		CEHOLDER CEREPORT		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: 4		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR.	FIRST ANDREW	MI I	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX PALACIOS			Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	JAN 1 8 2022				
✓ Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	CITY SECRETARY CARROLLTON. TX Marked		
6 CAMPAIGN TREASURER	MS / MRS / MR MR.	FIRST	H	Receipt # Amount \$		
NAME	NICKNAME	LAST HIGUEROS	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2405 E BEI	(NO PO BOX PLEASE); APT / SI LT LINE RD TON, TX 75006	UITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 56	PHONE NUMBER 8 - 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 07	Day Year / 15 / 2021	THROUGH 01	Day Year / 12 / 2022		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 10 / 27 / 2020 General Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT INDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME ANDF	EW PALACIOS	16 F	iler ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR		N	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR	NS	_{\$} 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	ş O	
	4. TOTAL POLITICAL EXPENDITURES	\$ 96.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MORE PORTING PERIOD	AINTAINED AS OF THE LAST DAY	\$ 0	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O LAST DAY OF THE REPORTING PERIO		\$ 1,700.85	
	Please complete e	Signature of Candwet	e or Officeholder	
(1) Affidavit NOTARY STAMP/SEAL			CHLOE L SAWATZKY Notary ID #132378764 My Commission Expires February 27, 2024	
Sworn to and subscribed b	efore me by Andrew Palaci	25 this the	day of MUNTY,	
20, to certify w			day of Mulary, The of officer administering path	
Walter Branch	OR OR	matering dati	rite of officer administering datif	
2) Unsworn Declaration				
Nv name is		and my data of high is		
My address is		, and my date of birth is	•	
., uddi 000 io	(street)	(city) (state)	(zin code) (country)	
xecuted in	County, State of , on the		(zip code) (country), 20 (year)	
		Signature of Candidate/Of	ficeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID	(Ethics Commission Filers)
ANDREW PALACIOS	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
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 CONTRIBUTION	\$ 96.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ions \$0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 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 CONTRIBUTION	vs \$0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	RNED ^{\$} 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gifl/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Outor (errier a carey	ory not listed above)
Total pages Schedule F1:	2 FILER NAME ANDREW PALACIOS	3 Filer ID (Ethics Commission Filers)		
Date 8/2/2021 & 9/1/2021	5 Payee name BANK OF AMERICA			
Amount (\$) 16 on 08/02/2021 16 on 09/01/2021	7 Payee address; P.O. BOX 25118 TAMPA, FL. 3622-5118	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description BANK ACCO	UNT FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
0/1/2021 & 11/1/2021	BANK OF AMERICA			
Amount (\$) 16 on 10/01/2021 16 on 11/01/2021	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) FEES	Description BANK ACCOL	JNT FEES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
Date	Payee name			
/1/2021 & 1/3/2022	BANK OF AMERICA			
^{Amount (\$)} 16 on 12/01/2021 16 on 01/03/2022	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description BANK ACCOUNT FEES		
	Check if travel outside of Texas. Complete Schedule T.	de of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		