

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
ADAM  
NICKNAME LAST SUFFIX  
Medrano

**OFFICE USE ONLY**

Date Received: 2009 JUL 1

Date Hand-delivered or Date Postmarked: AUG 10 2009

Receipt #

Amount

Date Processed

Date Imaged

BOARD SERVICES  
DALLAS ISD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
4739 MAPLE Ave.  
DALLAS, TEXAS 75219

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
1214 214-6444

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Raymond  
NICKNAME LAST SUFFIX  
Quintanilla

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
4739 MAPLE Ave. DALLAS, TX. 75219

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 15 / 09 THROUGH 7 / 15 / 09

11 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
DALLAS School Board Trustee

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --  
Name  
Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

ADAM MEDRANO CAMPAIGN

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 249.26

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

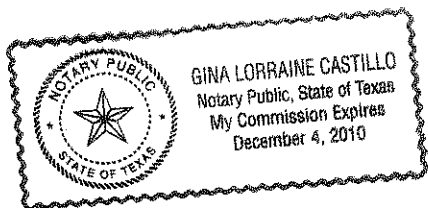
\$ 3385.26

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Adam Medrano*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ADAM MEDRANO, this the 13TH day of JULY, 2009, to certify which, witness my hand and seal of office.

*Gina Castillo*  
Signature of officer administering oath

GINA CASTILLO  
Printed name of officer administering oath

BOARD SPECIALIST  
Title of officer administering oath

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-17-09</i>	5 Payee name <i>CEC'S PIZZA</i> ----- 6 Payee address; City; State; Zip Code <i>4800 Columbia Ave. Dallas, TX. 75226</i>	7 Amount (\$)  <i>58.59</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Volunteer Appreciation</i>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date <i>1-16-09</i>	Payee name <i>Party City</i> ----- Payee address; City; State; Zip Code <i>Medallion Center Dallas, TX. 75214</i>	Amount (\$)  <i>198.67</i>
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name ----- Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name ----- Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**