# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ruide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY				
NAME	Date Received				
-	PALACOS  RECEIVED				
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
OFFICEHOLDER	JUL 14 2023				
MAILING ADDRESS					
	CITY SECRETARY CARROLLTON, TX				
Change of Address					
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked				
PHONE	(972) 977 - 8526				
6 CAMPAIGN	MS / MRS / MR FIRST MI Receipt # Amount \$				
TREASURER	H/2 VI C70/2 Date Processed				
NAME	NICKNAME LAST SUFFIX				
	Date Imaged				
	HI GOERS				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
ADDRESS	2405 E BELT LINE RD				
(Residence or Business)	CARROLLTON, TX 75006				
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE					
THONE	(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 Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year				
COVERED	4 /29 /23 THROUGH 7 / 14 / 23				
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary Runoff Other Description				
	General Special				
	5 / 6 / 23 General Special ————————————————————————————————————				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)				
	CITY COUNCIL, PLACE 4 CITY COUNCIL, PLACE 4				
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT				
POLITICAL COMMITTEE(S)	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 COMMITTEE ADDRESS				
/ Additional Lagos	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	GO TO PAGE 2				
l .					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	DR.	ANDREW	PALACIO	S		16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	1.	PLEDGES, LO	MIZED POLITICAI ANS, OR GUARAI NS MADE ELECT	NTEES OF LO		۸N	\$	
	2.		<b>ICAL CONTRIB</b> PLEDGES, LOAN		ANTEES OF LOANS	S)	\$ 1,2	244.85
EXPENDITURE TOTALS	3.	TOTAL UNITEM	IIZED POLITICAL	. EXPENDITU	IRE.		\$	
	4.	TOTAL POLIT	ICAL EXPENDI	TURES			\$ 2,4	00.63
CONTRIBUTION BALANCE	5.	TOTAL POLITION		ONS MAINTA	AINED AS OF THE LA	AST DAY	\$ 1-	79.02
OUTSTANDING LOAN TOTALS	6.		PAL AMOUNT OF THE REPORTING		ANDING LOANS AS (	OF THE	\$	
18 SIGNATURE 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.  Signature of Candidate or Officeholder								
	Please complete either option below:							
(1) Affidavit							Notary My Com	E L SAWATZKY ID #132378764 mission Expires ary 27, 2024
NOTARY STAMP/SEAL								
Sworn to and subscribed before me by HYOREN 40005 this the 14 day of 000,								
20 Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath								
Signature of officer administe	ering oat	n Pi	inted name of offic	OR	ng oath		Une or onlo	er administering datn
(2) Unsworn Declaration								
My name is				ar	nd my date of birth	is		
My address is								
• • • • • • • • • • • • • • • • • • • •		(street)			(city)	(state)	(zip code)	(country)
Executed in		County, State of		_ , on the	day of (mor	nth)	, 20 (year)	
					Signature of Can	didate/Offic	ceholder (De	clarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	DR. ANDREW PALACIOS		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,244.85
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>O</b>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,400.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <b>O</b>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ 0

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	the production of the applicable, <b>be not include this</b> productions	age in the	Героп.	
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	DR. ANDREW PALACIOS			
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	
5/1/2023	TREPAC/TEXAS ASSOC. OF REALTORS		1,000	
	6 Contributor address; City; State; Zip	p Code	, , -	
	P.O. Box 2245 Astin, TK 7876	8		
8 Principal occu	pation / Job title (See Instructions)  9 Employer	r (See Instruct	ions)	
Date	Full name of contributor	)	Amount of contribution (\$)	
			_	
5/1/2023	MAL. Pendleton  Contributor address; City; State; Zip	n Code	50	
s ***	2805 Carriage Court Carrollton, Tx 75000			
	( SMO) ( TON , /K / 5000	6		
Principal occup	ation / Job title (See Instructions) Employer	(See Instruct	ions)	
Date	Full name of contributor	)	Amount of contribution (\$)	
. 2	CHRISTINA PARK			
5/3/2023	CH21571PA PARK  Contributor address; City; State; Zip	Code	100	
	548 Waterloo Dr, Lewisville, 7x 750	267		
Principal occup	ation / Job title (See Instructions) Employer	(See Instruct	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
	Millie I Rainus Lac		Amount of contribution (4)	
5/15/2033	Contributor address; City; State; Zip	Code	100	
2/.71	2006 Southern Oaks	Code	-	
	(assollton, TX 75007			
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.

