# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

				I _		
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	d:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DR.	FIRST ANDREW	мі [	OFFICE USE ONLY		
NAME	NICKNAME	PALACIOS	SUFFIX	RECE	EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE		6 2023 CRETARY	
Change of Address		_		CARROL	LTON, TX	
5 CANDIDATE/ OFFICEHOLDER PHONE	(972 )	977 - 8526	EXTENSION	Date Hand-delivered o	or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME	MR.	VICTOR	Н	Date Processed		
2.1100 000000000000000000000000000000000	NICKNAME	HIGUEROS	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2405 E BELT	NO PO BOX PLEASE); APT / LINE RD DN, TX 75006	SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (469 )	PHONE NUMBER  568 - 5800 EX	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day afte treasurer app (Officeholder	pointment	
	July 15	8th day before e		Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month 01	Day Year 11 23	Month My Col	Day Year / 05 / 23		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	<u> </u>		
	Month Day	Year Primary	Runoff Other Description			
irat	05 / 06 /					
12 OFFICE	OFFICE HELD (if any)	CIL, PLACE 4	13 OFFICE SOUGHT (if know		Light .	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	S ACCEPTED OR POLITICAL EXPENDITURES I ES MAY HAVE BEEN MADE WITHOUT THE CAN UIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TF	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
		GO TO	PAGE 2			

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## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 2**

<b>15</b> C/OH NAME DR. ANDREW PALAC	IOS	<b>16</b> File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	LOANS. OR	\$ 2162.22 CINK
BOBIVED	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$ 2162.22 CINK \$ 1725
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDIT	rure.	\$
REGILTON TX	4. TOTAL POLITICAL EXPENDITURES		\$ 1,572.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	TAINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$ 2,042.23
(1) Affidavit	Please complete eith  ALEXANDRA CA  Notary ID #1  My Commission  January 18	ARDAROPOLI 30967033 on Expires	or Officeholder
	pefore me by Andrew Palacio which, witness my hand and seal of office.		1000000
Signature of officer administe	deroph Mexandra Carda	•	Karolles Cooldinator, la
agriculture of onlocal duministic	ing oath Printed name of officer administe	ring oath	Title of officer administering oath
2) Unsworn Declaration			
Лу name is		and my date of birth is	
My address is			
Executed in	(street) County, State of, on the _	(city) (state) day of (month)	(zip code) (country), 20 (year)
	ics Comm Boost Form s.sta	Signature of Candidate/Offi	ceholder (Declarant)

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## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER DR. AN	NAME DREW PALACIOS	20 Filer ID (Ethics Co	mmission Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	CHANNY CISE	\$ 1725
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	F. 1. 20 - 10 F. 10 J.	\$ 2167.22
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS	m 3/28, 1991	s <i>O</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1572.09
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 🔿
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ <b>O</b>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <b>O</b>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ <i>O</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ <b>O</b>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 0

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#### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dr. A	NOREN PALACIOS	2 1 2 1 2
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7 (1)	MOISES PENATE	
3/1/23	6 Contributor address; City; State; Zip Code	50
	2125 ROSE CLIFF, CARBOLLTON 75007	* * * * * * * * * * * * * * * * * * *
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
150" 151	The companies of the second se	die in a series of the series
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	GERAZOD FLORES	Particular Tear
3/13/23	Contributor address; City; State; Zip Code	
-1.5/		
	1820 EPETERS COLONY RD, CARROLLTON 75007	250
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		1" -035" " 1 d 1 d5- 25 ad
1.5		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	DAVID LORD	CONTRACTOR OF THE CONTRACTOR
3/17/23	Contributor address; City; State; Zip Code	
3/11/23		100
	1513 KESSLER DR, CARPOLTON 75006	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-1	MARCHANT GOOD HOUT FUND	
3/20/23	Contributor address; City; State; Zip Code	
		500
	2125 N JUBEYLN, CARROLLTON 75006	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
	n sommette is out or state r As, please see instruction guide for additional	reporting requirefficits.

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### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	ANDREW PALACIOS	3 Filer ID (Ethics Commission Filers	s)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
3/20/23	CONTRIBUTION OF CITY; State	e; Zip Code	311
3/10/03			
	14412 DENNIS LM, FARMERS BRAN		
8 Principal occu	pation / Job title (See Instructions)  9 Er	nployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	LIZBETH BANDA	5 80 L X221 19 67 2	
3/24/23		e; Zip Code <b>2.5</b>	4/5
2/01/22	10322 BROCKBNIL DR, DALLAS -		
		mployer (See Instructions)	- 10
Principal occuj	pation / Job title (See Instructions)	nployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	MARIA RUBIO	John Sentingur	
3/24/23	Contributor address; City; State		8/0
	8842 DONNYBROOK IN DALLAS	San Company of the Co	
Principal occu	10001 20,011000	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	SALLY CONTIASH		
	SALLY FIVEASH  Contributor address; City; State	te; Zip Code	
3/31/23			
	1944 KENSINGTON DR. CARPOLITON	75007 100	
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	
	47740H477770H4 207170 2777	IC COUEDINE AS NEEDED	
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## SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	INDREW PALACIOS	3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/13/23		State 7 in Code	
71.5/23	6 Contributor address; City;		200 85/05/8
8 Principal occu		9 Employer (See Instruct	ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/3/23		State; Zip Code	3/24/23 001
Principal occup	2014 ASH HILL PO, CAPPOLITO Dation / Job title (See Instructions)	Employer (See Instruct	304181 83 8 04
		,	
Date		(ID#:)	Amount of contribution (\$)
4/3/23	Contributor address; City;	State; Zip Code	100
13/63	15 17 NORTHRIDGE DR, CARRO	N. 1	ST 18218
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
			. ,
	Contributor address; City;	State; Zip Code	2/31/27
Principal occur	pation / Job title (See Instructions)	Employer (See Instrue	इस्ताम भागता
- I IIIOIpai oooap	auon / Job une (See Instructions)	Employer (See Instruct	tions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME DR. ANDRE	W PALACIOS		3 Filer ID (Ethics Commission Filers)		
4 Date 4/2/23	5 Full name of contributor out-of-state PAC WALTER MAZARIEGOS	7 Amount of contribution (\$)			
	6 Contributor address; City; 3209 MCDERMOTT ST, IRVING 750	State; Zip Code	240		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
	Contributor address; City;				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
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#### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Da.	ANDREW PALACIOS	Stra SAL	A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	THE STORY THE PROPERTY.			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 230	
5 Date	6 Full name of contributor	)	8 Amount of 9 In-kind contribution	
	0.400.5	2.0	Contribution \$   description	
2/2- /22	DAVID DASINIA		4/5/23	
3/27/23	7 Contributor address; City; State;	Zip Code	TSHIRTS	
	1810 GRAVLEY DR, CARDOLLTON	75006	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of In-kind contribution Contribution \$   description	
	Contributor address; City; State;		         Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	emmission Filese)
	DR. ANDREW PALACATOS			
	THE PERSON PROPERTY.		SUATUR A F.	ATO SIN THOU
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$ 452.22	e rocei, na lesson e
5 Date	CAT II O'S I I I I		8 Amount of 9 In-kind contribution	
			Contribution \$	description
4/5/23	PATUL PENNINGTON		AUDIENA O	AOVE 727 ISEMENT
113/03		Zip Code		82/12/S.
	4300 MARSH RIDGE RD, CARROLLTON	75010	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	GGS become		ar Thia e a sancartes. H 🕪
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	8,79017,779	
Deinstead		I		de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		en felikomite sa a	no Albana at Sandraken S

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A2

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Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedul	e A2:
2 FILER NAME DR. ANDR	EW PALACIOS		3 Filer ID (Ethics Com	mission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 155	
5 Date 6 Full name of contributor			8 Amount of I (Contribution \$	9 In-kind contribution description
3/30/23	7 Contributor address; City; State; 1808 EDGECLIFF COVE, CARROLLTON	Zip Code I <b>7</b> 5006	l       Check if travel outside	e of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAI	L)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUD	OICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse	e (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	e of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAI	L)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUD	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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## SCHEDULE A2

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Т	he Instruction Guide explains how to complete this forn	n.	1 Total pages Schedu	ule A2:
2 FILER NAM	ANDREW PALACIOS		3 Filer ID (Ethics Co.	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,325	-
5 Date 4/4/23 10 Principal oc	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$      -    -	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description   
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDI	II F AS NEEDED	
	If contributor is out-of-state PAC, please see Instructi			g requirements.

Revised 11/15/2022

#### PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount 9 In-kind contribution 8 of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount Full name of pledgor out-of-state PAC (ID#: In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#:\_\_\_\_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

## 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 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 (outer a extension and listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W  The Instruction Guide explains how to committee		ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME DR. ANDREW PALACIOS	3 Filer ID (E	thics Commission Filers)
4 Date 3 /7023		ISE THE MONEY, I	<b>ي ل.</b> ۱۹۹۹ ع ۱۵/۶/۶ څخرباړی
6 Amount (\$) 55.73	7 Payee address; PO BOX 26466  LITTLE POCK, AR 75222	City; State	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEE'S	SERVICE PEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/23/23	BANK OF AMERICA	WI SHKOT	4/2/23
Amount (\$)	Payee address;	City; State	Zip Code
109.07	PO BOX 25118 TAMPA, FL 3622-5118	2935 1841K.	959.29
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PEES.	<u>.</u> :S	
	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		
			8310-210
Amount (\$)	Payee address;	City; State;	Zip Code
	g chine Companies on y such		3 < 137
DUDDOGE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE		undayy yayatiris	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

## 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 Gift/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)

The Instruction Guide explains how to complete this form.

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:			,	cs Commission Filers)
		SUBJOUR	. 51	
1 Date 2/1/23	5 Payee name			
3/1/23 4/3/23	BANK OF AMERICA	FOUND TO	Dr Charles	520212
Amount (\$)	7 Payee address;	City;	State;	Zip Code
	PO BOX 25118	OK LEYER	4 09	
40	The state of the s			26.13
48	TAMPA , FL 3622-5118	14000 20	3 1 1 1 1 2	
•	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Part Sames			
OF	FEES	BAPR AU	COUNT FEE	7- 6
EXPENDITURE	1667	Sher ru	LOUINI I EC	= 2
	(C) 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 H	Office sought	A.07 (C87)	Office held
Date	Payee name		50005.00	o Vie
4/3/23	TEXAS TRADE GRAP	MY SE AN		
Amount (\$)	Payee address;	City;	State;	Zip Code
959.29	2935 IRVINA, DALLAS			
	Category (See Categories listed at the top of this schedule)	Description	Programme To a second	
PURPOSE	CHARLEDON OR DE			
OF	ADVERTISING EXPENSE	316NS		
EXPENDITURE	134, 210110	373473		
	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/OI	Candidate / Officeholder name	Office sought	NAMES OF THE STATE	Office held
Date	Payee name			
6/29/23	C2 CAFE			
Amount (\$)	Payee address;	City;	State;	Zip Code
400	1101 & BROAD WAY, CARPOLLTON 75006			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	EVENT EXPENSE	PEE		
	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/O		<u></u>		<b>C</b>
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDI II E AS NE	EDED	
	ATTACTIADDITIONAL COFTES OF THIS	SCHEDULE AS NE	LULU	