CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this for	Tm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mrs Daisy	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Palomo	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	#; CITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(844) 385-3300	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	ms/mrs/mr First Mrs Carolyn	MI	Date Processed		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Benavide		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	street address (NO PO BOX PLEASE); 2914 Panorama Drive, Cai		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(214) R37-0569	EXTENSION			
9 REPORT TYPE	January 15 30th day	before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day be	efore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
COVERED	7 / 15 / 23	THROUGH 1	/ 15 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year	Primary Runoff Other Description			
		General Special			
12 OFFICE	OFFICE HELD (if any) Carrollton City Council, Pla	13 OFFICE SOUGHT (if known))		
14 NOTICE FROM POLITICAL	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 COMMITTEE ADDRES	es			
	SPECIFIC COMMITTEE CAMPAIR	GN TREASURER NAME			
	COMMITTEE CAMPAI	IGN TREASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Daisy Palomo		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$ 0.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is tuired to be reported by me under Title 15, Election Code.	true and correct and includes all information		
	Signature of Candidate or Officeholder			
	Please complete either option belo	ow:		
(1) Affidavit				
NOTARY STAMP/SEAL	-			
Sworn to and subscribed	e, day of,			
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is, and my date of birth is				
My address is	,,,			
Executed in	(street) (city) County, State of , on the day of (moi	(state) (zip code) (country) , 20 nth) (year)		
	· · · · · · · · · · · · · · · · · · ·	didate/Officeholder (Declarant)		