

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR	FIRST <b>Pauline</b>	MI <b>-</b>
	NICKNAME <b>-</b>	LAST <b>Medrano</b>	SUFFIX <b>-</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>2346 Douglas Ave Dallas, Texas 75219</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>923-2781</b>
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR	FIRST <b>Anna</b>	MI <b>-</b>
	NICKNAME <b>-</b>	LAST <b>Hill</b>	SUFFIX <b>-</b>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>4819 Silver Ave Dallas, Texas 75223</b>		
	8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>823-5876</b>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input 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     THROUGH     Month Day Year <b>7 / 1 / 2022     THROUGH     10 / 8 / 2022</b>		
	11 ELECTION		ELECTION TYPE
ELECTION DATE Month Day Year <b>11 / 8 / 2022</b>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Dallas County Treasurer</b>	13 OFFICE SOUGHT (if known) <b>Dallas County Treasurer</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME <b>n/a</b>	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

FILED

2022 OCT -5 PM 2:16

JOHN F. HARRIS  
COUNTY CLERK  
DALLAS COUNTY

REPUT

Date Hand-delivered: \_\_\_\_\_ Date Postmarked: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Imaged: \_\_\_\_\_

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Pauline Medrano</i>		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)	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>5,000.<sup>00</sup></i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	<i>1,806.06</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>6,857.85</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>43,706.83</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

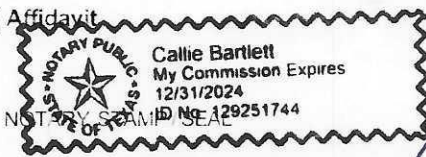
18 SIGNATURE I swear or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Pauline Medrano*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Callie Bartlett* this the *4th* day of *October*, 20*22*, to certify which, witness my hand and seal of office

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

(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)



# 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: <b>1</b>
2 FILER NAME <b>Pauline Medrano</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/13/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas M. Dunning</b>	7 Amount of contribution (\$) <b>\$ 1,000.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2100 Ross Ave, Suite 1200 Dallas, Tx 75201</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/9/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Local Union 745 Drive Fund General Drivers Warehousemen + Helpers</b>	Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1007 Jonelle Dallas Tx. 75217</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/4/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gilbert Aranza</b>	Amount of contribution (\$) <b>\$ 1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 601527 Dallas, Texas 75360-1527</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/4/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gilbert Aranza</b>	Amount of contribution (\$) <b>\$ 2,500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 601527 Dallas, Texas 75360-1527</b>		
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.

# 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>5,000.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5,051.79</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>



**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.

<b>1</b> Total pages Schedule F1: 1 of 2	<b>2</b> FILER NAME Pauline Medrano	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-10-2022	<b>5</b> Payee name FedEx Office	
<b>6</b> Amount (\$) 187.76	<b>7</b> Payee address; City; State; Zip Code 5500 Greenville Ave., Ste 1203 Dallas Texas 75206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Copying/printing	<b>(b)</b> Description Copying/printing
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-17-2022	Payee name Oscar Tovar	
Amount (\$) \$626.89	Payee address; City; State; Zip Code 2611 Falls Drive Dallas Texas 75211	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Website maintenance	Description Website maintenance
	<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 9-26-2022	Payee name K & R Screen Graphics	
Amount (\$) \$1,428.90	Payee address; City; State; Zip Code 3915 Main Street Dallas Texas 75226	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Yard Signs
	<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	City 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 <b>2 of 2</b>	2 FILER NAME <b>Pauline Medrano</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9-7-2022</b>	5 Payee name <b>Dallas County Democratic Party</b>
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6 Amount (\$) <b>\$2,000.00</b>	7 Payee address: <b>1408 Washington Ave</b>	City <b>Dallas</b>	State <b>Texas</b>	Zip Code <b>7520</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>2022 Johnson-Jordan Dinner EVENT EXPENSE</b>	(b) Description <b>Sponsorship - 2 tickets for the Johnson-Jordan Dinner 9/7/2022</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.	<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
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Date <b>9-28-2022</b>	Payee name <b>Lowe's Home Center, LLC</b>
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Amount (\$) <b>\$308.74</b>	Payee address: <b>1901 Highway 287</b>	City <b>Mansfield, Tx</b>	State	Zip Code <b>76063</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>U-post stakes</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.	<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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Date <b>10/2/2022</b>	Payee name <b>Preston Hollow Democrats</b>
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Amount (\$) <b>\$500.00</b>	Payee address: <b>P.O. Box 670631</b>	City <b>Dallas</b>	State <b>Texas</b>	Zip Code <b>75367-0631</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Literature</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.	<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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