

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	<input checked="" type="checkbox"/> MRS / MR	FIRST Pauline	MI -				
	NICKNAME -	LAST Medrano	SUFFIX -				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2346 Douglas Ave. Dallas, Texas 75219						
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 923-2781	EXTENSION			
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MR	FIRST Anna	MI -				
	NICKNAME -	LAST Hill	SUFFIX -				
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 (214)	PHONE NUMBER 823-5576	EXTENSION			
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	THROUGH	Month	Day	Year
	01	01	2022		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) Dallas County Treasurer			13 OFFICE SOUGHT (if known) Dallas County Treasurer			
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					
	<input type="checkbox"/> GENERAL	NA					
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

OFFICE USE ONLY

Date Received

Date Hand Delivered or Del Postmarked

Receipt # Amount \$

Date Received

Date Mailed

FILED

2022 JUL 12 PM 4:16

JOHN F. WARKEN
COUNTY CLERK
DALLAS COUNTY
REPLY

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	\$ #145,564.68
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 Tyreece Stephens Public Notary
 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_____.

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Pauline Medrano

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

Pauline Medrano

3 Filer ID (Ethics Commission Filers)

4 Date

5/19/22

5 Full name of contributor out-of-state PAC (ID# _____)

Kamal Ariss

7 Amount of contribution (\$)

\$500.00

6 Contributor address: City: State: Zip Code

6902 Chantilly Court
Dallas, TX 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/19/22

Full name of contributor out-of-state PAC (ID# _____)

Dorene Dominguez

Amount of contribution (\$)

\$2,500.00

Contributor address: City: State: Zip Code

8850 Vista Del Lago Circle
Granite Bay, California 95746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/22

Full name of contributor out-of-state PAC (ID# _____)

Gerardo Sanchez

Amount of contribution (\$)

\$250.00

Contributor address: City: State: Zip Code

2901 Maple Springs Blvd.
Dallas, TX 75235

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/22

Full name of contributor out-of-state PAC (ID# _____)

Nicole Taylor

Amount of contribution (\$)

\$100.00

Contributor address: City: State: Zip Code

P.O. Box 2121 Cedar Hill 75106

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

5/19/2022

5 Full name of contributor

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

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

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

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

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 5/19/22	5 Full name of contributor <input type="checkbox"/> 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 Dulles, TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Ashmore	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6865 Westlake Dallas, Texas 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/22	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Royce West	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 320 S. RL Thornton Fwy Dulles, Texas 75203		
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

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>Jerry Alexander</i>	7 Amount of contribution (\$) <i>\$2,000.⁰⁰</i>
6 Contributor address: City: State: Zip Code <i>2500 Renaissance Dallas, Tx 75270</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>Joe Tave</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address: City: State: Zip Code <i>3330 Shady Hollow Ct. Dallas, Tx. 75233</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>Kevin Lopez</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address: City: State: Zip Code <i>2205 Ridge Wood Dr. Bridgeport, TX 76426</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/19/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Minerva Rodriguez</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address: City: State: Zip Code <i>1036 Opal Drive DeSoto, Tx 75115</i>		
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 | 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 2/18/2022		5 Payee name Office Depot/Max			
6 Amount (\$) \$ 84.78		7 Payee address; City; State; Zip Code 2415 N. Haskell Ave. Dallas, Texas 75204			
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	
Date 4/23/22		Payee name Tupinamba Cafe			
Amount (\$) \$ 65.71		Payee address; City; State; Zip Code 9665 N. Central Expy, Suite 142 Dallas, Texas 75231			
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	
Date 3/6/22, 5/18/22		Payee name Sunrise Donuts			
Amount (\$) \$ 77.14		Payee address; City; State; Zip Code 2615 Oak Lawn Ave, Suite 107 Dallas, Texas 75215			
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	

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
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)

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

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