

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX <i>Joseph Pellicos</i>	OFFICE USE ONLY Date Received <i>2010 FEB - 4</i> Date Hand-delivered or Date Postmarked <i>FEB 01 2010</i> Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 3695 Edinburg TX 78540</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 318-1412</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX <i>Timothy W. King</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>6316 N. 10th Bldg H Ste 808 McAllen TX 78504</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 621-7283</i>		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>12 / 31 / 09 2 / 01 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 02 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>County Commissioner Pct 4</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joseph Peltzer 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	N/A
	COMMITTEE CAMPAIGN TREASURER NAME
	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	N/A

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ N/A
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ N/A
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ N/A
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

19 AFFIDAVIT



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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 15th day of February, 20 10, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Heather Denise Salyers Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/12/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS QUINTANILLA	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 616 S. 5th AVE. EDINBURG, TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA LAW FIRM	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 320 W. PECAN BLVD McALLEN TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOWELL BORDERS	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 260 HARGILL, TX 78543		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENT BURNS	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1413 ESPERANZA McALLEN, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER CHAPA	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 E. VERDIN AVE McALLEN, TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/22/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK WHITE	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1919 DOOLITTLE RD. EDINBURG, TX 78541		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD ESTRADA	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1797 EDINBURG, TX 78543		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE DANIEL OLIVAREZ	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISABEL CORDOVA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 821 RAY ST. DONNA, TX 78587		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELASMO LOPEZ	Amount of contribution (\$) 3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2100 W. EXP. 83 MERCEDES, TX 78570		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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FIRST NATIONAL BANK **CHECKING DEPOSIT** EDN 4302-1037

DEPOSIT TO ACCOUNT NUMBER *31055064

DATE 1/27/10 CASH ▶ 100.00

NAME Joseph Palacios Campaign CH # 9928
CHECK # 10000
VALLEY CONCRETE WORKS

ADDRESS _____ CHECKS OR TOTAL FROM OTHER CODE ▶

SIGNATURE _____ SUB TOTAL ▶

(FOR LESS CASH) LESS CASH ▶

ALL ITEMS ARE ACCEPTED SUBJECT TO THIS BANK'S RULES AND REGULATIONS PERTAINING TO CHECKING ACCOUNTS. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL. NET DEPOSIT \$ 100.00

⑆5026⑆001⑆⑆ 026

Date 1/27/10 Ck# Amt 100.00

VALLEY CONCRETE WORKS **8928**
C/O LUIS QUINTANILLA
 TXDL 09078728
 616 S. 5TH AVE. (351)381-9658
 EDINBURG, TX 78529

Date 1-27-10 35-1054 1133
TECS

Pay to the Order of Joseph Palacios Campaign \$ 100.00

one hundred and 00/100 Dollars

Compass Compass Bank
San Juan, TX

For _____ 

⑆⑆⑆3010547⑆⑆ 0008027278⑆⑆ 8928

Date 1/27/10 Ck# Amt 100.00

FIRST NATIONAL BANK CHECKING DEPOSIT

DEPOSIT TO ACCOUNT NUMBER: 2125

DATE: 1/26/10 * 31055064

NAME: Joseph Palacios

ADDRESS: 31705

SUB TOTAL: 5000.00
550.00
1500.00
1500.00

NET DEPOSIT: \$ 8550.00

⑆0225⑉0011⑆ 025

GUERRA LAW FIRM

1511 E 305 ST
MCALLEN, TX 78503

DATE: 1/26/2010

Pay to the order of: Joseph Palacios \$1,500.00

One Thousand Five Hundred and 00/100

Joseph Palacios

VOID AFTER 90 DAYS

Signature: [Handwritten Signature]

⑆031705⑉⑆11491527⑆⑆4601122⑆

Ck# Date 1/26 Amt 8,550.00 31705 Date 1/26 Amt 1

KENT L. BURNS

VIRGINIA M BURNS
1410 ESPERANZA
MCALLEN, TX 78501

DATE: 1-25-10

PAY TO: Joseph Palacios \$5,000.00

Five thousand dollars

FIRST NATIONAL BANK

Signature: [Handwritten Signature]

⑆114921415⑉02125⑉0134017811⑆

Ck# 2125 Date 1/26 Amt 5,000.00

Lane Star National Bank CASHIER'S CHECK

236180

DATE: 1/25/10

BRANCH: 0018

PAY TO THE ORDER OF: JOSEPH PALACIOS CAMPAIGN

EXACTLY **550 AND 00/100 DOLLARS 550.00

Signature: [Handwritten Signature]

