CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	Total pages filed: 4		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR.	ANDREW	MI I	OFFICE USE ONLY		
NAME	NICKNAME	PALACIOS	SUFFIX	DECENTED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	ITY; STATE; ZIP CODE	JUL 15 2021		
Change of Address				CAPPOLITON TY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR.	FIRST VICTOR	H H	Date Processed		
1 17 11012	NICKNAME	LAST HIGUEROS	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2405 E BEL	NO PO BOX PLEASE); APT / SU T LINE RD ON, TX 75006	JITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 568	PHONE NUMBER 3 - 5800 EXT 1010	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
:	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
	01 / 08 / 2021 THROUGH 07 / 14 / 2021					
11 ELECTION	Month Day	Year Primary	Runoff Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	7)		
14 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(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME AND	REW PALACIOS		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		»
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAD	BUTIONS NS, OR GUARANTEES OF LOANS	, ° 0
EXPENDITURE TOTALS	ş O		
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 96.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	st day \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O G PERIOD	\$ 1,796.85
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, the	nat the accompanying report is tru	ue and correct and includes all informati
	quired to be reported by me under Title 15, E		and derived and medade an informati
		// 1	
		Signature of Ca	andidate or Officeholder
	Diago como	lete either enties belev	
	Please comp	lete either option below	N:
		7	
(1) Affidavit	CHLOE L SAWATZKY Notary ID #132378764	•	
(1) Allidavit	My Commission Expires		
	February 27, 2024	•	
NOTADY OTALD (OF A)		P	
NOTARY STAMP/SEAL			
01	before me by Andrew Pala	this the	15 day of July
20 to certify	which, witness my hand and seal of office.		
(hive !	Sat (hoe 1	Sauntz Ku	Dep City Starton
Signature of officer administe	ring oath Printed name of office	cer administering oath	Title of officer administering oat
MERCHANISM SOCIETY	E ISSUE WITH THE RESERVE OF THE PERSON OF TH		
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	s
,			
	(street)	* **	state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20
		(mont	n) (year)
		Signature of Condi	date/Officeholder (Daslarent)
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FII	19 FILERNAME 20		20 Filer ID (Ethics Commission Filers)	
ANI				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	^{\$} 0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O		
4.	SCHEDULE E: LOANS	^{\$} 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 96.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$ O		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$ O		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	^{\$} 0		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME ANDREW PALACIOS		3 Filer ID (Ethics Commission Filers)	
4 Date 02/02/2021 & 03/01/2021	5 Payee name BANK OF AMERICA			
6 Amount (\$) \$16 on 02/01/2021 \$16 on 03/01/2021	7 Payee address; P.O. BOX 25118 TAMPA, FL. 3622-5118	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description BANK ACCOUNT FEES		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/01/2021 & 05/03/2021	BANK OF AMERICA			
Amount (\$) \$16 on 04/01/2021 \$16 on 05/03/2021	Payee address; P.O. BOX 25118 TAMPA, FL. 3622-5118	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	BANK ACCOUNT 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/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/01/2021 & 07/01/2021	BANK OF AMERICA			
Amount (\$) \$16 on 06/01/2021 \$16 on 07/01/2021	Payee address; P.O. BOX 25118 TAMPA, FL. 3622-5118	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description BANK ACCOUNT 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/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				