#### 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 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)

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 total pages Schedule F1:			2
H	Di2. AND REW PALACE	2 5	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/28/2023	OFFICE MACHINES		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
641.92	15910 Midway Rd, Ad	dison, Tx	75001
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Flyers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/1/2023	Bank of America		
Amount (\$)	Payee address;	City;	State; Zip Code
16	PO BOX 25118	,	<b></b>
, 0	TAMPA, FL 3622-	5118	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Fees	a collate	Can
EXPENDITURE	Fee S	montaly	ree
	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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/3/2023	PAISE THE MONEY,	Inc.	
Amount (\$)	Payee address;	City;	State; Zip Code
C.C	PO BOX 26466		
5.15	Little Rock, AR	75221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service	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	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

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#### **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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa	ages/Contract Labor C	ravel Out Of District Other (enter a category not listed above)
5.5ait Gara i ayment	The Instruction Guide explains how to co		
1 Total pages Schedule F1:	2 FILER NAME Dr. ANDREW PALACIOS	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/15/2023	CRISTY CREATIONS 7 Payee address;		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
770.	1607 Dale Dr., Arling?	100, TX 7506	7
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	_		
OF EXPENDITURE	Fuent Exponse	Decoration	7
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/16/2023	TEVAS TRADE GRAP		
Amount (\$)	Payee address;	City;	State; Zip Code
433	2935 Irving, Dallas	75247	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advantian France	F/4	
EXPENDITURE	Advertising Expense	Flyers	
	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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/24/2023	Vizearra Hospitality	, LLC	
Amount (\$)	Payee address;	City;	State; Zip Code
57.71	4260 Kellway Circle, Ac	claison, Tx	75001
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	EVERT Expense	Fee	
	Check if travel outside of Texas. Complete Schedule T.	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 NEED	DED

#### SCHEDULE F1

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#### **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 Expense/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	All Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	DR. ALYDREW PALACIOS	3 Filer ID (Ethics Commission Filer	s)
4 Date	5 Payee name		
5/31/2023	Vizcerra nospitality,	LLC	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
500	4260 Kelluzy Cirar, Ac	ld: son 7x 75001	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
5/31/2023	Vizcarra Mospitality, L	LC	
Amount (\$)	Payee address;	City; State; Zip Code	
	1.21		
450	4260 Kenny Livde, Ao	10150n, Tx 15001	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	_		
OF	Event Expense	F-ee	
EXPENDITURE	- of ver Expense	7	
		_	
	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	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
111-			
6/1/2023	BANK of AMERICA		
Amount (\$)	Payee address;	City; State; Zip Code	
16	PO BOX ZSII8		
	TAMPA, PL 3622-	SUR	
	Category (See Categories listed at the top of this schedule)	Description	
	Calcagory (Gee dategories listed at the top of this scriedule)	Description	
PURPOSE			
OF EXPENDITURE	FEES	MONTHLY FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office hald	
Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
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#### SCHEDULE F1

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#### **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/Avards/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

Candidate/Officeholder/Politica Credit Card Payment	Galaries V	Vages/Contract Labor Oth	ivel Out Of District ner (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME DR. ANDREW PAL	A C20S	Filer ID (Ethics Commission Filers)
4 Date 7/3/2023	5 Payee name BANK OF AMERICA		
6 Amount (\$)			
,	7 Payee address;	City;	State; Zip Code
16	TAMPA, PL 3622 -	C11 D	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	F E E S	MONTHLY	PEE
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Catagony (See Catagorica Estados III)	T =	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	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		
Amount (\$)	Payee address;	City;	State: 7'- O-1
	, , , , , , , , , , , , , , , , , , , ,	City,	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Since adagni	Office field
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	