

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: 12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

ANDREW

I

NICKNAME

LAST

SUFFIX

PALACIOS

OFFICE USE ONLY

Date Received

RECEIVED

APR 01 2020

CITY SECRETARY
CARROLLTON, TX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

VICTOR

H

NICKNAME

LAST

SUFFIX

HIGUEROS

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2405 E. BELT LINE RD.
CARROLLTON, TX 75006

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 568 - 5800 EXT 1010

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 Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

01 / 07 / 2020

Month Day Year

03 / 31 / 2020

THROUGH

11 ELECTION

ELECTION DATE

Month Day Year

05 / 02 / 2020

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CARROLLTON CITY COUNCIL, PLACE 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

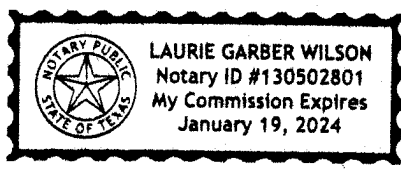
14 C/OH NAME ANDREW PALACIOS	15 Filer ID (Ethics Commission Filers)
-----------------------------------------------	-----------------------------------------------

16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

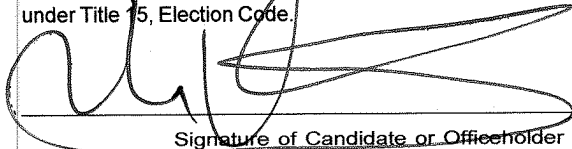
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 161
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,331
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 486.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,005.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

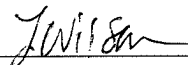


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andrew Palacios, this the 1 day of April, 2020, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Laurie Wilson

Printed name of officer administering oath

City Secretary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME ANDREW PALACIOS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,492
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 486.45
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 8

2 FILER NAME **ANDREW PALACIOS**

3 Filer ID (Ethics Commission Filers)

4 Date
02/13/2020

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
**3101 W HARBOR VIEW AVENUE
TAMPA, FL 33611**

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
ANDOR PROPERTIES, LLC

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**25 HIGHLAND PARK VILLAGE; #100-312
DALLAS, TX 75205**

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/22/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**1732 E CROSBY RD
CARROLLTON, TX 75006**

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 8

2 FILER NAME ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2020

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

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
10104 Goodyear Dr Dallas, Tx 75229

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/9/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1800 E. Crosby Rd Carrollton, Tx 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/9/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3113 Birch Dr Carrollton, Tx 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/9/2020

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

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
14211 Queens Chapel RD Farmers Branch TX 75234

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2020

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

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
2405 E. Belt line Rd Carrollton, Tx 75006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/9/2020

Full name of contributor out-of-state PAC (ID#: _____)
Walter Rod Cochran

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1407 Overture Way Carrollton, Tx 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1406 Overture Way TX 75006

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2020

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4911 Haverwood Ln #3427 Dallas, Tx 75287

\$20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Kevin Fulghom

\$100.00

Contributor address; City; State; Zip Code

2110 Larkspur Dr Carrollton, Tx 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Jennifer Graciano

\$5.00

Contributor address; City; State; Zip Code

279 w. st. Clair Dr Irving, Tx 75061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Miguel Hernandez

\$5.00

Contributor address; City; State; Zip Code

55 Timberridge Rowlett TX 75084

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Suzanna Knight-Dooling

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1406 Overture Way Carrollton, Tx 75006

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Pamela Mulligan

\$20.00

Contributor address; City; State; Zip Code

2004 Via Bravo Carrollton, Tx 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Sheny Palacios

\$4.00

Contributor address; City; State; Zip Code

110 Mount Shasta St Dallas, Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Amanda Poland

\$32.00

Contributor address; City; State; Zip Code

4201 Phoenix Dr Rowlett TX 75010

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Jose Salazar

\$20.00

Contributor address; City; State; Zip Code

2012 Northmoor Way Carrollton, Tx 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Harry Salazar

\$20.00

Contributor address; City; State; Zip Code

4925 Marcus Avenue #3133 Addison, Tx 75001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/9/2020

Victor Sierra

\$5.00

Contributor address; City; State; Zip Code

2510 E. Trinity Mills Rd #2108 Carrollton TX 75006

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2020

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

7 Amount of contribution (\$)

\$10.00

6 Contributor address; City; State; Zip Code
1743 Southampton Dr. Carrollton, Tx 75007

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/9/2020

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
3905 Aquatic Dr Carrollton., Tx 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8 of 8

2 FILER NAME
ANDREW PALACIOS

3 Filer ID (Ethics Commission Filers)

4 Date
2/3/2020

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
1732 E. Crosby Rd Carrollton, Tx 75006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

\$100.00

2/7/2020

Contributor address; City; State; Zip Code
110 Mount Shasta St Dallas, Tx 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Victor Higueros Sr.

Amount of contribution (\$)

\$250.00

2/9/2020

Contributor address; City; State; Zip Code
1732 E. Crosby Rd Carrollton, Tx 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

\$50.00

2/9/2020

Contributor address; City; State; Zip Code
1821 N Josey Ln Apt L Carrollton TX 75006

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1	2 FILER NAME ANDREW PALACIOS	3 Filer ID (Ethics Commission Filers)
----------------------------------------	----------------------------------------	----------------------------------------------

4 Date 02/09/2020	5 Payee name 55 DEGREE RESTAURANT
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6 Amount (\$) \$433.00	7 Payee address; 1104 ELM ST., CARROLLTON, TX 75006	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CAMPAIGN LAUNCH
	(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
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 02/17/2020	Payee name RAISE THE MONEY, INC.
--------------------	-------------------------------------

Amount (\$) \$53.45	Payee address; Mailing Address Raise the Money, Inc. P.O. Box 26466 Little Rock, AR 72221	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description ONLINE MERCHANT PROCESSING FEES
	<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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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