CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OU Instruction (2	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
The C/OH instruction G	Guide explains how to complete this form.				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	MR. ANDREW NICKNAME LAST	, , , , , , , , , , , , , , , , , , ,	Date Received		
	PALACIOS	55.15.	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #,	CITY; STATE; ZIP CODE	JUN 2 7 2020 CITY SECRETARY		
Change of Address			CARROLLTON, TX		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmark	ked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MR. VICTOR	Mł H	Receipt # Amount \$		
NAME	NICKNAME LAST		Date Processed		
	HIGUEROS		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St 2405 E. BELT LINE RD. CARROLLTON, TX 75006	SUITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 568 - 5800 EXT 1010	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	ł	
10 PERIOD COVERED	Month Day Year 04 / 21 / 2020	Month 06 THROUGH	Day Year 26 / 2020		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary 05 02 2020 X General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	CITY COUNCIL, PLACE 4				
	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME ANI	DREW PALACIOS	15 Fil	er ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ ₀			
	4. TOTAL	\$ 32				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,004.85					
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ 0				
18 AFFIDAVIT		l swear, or affirm, under penalty of perjury,	that the accompanying report is			
	· ·	true and correct and includes all information				
LAL	IRIE GARBER WILSON	under Title 15, Election Code.				
Notary ID #130502801 My Commission Expires						
January 19, 2024 Signature of Candidate or Officeholder						
AFFIX NOTARY STAME	P/SEALABOVE					
		by the said Andrew Palacios	_, this the			
Sworn to and subscr		to certify which, witness my hand and seal of office.	_, this the			
Livil	Ph-	Launo milson	in Secretary			
Signature of officer ad	dministering oath	Printed name of officer administering oath Ti	tle of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME ANDREW PALACIOS 20 Filer ID (Ethics C		ommission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ °		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0	
4. SCHEDULE E: LOANS		\$ o	
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$ 32		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ °	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$ 0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ o	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	JNDS	\$ o	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$° 0	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBED TO FILER	JTIONS RETURNED	\$ ₀	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services Salaries The Instruction Guide explains how to	_	Contract Labor ete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:		NAME DREW PALACIOS		-	3 Filer ID (Ethi	cs Commission Filers)
4 Date 05 / 01 / 2020	5 Payee	name IANK OF AMERICA				
6 Amount (\$)	7 Payee	address;		City;	State;	Zip Code
\$ 16.00	1	P.O. BOX 25118 FAMPA, FL. 3622-5118				
8	(a) Category (See Categories listed at the top of this schedule)		(b)	(b) Description		
PURPOSE OF EXPENDITURE	ı	FEES	BANK ACCOUNT FEES			
	(c)	Check if travel outside of Texas. Complete Schedule T.		Check if Aust	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name	(Office sought		Office held
Date	Payee r	name				
06 / 01 / 2020	B.A	NK OF AMERICA				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$ 16.00		P.O. BOX 25118 TAMPA, FL 3622-5118				
	Catego	ry (See Categories listed at the top of this schedule)		Description		
PURPOSE OF EXPENDITURE	FE	ES		BANK ACCO	DUNT FEES	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	C	Office sought		Office held
Date	Payeeı	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this schedule)	1	Description		:
		Check if travel outside of Texas. Complete Schedule T.	[Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	(Office sought	and a second	Office held
	ΑΊ	TACH ADDITIONAL COPIES OF THIS	SCHE	DULE AS NEE	DED	