⑆0000236180⑉⑆114911587⑆⑆2570521⑆

← REIMBURSEMENT

Ck# 236180 Date 1/26 Amt 550.00

NOWELL W. BORDERS

P.O. BOX 522
MARZELL, TX 78549

DATE: 1-19-2010

PAY TO THE ORDER OF: Joseph Palacios \$1,500.00

Signature: [Handwritten Signature]

⑆001071⑉⑆114921415⑆⑆0011025502⑆

Ck# 1071 Date 1/26 Amt 1,500.00

FIRST NATIONAL BANK CHECKING DEPOSIT

DEPOSIT TO ACCOUNT NUMBER: *31055064

DATE: 1/26/10

NAME: Joseph Palacios Campaign

ADDRESS: [Redacted]

SUB TOTAL: \$ 2,350.00

NET DEPOSIT: \$ 2,350.00

⑆5026⑉001⑆ 026

EDWARD C. ESTRADA
P.O. BOX 1797, FIE 956-618-9590
EDINBURG, TX 78541

DATE: 1-25-10

PAY TO: Joseph Palacios Campaign \$ 1,000.00

FIRST NATIONAL BANK

⑆14921415⑆01881⑉0101018053⑆

Ck# Date 1/26 Amt 21,350.00 Ck# 1881 Date 1/26 Amt 1

JAVIER I. CHAPA
12043500
200 E VERDON AVE
MC ALLEN, TX 75054

DATE: 12/16/09

PAY TO: Joe Palacios \$ 300.00

THREE HUNDRED DOLLARS

FIRST NATIONAL BANK

⑆14921415⑆1337⑉0011050913⑆

Ck# 1337 Date 1/26 Amt 300.00

FRED PALACIOS
MARIA ELENA PALACIOS
1020 E RUSSELL RD. PH 233-3370
EDINBURG, TX 78541

DATE: 1/22/10

PAY TO: Joe Palacios \$ 20,000.00

Twenty thousand and no/100 DOLLARS

FIRST NATIONAL BANK

⑆14921415⑆03330⑉2020130⑆

LOAN

Ck# 3330 Date 1/26 Amt 20,000.00

Bank of America Advantage

MARK A. WHITE 04-01 848

1918 N. DOOLITTLE RD.
EDINBURG, TX 78541

DATE: 12-22-09

PAY TO: Joseph Palacios Campaign \$ 50.00

Fifty Dollars & Zero Cents

Bank of America

⑆13000023⑆005773120704⑉0848

Ck# Date 1/26 Amt 50.00

FIRST NATIONAL BANK **CHECKING DEPOSIT**

DEPOSIT TO ACCOUNT NUMBER

DATE 1-12-10 * 31055064

NAME JOSEPH PALACIOS

ADDRESS CAMPAGNA ACCOUNTS
PO BOX 3085
EDINBURG, TX 78540

SIGNATURE _____

NET DEPOSIT \$ 20000.00

BY CASH CASH
BY CHECKS OR TOTAL FROM OTHER CSE

SUB TOTAL LESS CASH

⑆5026⑈00⑆

Date	Ck#	Amt
1/12/10		20,000.00

FIRST NATIONAL BANK

JUAN PALACIOS
MARIA RITA PALACIOS
LIC 872523 10523707
C24 PALACIOS CR PH 959-381-9551
EDINBURG, TX 78539

13242

DATE 1-12-10

PAY TO THE ORDER OF Joseph Palacios \$ 20,000

Twenty thousand dollars

Loan 20,000 campaign

Ms. Rita Pal.

⑆013242⑆ ⑆114921415⑆ ⑆109 879 6⑆

LOAN

Date 1/12/10 Ck# 13242 Amt 20,000.00

DEPOSIT TICKET

JOSEPH PALACIOS
CAMPAIGN ACCOUNT
PO BOX 2693
EDENBURG, TX 78540

DATE: 1/11/10

AMOUNTS:
5704 3000.00
2108 2000.00
2124 100.00

TOTAL: 5100.00

FIRST NATIONAL BANK

⑆114921415⑆ ⑆31055064⑆ 001

Date 1/11/10 Ck# Amt 5,100.00

JOE DANIEL OLIVAREZ

DATE: 1-8-10

PAY TO THE ORDER OF: Joseph Palacios Campaign \$2,000.00
Two thousand dollars NO DOLLARS

