



# 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:**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <u>MR</u> FIRST MI	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX	

Joseph Palacios

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	P.O. Box 3695 Edinburg TX 78540	

JAN 19 2010  
Melissa Perry  
JAN 15 2010 mb

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION
	(956) 318-1417

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / <u>MR</u> FIRST MI
	NICKNAME LAST SUFFIX

Timothy Wilkins

<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	6316 N. 10th Bldg H Ste 208 McAllen, TX 78504

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION
	(956) 624-0888

<b>9 REPORT TYPE</b>	<input checked="" 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)

<b>10 PERIOD COVERED</b>	Month Day Year THROUGH Month Day Year
	11 / 01 / 09 THROUGH 12 / 31 / 09

<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE
	Month Day Year	

03 / 02 / 09     Primary     Runoff     General     Special

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)
	NA	County Commissioner Pct 4

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

17 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. \*\*

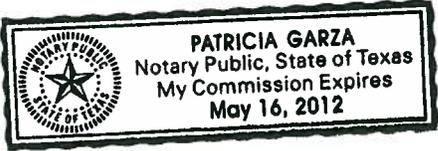
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

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.

Joseph Palacios  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph Palacios, this the 15<sup>th</sup> day of Jan, 20 10, to certify which, witness my hand and seal of office.

Patricia Garza      Patricia Garza  
Signature of officer administering oath      Printed name of officer administering oath      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 <i>Joseph Pekaros</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/16/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heiff Associates STATE PAC</i>	7 Amount of contribution (\$) <i>2,500.00</i>	8 In-kind contribution description (if applicable) <i>N/A</i>
6 Contributor address; City; State; Zip Code <i>1201 N. Bowser Richardson, TX 75091</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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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**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: 4

2 FILER NAME: Joseph Pelacios 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:  $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$  \$

5 Date <u>12/09/09</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Maricela Marin</u>	8 Amount of pledge (\$) <del>2,500.00</del> <del>2,500.00</del> <u>3,000.00</u>	9 In-kind description (if applicable) <u>N/A</u>
7 Pledgor address; City; State; Zip Code <u>410 Rio Grande Dr. Mission TX 78572</u>		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date <u>12/09/09</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charlambos Simeonidis</u>	Amount of pledge (\$) <u>4,000.00</u>	In-kind description (if applicable) <u>N/A</u>
Pledgor address; City; State; Zip Code <u>P.O. Box 926333 Houston, TX 77292</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12/09/09</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roberta Garcia</u>	Amount of pledge (\$) <u>3,000.00</u>	In-kind description (if applicable) <u>N/A</u>
Pledgor address; City; State; Zip Code <u>410 Rio Grande Mission, TX 78572</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12/09/09</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pablo Garcia</u>	Amount of pledge (\$) <u>3,000.00</u>	In-kind description (if applicable) <u>N/A</u>
Pledgor address; City; State; Zip Code <u>Cashiers Check No address</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12/09/09</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dele Williamson</u>	Amount of pledge (\$) <u>2,000.00</u>	In-kind description (if applicable) <u>N/A</u>
Pledgor address; City; State; Zip Code <u>2600 Santa Ana Mission, TX 78572</u>		(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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*(Handwritten mark)*

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule B:
2 FILER NAME <i>Joseph Pelcas</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date <i>12/04/09</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G + A Investments</i>	8 Amount of pledge (\$) <i>1,000.00</i>	9 In-kind description (if applicable) <i>N/A</i>
7 Pledgor address; City; State; Zip Code <i>16360 Park Ten Pike Ste. 230 Houston, TX 77084</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <i>12/09/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Obregon</i>	Amount of pledge (\$) <i>5,000.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>24827 N. Hampton Forest Dr. Spring, TX 77389</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/09/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cresmo Lopez Jr.</i>	Amount of pledge (\$) <i>2,500.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>2100 W. Exp 83 Mercedes TX 78570</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/09/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yvonne Guize</i>	Amount of pledge (\$) <i>2,500.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>27304 S. Bass Blvd Arlington TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/09/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leticia Lopez</i>	Amount of pledge (\$) <i>2,500.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>1315 Clifton St. Leakea TX 78596</i>		(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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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages this Schedule B:
2 FILER NAME <i>Josep Pelaez</i>	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄   ⇄   \$

