda Dominguez	Amount of contribution (\$) \$ 75.00
Contributor address; City: State: Zip Code 2321 Knight St Dallas, Tx 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>Pauline Medrano</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/19/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kamal Ariss</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: City: State: Zip Code <i>6902 Chantilly Court Dallas, TX 75214</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dorene Dominguez</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address: City: State: Zip Code <i>8850 Vista Del Lago Circle Granite Bay, California 95746</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gerardo Sanchez</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address: City: State: Zip Code <i>2901 Maple Springs Blvd. Dallas, TX 75235</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nicole Taylor</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>P.O. Box 2121 Cedar Hill 75106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggin Blair & Sampson, LLP	7 Amount of contribution (\$) \$ 1,000.⁰⁰
6 Contributor address: City: State: Zip Code P.O. Box 17428 Austin, Tx 78780		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julio Florez	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address: City: State: Zip Code 2210 W. Illinois Ave. Dallas, Tx 75224		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Martinez	Amount of contribution (\$) \$ 1,000.⁰⁰
Contributor address: City: State: Zip Code 2926 Lovers Lane Dallas, Tx 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ailson Bordelon	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address: City: State: Zip Code 147 Carondelet St. Suite 1121 New Orleans, La. 70130		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1.

2 FILER NAME **Pauline Medrano** 3 Filer ID (Ethics Commission Filers)

4 Date **5/19/22** 5 Full name of contributor out-of-state PAC (ID# _____) **Hamilton Wingo LLP** 7 Amount of contribution (\$) **\$2,500.⁰⁰**
 6 Contributor address; City; State; Zip Code
325 N. St. Paul St., Ste 3200
Dallas, TX 75201

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **2/25/22** Full name of contributor out-of-state PAC (ID# _____) **Frank Ashmore** Amount of contribution (\$) **\$500.⁰⁰**
 Contributor address; City; State; Zip Code
6865 West Lake **Dallas, Texas** **75214**

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

Date **2/25/22** Full name of contributor out-of-state PAC (ID# _____) **Frank J. Ashmore** Amount of contribution (\$) **\$500.⁰⁰**
 Contributor address; City; State; Zip Code
6709 Stickler Ave. **Dallas, Texas** **75230**

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

Date **5/19/22** Full name of contributor out-of-state PAC (ID# _____) **Royce Wost** Amount of contribution (\$) **\$500.⁰⁰**
 Contributor address; City; State; Zip Code
320 S. RL Thornton Fwy **Dallas, Texas** **75203**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Alexander	7 Amount of contribution (\$) \$2,000.⁰⁰
6 Contributor address; City: State: Zip Code 2500 Renaissance Dallas, Tx 75270		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Tave	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City: State: Zip Code 3330 Shady Hollow Ct. Dallas, Tx. 75233		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Lopez	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City: State: Zip Code 2205 Ridgewood Dr. Bridgeport, TX 76426		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minerva Rodriguez	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City: State: Zip Code 1036 Opal Drive DeSoto, Tx 75115		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanya Ragan	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 630 S. Pearl Expressway Dallas, Tx. 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tennell Atkins	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2717 Meadow Stone Lane Dallas, Tx. 75237		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pete Schenkel	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 614 N. Bishop Ste. 3 Dallas, Tx. 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Jimenez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 822 N. Ravinia Dr. Dallas, Tx 75211		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Ragsdale	7 Amount of contribution (\$) \$ 101.⁰⁰
6 Contributor address; City: State: Zip Code 3611 Dunbar Dallas, TX 75215		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rolando Medrano	Amount of contribution (\$) \$ 2500.⁰⁰
Contributor address; City: State: Zip Code 2331 Douglas Ave. Dallas, TX 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo + Janie Medrano	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City: State: Zip Code 2319 Knight St Dallas, TX 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Esquivel	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address; City: State: Zip Code 1217 Hanna Circle DeSoto, Tx 75115		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessica Gonzalez	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City: State: Zip Code P.O. Box 224001 Dallas, Tx 75222		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 5/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaun Rabb	Amount of contribution (\$) \$250.00
Contributor address; City: State: Zip Code P.O. Box 800665 Dallas, Tx. 75180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Okon	Amount of contribution (\$) \$500.00
Contributor address; City: State: Zip Code 7219 Kenny Lane Dallas, Tx 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Orlando	Amount of contribution (\$) \$15,000.00
Contributor address; City: State: Zip Code 1016 West Jackson #1407 Chicago, Ill. 60607		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert A. Garcia	7 Amount of contribution (\$) \$5,000.⁰⁰
6 Contributor address; City: State: Zip Code 4030 Durness Way Houston, TX 77025		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruby Munoz Dang	Amount of contribution (\$) \$2,500.⁰⁰
Contributor address; City: State: Zip Code 255 Pine Hollow Lane Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William M. Addy	Amount of contribution (\$) \$1,500.⁰⁰
Contributor address; City: State: Zip Code 3805 Normandy Ave. Dallas, Tx 75205		
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 (\$)
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2	2 FILER NAME Pauline Medrano	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/2022	5 Payee name Office Depot/Max	
6 Amount (\$) \$ 84.78	7 Payee address: 2415 N. Haskell Ave. Dallas, Texas 75204	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Planner, Portfolio, Clorox Wipes desk supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/23/22	Payee name Tupinamba Cafe	
Amount (\$) \$ 65.71	Payee address: 9665 N. Central Expy, Suite 142 Dallas, Texas 75231	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Campaign meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/6/22, 5/18/22	Payee name Sunrise Donuts	
Amount (\$) \$ 77.14	Payee address: 2615 Oak Lawn Ave, Suite 107 Dallas, Texas 75219	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Breakfast meetings
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Pauline Medrano	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/22	5 Payee name Angry Dog	
6 Amount (\$) \$91.47	7 Payee address; City; State; Zip Code 2726 Commerce St. Dallas, Texas 75226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food + Beverage Expense	(b) Description Campaign Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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