IBCI International Bank of Commerce

For: Campaign Contributor

⑆114917623⑆2510195891015885⑆2108

Date 1/11/10 Ck# Amt 2,000.00

Isabel G. Cordova

DATE: 12/15/09

PAY TO THE ORDER OF: Joseph Palacios Campaign \$100.00
One hundred and 00/100 Dollars

FIRST NATIONAL BANK

Isabel Cordova

⑆114921415⑆02124⑆0194004775⑆

Date 1/11/10 Ck# 2124 Amt 100.00

ERASMO LOPEZ

DATE: 1-7-10

PAY TO THE ORDER OF: Joseph Palacios Campaign \$3,000.00
Three thousand 00/100 Dollars

ELSA STATE BANK & TRUST Co.

For: Erasmo Lopez

⑆114922142⑆5704⑆5015154⑆

Date 1/11/10 Ck# Amt 3,000.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Joseph Pelacios</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan <i>11/2/10</i>	7 Name of lender <i>Fred Pelacios</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>20,000.00</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1839 Russell Rd Edinburg TX 78541</i>	10 Interest rate <i>9</i>	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
		17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 Employer	
Date of loan <i>1/12/10</i>	Name of lender <i>Jan Pelacios + Maria Rita Pelacios</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) <i>20,000.00</i>	
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>824 Pelacios Dr Edinburg TX 78539</i>	Interest rate <i>9</i>	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/4/10

5 Payee name

TEXAS BORDER BUSINESS

7 Amount (\$)

1,980.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/4/10

Payee name

PIZZA HUT

Amount (\$)

104.87

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

FOOD

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/4/10

Payee name

STRIPES

Amount (\$)

48.79

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

GAS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/6/10

Payee name

EDINBURG BEEF CLUB

Amount (\$)

150.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN DONATION

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/6/10	5 Payee name ANGIE OJEDA 6 Payee address; City; State; Zip Code	7 Amount (\$) 500.00
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8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORK (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/6/10	Payee name COPY ZONE Payee address; City; State; Zip Code	Amount (\$) 230.63
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Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/6/10	Payee name MERCEDES TIGER BOOSTER CLUB Payee address; City; State; Zip Code	Amount (\$) 60.00
----------------	--	----------------------

Purpose of payment (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/8/10	Payee name YOLANDA NINO Payee address; City; State; Zip Code	Amount (\$) 250.00
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Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORK (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/8/10

RUSSELL SOLIS

6 Payee address; City; State; Zip Code

300.00

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MARKETING

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/8/10

PRINT WORKS

Payee address; City; State; Zip Code

273.87

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/8/10

STAPLES

Payee address; City; State; Zip Code

269.68

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/16/10

GTO ADVERTISING

Payee address; City; State; Zip Code

332.50

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/10/10

GTO ADVERTISING

6 Payee address; City; State; Zip Code

1,243.94

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/11/10

STAPLES

Payee address; City; State; Zip Code

71.09

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/11/10

FLYING J STORE

Payee address; City; State; Zip Code

57.86

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/11/10

STRIPES

Payee address; City; State; Zip Code

47.10

Purpose of payment (See instructions regarding type of information required.)

GAS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/10	5 Payee name CHILIS 6 Payee address; City; State; Zip Code	7 Amount (\$) 34.84
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8 Purpose of payment (See instructions regarding type of information required.) FOOD (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/11/10	5 Payee name Fed Ex Kinko's 6 Payee address; City; State; Zip Code	7 Amount (\$) .65
8 Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/12/10	Payee name AMERICAN LEGION POST 408 Payee address; City; State; Zip Code	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/12/10	Payee name EDINBURG BEEF CLUB Payee address; City; State; Zip Code	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/12/10	Payee name PETER SALINAS Payee address; City; State; Zip Code	Amount (\$) 400.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORK (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/2/10

5 Payee name
PETER SALINAS
6 Payee address; City; State; Zip Code

7 Amount (\$)
320.00

8 Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN WORK
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/2/10

Payee name
TRACTOR SUPPLY Co.
Payee address; City; State; Zip Code

Amount (\$)
175.32

Purpose of payment (See instructions regarding type of information required.)
SUPPLIES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/2/10

Payee name
FED-EX KINKO'S
Payee address; City; State; Zip Code

Amount (\$)
99.87

Purpose of payment (See instructions regarding type of information required.)
SUPPLIES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/3/10

