

# 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	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST MI <i>Pauline</i> <span style="float:right">-</span> NICKNAME LAST SUFFIX - <i>Medrano</i> <span style="float:right">-</span>	<b>OFFICE USE ONLY</b> Date Received 2022 OCT 31 PM 2:35 JOHN F. MARRAS COUNTY CLERK DALLAS COUNTY TEXAS <b>FILED</b> Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2346 Douglas Dallas Texas 75219</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 923-2781 -		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST MI <i>Anna</i> <span style="float:right">-</span> NICKNAME LAST SUFFIX - <i>Hill</i> <span style="float:right">-</span>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4819 Silver Ave Dallas Texas 75223</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 823-5876 -		
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 type="checkbox"/> July 15 <input checked="" 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 <i>10 / 8 / 2022</i> <i>10 / 31 / 2022</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 8 / 22</i>	ELECTION TYPE <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) <i>Dallas County Treasurer</i>	13 OFFICE SOUGHT (if known) <i>Dallas County Treasurer</i>	
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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <i>NA</i> COMMITTEE ADDRESS 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 <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>∅</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>300.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>603.39</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>29,644.75</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>14,062.08</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:



Sworn to and subscribed before me by *Callie Bartlett* this the *31* 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

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>300.<sup>00</sup></i>
2 <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>∅</i>
3 <input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS		\$ <i>∅</i>
4 <input type="checkbox"/> SCHEDULE E LOANS		\$ <i>∅</i>
5 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>29,644.75</i>
6 <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>∅</i>
7 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>∅</i>
8 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>∅</i>
9 <input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>∅</i>
10 <input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>∅</i>
11 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>∅</i>
12 <input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>∅</i>

# 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 10-11-22	5 Contribution of candidate <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago (Jim) Salinas 6 Contributor address City; State; Zip Code 1527 W. Colorado Blvd. Dallas, Tex 75208	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
Date n/a	<input type="checkbox"/> out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See Instructions)
Date n/a	<input type="checkbox"/> out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See Instructions)
Date n/a	<input type="checkbox"/> out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See Instructions)
n/a		
n/a		

ATTENTION: 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 | Transcription/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: **1 of 2**      2 FILER NAME: **Pauline Medrano**      3 Filer ID (Ethics Commission Filers):

4 Date: **10-8-2022**      5 Payee name: **Vicente Vaquera, III**

6 Amount (\$): **\$555.70**      7 Payee address: **624 Bluejay Drive**      City: **Saginaw**      State: **Texas**      Zip Code: **76131**

8 PURPOSE OF EXPENDITURE: **Advertising Expense**      (b) Description: **Campaign +-shirts**

(c)  Check if travel outside of Texas. Complete Schedule F.       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: **10-24-2022**      Payee name: **Walls Printing**

Amount (\$): **\$9,198.89**      Payee address: **9171 King Arthur**      City: **Dallas**      State: **Texas**      Zip Code: **75247**

PURPOSE OF EXPENDITURE: **Printing Expense**      Description: **Campaign literature post cards**

Check if travel outside of Texas. Complete Schedule F.       Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH:      Candidate / Officeholder name:      Office sought:      Office held:

Date: **10/26/2022**      Payee name: **Taylor Adams**

Amount (\$): **\$1,250.00**      Payee address: **4850 Connecticut Ave. NW**      City: **Washington DC**      State:      Zip Code: **20008**

PURPOSE OF EXPENDITURE: **Consulting Expense**      Description: **Design literature, target list & logistics**

Check if travel outside of Texas. Complete Schedule F.       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            | Craft/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>10/27/2022</b>	5 Payee name <b>Mail House</b>
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6 Amount (\$) <b>\$17,261.77</b>	7 Payee address; <b>2276 Vantage</b>	City; <b>Dallas</b>	State; <b>Texas</b>	Zip Code <b>75207</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising/Printing Fileset-up, Presort, Ink-Jet</b>	(b) Description <b>Postage</b>
	(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
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Date <b>10/11/2022</b>	Payee name <b>Texas Democratic Party</b>
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Amount (\$) <b>\$775.00</b>	Payee address; <b>P.O. Box 15707</b>	City; <b>Austin</b>	State; <b>Texas</b>	Zip Code <b>78761</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Voter Activation Network</b>	Description <b>On-line data base</b>
	<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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Date	Payee name <b>n/a</b>
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED