

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		DR. ANDREW PALACIOS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	[REDACTED]			
	<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(972) 977 - 8526			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		MR VICTOR HIGUEROS		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			
	CITY; STATE; ZIP CODE			
		2405 E BELT LINE RD CARROLLTON, TX 75006		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(469) 568 - 5800 EXT 1010			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year			
	04 / 06 / 23 THROUGH 4 / 28 / 23			
11 ELECTION	ELECTION DATE			
	Month Day Year	ELECTION TYPE		
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)		
		CITY COUNCIL, PLACE 4		
13 OFFICE SOUGHT (if known)		CITY COUNCIL, PLACE 4		
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 TYPE	COMMITTEE NAME		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

OFFICE USE ONLY

Date Received
RECEIVED

APR 28 2023

**CITY SECRETARY
CARROLLTON, TX**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

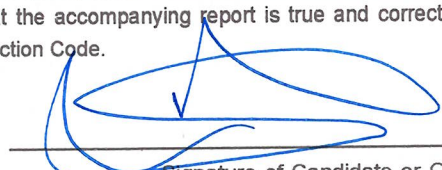
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

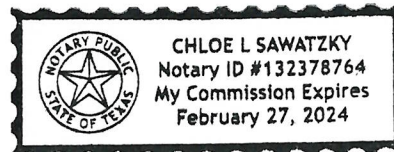
15 C/OH NAME DR. ANDREW PALACIOS		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,564.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,272.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,334.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 STAMP / SEAL

Sworn to and subscribed before me by Andrew Palacios this the 28 day of April,

2023, to certify which, witness my hand and seal of office.

Chloe L Sawatzky Signature of officer administering oath
Chloe Sawatzky Printed name of officer administering oath
City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DR. ANDREW PALACIOS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,564.63
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,272.06
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

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: 5
2 FILER NAME DR. ANDREW PALACIOS		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) check order Fee refund / bank	7 Amount of contribution (\$) 109.07
6 Contributor address; City; State; Zip Code BANK of America		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 5728 LBJ Freeway Dallas, TX 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monthly service charge refund / bank	Amount of contribution (\$) 32
Contributor address; City; State; Zip Code BANK of America		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

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: **5**

2 FILER NAME

DR Andrew Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/23

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gabriela Dominguez

6 Contributor address;

City;

State;

Zip Code

214 Union Bower, Irving, 75061

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/16/23

Full name of contributor

out-of-state PAC (ID#: _____)

Roland Castaneda

Contributor address;

City;

State;

Zip Code

1610 E Peters Colony, Carrollton, 75007

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/23

Full name of contributor

out-of-state PAC (ID#: _____)

Evelyn Pedraza

Contributor address;

City;

State;

Zip Code

4804 Harwood, Dallas, 75287

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/23

Full name of contributor

out-of-state PAC (ID#: _____)

Lien Lam

Contributor address;

City;

State;

Zip Code

7417 Primrose, Irving, 75063

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME DR Andrew Palacios		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Ramos 6 Contributor address; City; State; Zip Code 3113 Birch, CARROLLTON, 75007	7 Amount of contribution (\$) 300
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Nguyen Contributor address; City; State; Zip Code 7417 Primrose, Fort Irving, 75063	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Albarran Contributor address; City; State; Zip Code 14211 Queens Chapel, Farmers Branch, 75234	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Sue Muravez Contributor address; City; State; Zip Code PO Box 117963, CARROLLTON, 75011	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

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: 5
2 FILER NAME DR. ANDREW PALACIOS		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Reese	7 Amount of contribution (\$) 25
6 Contributor address; City; State; Zip Code 3524 Sweetspring, CARROLLTON, 75007		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Sutter	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 2304 Watermill Court, CARROLLTON, 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Amaya	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 2633 Farmers Branch Ln, Farmers Branch, DALLAS, 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo Flores	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 1820 E Peters Colony, CARROLLTON, 75007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

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: 5
2 FILER NAME DR. Andrew Palacios		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Fernando	7 Amount of contribution (\$) 30
	6 Contributor address; City; State; Zip Code 3134 DAMASCIUS Way, Farmers Branch, 75234	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Macias	Amount of contribution (\$) 30
	Contributor address; City; State; Zip Code 1419 N Nursery Rd, Irving, 75061	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Benauides	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 2914 Panorama Drive, CARROLLTON, 75007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Rissar	Amount of contribution (\$) 20
	Contributor address; City; State; Zip Code 2925 Keller Springs, CARROLLTON, 75006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME DR. ANDREW PALACIOS	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/23	5 Payee name HOME DEPOT
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6 Amount (\$) 173.74	7 Payee address; City; State; Zip Code 2011 Keller Springs, Carrollton, 75006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description Materials / signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/23	Payee name Install Connect, Inc.
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Amount (\$) 400	Payee address; City; State; Zip Code 2935 Irving, Dallas, 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/23	Payee name BANK OF AMERICA
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Amount (\$) 109.07	Payee address; City; State; Zip Code PO BOX 25118 TAMPA, FL 3622-5118
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description checkbook order bank fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME DR. ANDREW PAVACIOS	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/23	5 Payee name TEXAS TRADE GROUP	
6 Amount (\$) 1,234.25	7 Payee address; City; State; Zip Code 2935 Irving, Dallas 75247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/2023	Payee name RAISE THE MONEY, INC.	
Amount (\$) 66.44	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 75221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME DR. ANDREW PALACIOS	3 Filer ID (Ethics Commission Filers)
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4 Date 4/5/23	5 Payee name Majority Strategies LLC
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6 Amount (\$) 830	7 Payee address; PO Box 679219 DALLAS, TX 75267	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 4/13/23	Payee name Majority Strategies LLC
------------------------	--

Amount (\$) 125	Payee address; PO Box 679219 DALLAS, TX 75267	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 4/17/23	Payee name C2 CAFE
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Amount (\$) 400	Payee address; 1101 S BROADWAY, CARROLLTON 75006	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT Expense	Description Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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