Payee name
JUAN HERNANDEZ
Payee address; City; State; Zip Code

Amount (\$)
506.00

Purpose of payment (See instructions regarding type of information required.)
DATA ENTRY
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/13/10	5 Payee name TRACTOR SUPPLY Co. ----- 6 Payee address; City; State; Zip Code	7 Amount (\$) 15.14
8 Purpose of payment (See instructions regarding type of information required.) SUPPLIES. (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/10	Payee name TRACTOR SUPPLY Co. ----- Payee address; City; State; Zip Code	Amount (\$) 9.72
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/10	Payee name STAPLES ----- Payee address; City; State; Zip Code	Amount (\$) 596.31
Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/10	Payee name STAPLES ----- Payee address; City; State; Zip Code	Amount (\$) 99.56
Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/14/10	5 Payee name EDINBURG BOYS AND GIRLS CLUB 6 Payee address; City; State; Zip Code	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/14/10	Payee name STRIPES Payee address; City; State; Zip Code	Amount (\$) 55.72
Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/15/10	Payee name STRIPES Payee address; City; State; Zip Code	Amount (\$) 56.53
Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/15/10	Payee name STRIPES Payee address; City; State; Zip Code	Amount (\$) 6.03
Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/18/10	5 Payee name GTO MARKETING 6 Payee address; City; State; Zip Code	7 Amount (\$) 3,478.64
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8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name CITY OF EDINBURG Payee address; City; State; Zip Code	Amount (\$) 350.00
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Purpose of payment (See instructions regarding type of information required.) RENTAL (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name STAPLES Payee address; City; State; Zip Code	Amount (\$) 58.43
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Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name SHELL SERVICE STATION Payee address; City; State; Zip Code	Amount (\$) 52.82
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Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/19/10	5 Payee name WOODLANDS RESTAURANT 6 Payee address; City; State; Zip Code	7 Amount (\$) 48.62
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8 Purpose of payment (See instructions regarding type of information required.) FOOD (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name STRIPES Payee address; City; State; Zip Code	Amount (\$) 42.71
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Purpose of payment (See instructions regarding type of information required.) GAS (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name WAL MART Payee address; City; State; Zip Code	Amount (\$) 13.65
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Purpose of payment (See instructions regarding type of information required.) SUPPLIES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/19/10	Payee name GTO ADVERTISING Payee address; City; State; Zip Code	Amount (\$) 5,000.00
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Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/21/10

~~##~~ PEDRO MOLINA

6 Payee address; City; State; Zip Code

482.50

8 Purpose of payment (See instructions regarding type of information required.)

BUILDING RENTAL

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/22/10

PETER SALINAS

Payee address; City; State; Zip Code

640.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN WORK

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/25/10

SIGN FACTORY

Payee address; City; State; Zip Code

4,225

Purpose of payment (See instructions regarding type of information required.)

SIGNS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/25/10

EAST END INK

Payee address; City; State; Zip Code

3,024.40

Purpose of payment (See instructions regarding type of information required.)

SIGNS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/26/10

GREY EYED CREATIVE

6 Payee address; City; State; Zip Code

920.00

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/26/10

GREY EYED CREATIVE

Payee address; City; State; Zip Code

1,500.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/27/10

MISS RIO GRANDE VALLEY PAGANT

Payee address; City; State; Zip Code

200.00

Purpose of payment (See instructions regarding type of information required.)

DONATION

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/27/10

JENARO ROCHA

Payee address; City; State; Zip Code

1,690.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN WORK

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name AT&T	7 Amount (\$)
11/28/10	6 Payee address; City; State; Zip Code	329.45
8 Purpose of payment (See instructions regarding type of information required.) SUPPLIES <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name EAST END FNK	Amount (\$)
11/29/10	Payee address; City; State; Zip Code	10,200.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name BETO'S SCREEN PRINTING	Amount (\$)
11/28/10	Payee address; City; State; Zip Code	411.35
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN T-SHIRTS <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name STONEWALL DEMOCRATS	Amount (\$)
12/15/09	Payee address; City; State; Zip Code	105.00
Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/15/09

STONEMALL DEMOCRATS

250.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

CONTRIBUTION

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/27/10

ADVERTIR, INC.

750.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

MARKETING CONSULTING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/27/10

ADVERTIR, INC.

1,000.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/19/10

HOTWIRE SALES

207.08

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

HOTEL TRAVEL

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
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8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
 6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 .. Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F:

2 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME **JOSEPH PALACIOS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/10	5 Payee name JOSEPH PALACIOS 6 Payee address; City; State; Zip Code	8 Amount (\$) 992.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT (If travel outside of Texas, complete Schedule T)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder