

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: <div style="text-align: center; font-size: 24px;">7</div>														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:45%; border-bottom: 1px solid black;">Pauline</td> <td style="width:15%; font-size: 8px;">FIRST</td> <td style="width:15%; border-bottom: 1px solid black;">-</td> <td style="width:10%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="border-bottom: 1px solid black;">-</td> <td style="font-size: 8px;">LAST</td> <td style="border-bottom: 1px solid black;">Medrano</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table>	MS / MRS / MR	Pauline	FIRST	-	MI	NICKNAME	-	LAST	Medrano	SUFFIX	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 8px; margin: 5px 0;">Date Received</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 10px;"> BY JOHN H. PARKER COUNTY CLERK DALLAS COUNTY </div> <div style="text-align: center;"> <p style="font-size: 18px; margin: 0;">2023 JAN 13 PM 4:48</p> <p style="font-size: 24px; margin: 0;">FILED</p> </div> </div> <p style="font-size: 8px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 8px; margin: 5px 0;">Receipt Amount \$</p> <p style="font-size: 8px; margin: 5px 0;">Date Processed</p> <p style="font-size: 8px; margin: 5px 0;">Date Imaged</p> </div>					
MS / MRS / MR	Pauline	FIRST	-	MI													
NICKNAME	-	LAST	Medrano	SUFFIX													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX</td> <td style="width:10%; font-size: 8px;">APT / SUITE #</td> <td style="width:15%; font-size: 8px;">CITY</td> <td style="width:10%; font-size: 8px;">STATE</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">2346 Douglas Ave. Dallas Texas 75219</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	2346 Douglas Ave. Dallas Texas 75219								
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td colspan="3" style="padding: 5px;">(214) 923-2781</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(214) 923-2781										
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:10%; font-size: 8px;">APT / SUITE #</td> <td style="width:15%; font-size: 8px;">CITY</td> <td style="width:10%; font-size: 8px;">STATE</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">4819 Silver Ave. - Dallas Texas 75223</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	4819 Silver Ave. - Dallas Texas 75223								
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:20%;"><input type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:5%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%; font-size: 8px;">THROUGH</td> <td style="width:5%; font-size: 8px;">Month</td> <td style="width:5%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> <tr> <td colspan="7" style="padding: 5px;">11 / 1 / 2022 THROUGH 12 / 31 / 22</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	11 / 1 / 2022 THROUGH 12 / 31 / 22						
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 8px;">ELECTION DATE</td> <td style="width:60%; font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td colspan="2" style="padding: 5px;">11 / 08 / 2022 January 15th report</td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	11 / 08 / 2022 January 15 th report									
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12 OFFICE	OFFICE HELD (if any) County Treasurer	13 OFFICE SOUGHT (if known) -															
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 8px; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">COMMITTEE TYPE</td> <td style="width:80%; font-size: 8px;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">n/a</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	n/a	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
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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>350.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2,811.86</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6,657.42</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>7,754.66</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>—</i>

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 *13* day of *January*, 20*23*, 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 / Cashier III

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	\$ 350. ⁰⁰
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	\$ 6,446.33
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 211.09
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: 1
2 FILER NAME: Pauline Medrano		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Giddings	7 Amount of contribution (\$) \$ 350.00
6 Contributor address; City; State; Zip Code 400 S. Zang Blvd Dallas Texas 75208		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) n/a	Amount of contribution (\$)
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#: _____) n/a	Amount of contribution (\$)
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#: _____) n/a	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 102	2 FILER NAME Pauline Medrano	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2022	5 Payee name Gonzalez Restaurant	
6 Amount (\$) \$91.90	7 Payee address: 367 W Jefferson Blvd	City: Dallas State: Tex Zip Code: 75208
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food + Beverage Expense	(b) Description Volunteer 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/15/2022	Payee name Ojeda's Restaurant	
Amount (\$) \$502.80	Payee address: 4617 Maple Ave.	
	City: Dallas State: Tex Zip Code: 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Thankyou - Luncheon
	<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 11-16-2022	Payee name Smokey-John's BBQ	
Amount (\$) \$361.70	Payee address: 1820 W Mockingbird Lane	
	City: Dallas State: Tx Zip Code: 75235	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Lunch
	<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

LOANS

SCHEDULE E

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 E:
2 FILER NAME <i>n/a</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 292	2 FILER NAME - Pauline Medrano	3 Filer ID (Ethics Commission Filers)
4 Date 12-11-22	5 Payee name Robert Medrano	
6 Amount (\$) 2,500. ⁰⁰	7 Payee address; 2375 Knight St.	City: Dallas State: TX Zip Code 75219
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling / Consulting	(b) Description GOTV
	<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 12-30-2022	Payee name Pappadeaux	
Amount (\$) \$178.07	Payee address; 3620 Oaklawn Ave.	City: Dallas State: TX Zip Code 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage	Description Dinner meeting
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

N/A

SCHEDULE E

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 E:
2 FILER NAME <i>n/a</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1	2 FILER NAME Pauline Medrano		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/2022	5 Payee name All Blooming Florist			
6 Amount (\$) \$211.09	7 Payee address: 2615 Oaklawn Ave. #103	City DIS	State TX.	Zip Code 75219
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Memorial Service	(b) Description (See instructions regarding type of information required.) Floral Arrangement		
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) N/A	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) N/A	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule H:	2 FILER NAME <i>n/a</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED