

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: 9
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Daisy NICKNAME LAST SUFFIX Palomo	OFFICE USE ONLY Date Received <h2>RECEIVED</h2> APR 04 2023 CITY SECRETARY CARROLLTON, TX Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color:black; width:100%; height:20px;"></div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (844) 385-3300	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Carolyn NICKNAME LAST SUFFIX Benavides	

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2914 Panorama Drive, Carrollton, TX 75007	
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 837-0569
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 18 / 23	THROUGH	Month Day Year 4 / 6 / 23
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11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Carrollton City Council, Place 6
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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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

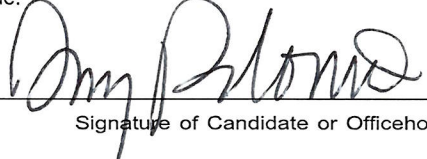
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mrs. Daisy Palomo		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)	\$ 2,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,021.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,653.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 475.02

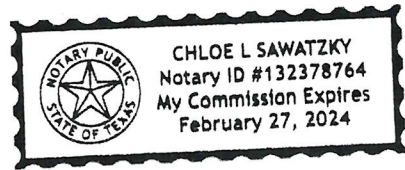
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daisy Palomo this the 4 day of April,

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

Chloe Sawatzky Chloe Sawatzky City Secretary
 Signature of officer administering oath Printed name of officer administering oath 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)

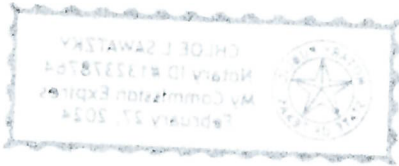
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

103

Handwritten text at the top right of the page.

Handwritten text in the middle of the page.



Handwritten notes below the stamp, including the words "Police", "Chicago", "February 27, 2024", and "My Commission Expires".

Additional handwritten notes at the bottom of the page.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs. Daisy Palomo		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 475.02
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,771.21
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 250.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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: <u>2</u>
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2 FILER NAME Mrs. Daisy Palomo	3 Filer ID (Ethics Commission Filers)
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4 Date 04/06/2023	5 Full name of contributor (please see attached) out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Schedule A1 - Monetary Political Contributions

Date	Full Name	Address	Occupation	Employer	Amount
3/8/2023	Richard Faulkenberry	2817 Lakeside Lane, Carrollton, TX 75006	retired	retired	25.00
3/10/2023	Marcia Barnett	1007 Wilshire Drive, Carrollton, TX 75007	retired	retired	200.00
3/10/2023	Susan Stephens	2110 Hunters Ridge, Carrollton, TX 75006	Director	Grace Christian Preschool	200.00
3/15/2023	Bernie Francis	2343 Highlands Creek Road, Carrollton, TX 75007	CEO	BCS	250.00
3/17/2023	David Lord	1513 Kessler Dr, Carrollton, TX 75006-0022	retired	retired	100.00
3/19/2023	Susan Cordre	4686b Dozier Road, Carrollton, TX 75010	retired	retired	50.00
3/19/2023	Annette Reese	3524 Sweet Spring Drive, Carrollton, TX 75007	retired	retired	25.00
3/19/2023	Andrew Palacios	1516 JACKSON ST, Carrollton, TX 75006	Educator	DISD	100.00
3/19/2023	Harry & Diana Truax	7212 San Lucas St, Carlsbad, CA 92011	Director	Hall Tech	200.00
3/20/2023	Marchant Good Government Fund	2125 N Josey Ln, Ste 200, Carrollton, TX 75006	retired	retired	500.00
3/22/2023	Jana L. Inge	1149 Shady Oak Cir, Argyle, TX 75226	retired	retired	100.00
3/27/2023	Henry Billingsley	1722 Routh St., Dallas, TX 75201	Developer	Billingsley Co.	1,000.00
3/29/2023	Paul Kramer	2014 Ash Hill Rd, Carrollton, TX 75007	retired	retired	100.00
3/31/2023	Sally Fiveash	1944 Kensington Dr, Carrollton, TX 75007	CPA	Self	100.00

LOANS

SCHEDULE E

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 E: 1

2 FILER NAME
Mrs. Daisy Palomo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
03/10/2023

7 Name of lender out-of-state PAC (ID#: _____)
Daisy Palomo

9 Loan Amount (\$)
450.00

6 Is lender a financial Institution?
 Y N

8 Lender address; City; State; Zip Code

10 Interest rate
0.00

11 Maturity date
12/31/2023

12 Principal occupation / Job title (See Instructions)
Analyst

13 Employer (See Instructions)
American Airlines

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
03/27/2023

Name of lender out-of-state PAC (ID#: _____)
Daisy Palomo

Loan Amount (\$)
25.02

Is lender a financial Institution?
 Y N

Lender address; City; State; Zip Code

Interest rate
0.00

Maturity date
12/31/2023

Principal occupation / Job title (See Instructions)
Analyst

Employer (See Instructions)
American Airlines

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Mrs. Daisy Palomo	3 Filer ID (Ethics Commission Filers)
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4 Date 04/06/2023	5 Payee name (please see attached)
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Schedule F1 - Political Expenditures Made from Political Contributions

Date	Payee Name	Amount	Address	Category	Description
3/14/2023	AMAZON.COM	30.97	ONLINE	Advertising Expense	Signage
3/14/2023	PRINTPLACE 877-405-3949 CA	85.14	ONLINE	Printing Expense	Business cards
3/15/2023	PRINTPLACE 877-405-3949 CA	53.58	ONLINE	Advertising Expense	Signage
3/17/2023	ANEDOT	10.30	ONLINE	Fees	Banking fees
3/18/2023	STAPLES 1842 ADDISON TX	57.89	1842 ADDISON TX	Event Expense	Kickoff
3/18/2023	AMAZON.COM	13.99	ONLINE	Event Expense	Kickoff
3/18/2023	PRINTPLACE 877-405-3949 CA	19.81	ONLINE	Advertising Expense	Signage
3/19/2023	DOLLAR TREE 1927 E BELT LINE RD	18.94	1927 E BELT LINE RD	Event Expense	Kickoff
3/19/2023	SIGNAGE SYSTEMS	745.84	FERGUSON RD, DALLAS TEXAS	Advertising Expense	Signage
3/23/2023	ANEDOT	20.30	ONLINE	Fees	Banking fees
3/25/2023	SIGNAGE SYSTEMS	714.45	FERGUSON RD, DALLAS TEXAS	Advertising Expense	Signage

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Mrs. Daisy Palomo	3 Filer ID (Ethics Commission Filers)
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4 Date 01/18/2023	5 Payee name City of Carrollton
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6 Amount (\$) 250.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 1945 E. Jackson Road, Carrollton, TX 75006 <small>City; State; Zip Code</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Filing Fee
	(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	Payee name
------	------------

Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small>
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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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Date	Payee name
------	------------

Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>City; State; Zip Code</small>
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