5 Date <i>11/16/09</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sean Villescas</i>	8 Amount of pledge (\$) <i>1,500.00</i>	9 In-kind description (if applicable) <i>N/A</i>
7 Pledgor address; City; State; Zip Code <i>710 N. FM 493 Donna, TX 78537</i>		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date <i>11/20/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kent Burns</i>	Amount of pledge (\$) <i>4,000.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>1413 Esperanza ME Allen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>11/20/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Rodriguez</i>	Amount of pledge (\$) <i>5,000.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>P.O. Box 1150 Donna TX 78537</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>11/20/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Universal Tractors</i>	Amount of pledge (\$) <i>1,400.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>652 Esperanza Alamo TX 78516</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>11/23/09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Seguirre</i>	Amount of pledge (\$) <i>1,000.00</i>	In-kind description (if applicable) <i>N/A</i>
Pledgor address; City; State; Zip Code <i>500 Soler Dr. Mission TX 78572</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages this Schedule B:	
<b>2</b> FILER NAME <i>Joseph Peltrows</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
<b>5</b> Date <i>12/15/09</i>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Sebel Cordova</i>	<b>8</b> Amount of pledge (\$) <i>100.00</i>	<b>9</b> In-kind description (if applicable) <i>N/A</i>
<b>7</b> Pledgor address; City; State; Zip Code <i>821 Ray St. Dallas, TX 75532</i>		(If travel outside of Texas, complete Schedule T)	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
<b>Date</b> <i>12/09/09</i>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Sandoval</i>	<b>Amount of pledge (\$)</b> <i>2,500.00</i>	<b>In-kind description (if applicable)</b> <i>N/A</i>
<b>Pledgor address; City; State; Zip Code</b> <i>2100W Exp 83 Mercedes, TX 78570</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>12/2/09</i>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandy Caledon</i>	<b>Amount of pledge (\$)</b> <i>200.00</i>	<b>In-kind description (if applicable)</b> <i>N/A</i>
<b>Pledgor address; City; State; Zip Code</b> <i>6301 N. 20th MEAllen TX 78524</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
<b>Pledgor address; City; State; Zip Code</b>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
<b>Pledgor address; City; State; Zip Code</b>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

2

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>Joseph Pelciras</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨		\$ <u>20,000.00</u>	
5 Date of loan <u>11/18/09</u>	7 Name of lender <u>Frances Pelciras</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <u>20,000.00</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>1813 E. Russell Edinburg TX 78540</u>	10 Interest rate <u>5%</u>	
		11 Maturity date <u>April 2nd 2010</u>	
12 Principal occupation / Job title (See Instructions) <u>Homeowner</u>		13 Employer (See Instructions) <u>N/A</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y    N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>14</b>
2 FILER NAME <b>Joseph Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <b>Pelenque Grill</b>	7 Amount (\$) <b>24.89</b>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <b>Food</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <b>N/A</b>
Date	Payee name <b>Luby's</b>	Amount (\$) <b>18.26</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Food</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <b>N/A</b>
Date	Payee name <b>Starbucks</b>	Amount (\$) <b>8.29</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Food</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <b>N/A</b>
Date	Payee name <b>Texas Road House</b>	Amount (\$) <b>54.36</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Food</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

1

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joseph Alcaraz</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Valdez Meat Market</i>	7 Amount (\$) <i>31.51</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Church's</i>	Amount (\$) <i>18.15</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Chick-Fil-A</i>	Amount (\$) <i>6.16</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Chick-Fil-A</i>	Amount (\$) <i>7.51</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>

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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 <i>Joseph Pelcios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Chik-Fil-A</i>	7 Amount (\$) <i>14.84</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Whataburger</i>	Amount (\$) <i>7.70</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Red Lobster</i>	Amount (\$) <i>37.40</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Texas Road House</i>	Amount (\$) <i>50.25</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>

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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 <i>Joseph Pekaros</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Libby's</i>	7 Amount (\$) <i>9.40</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Edinburg Post Office</i>	Amount (\$) <i>36.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>P.O. Box</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Dillards</i>	Amount (\$) <i>68.20</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Clothes Campaign</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>
Date	Payee name <i>Dillards</i>	Amount (\$) <i>201.39</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Clothes Campaign</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>N/A</i> Office sought: Office held: <i>N/A</i>

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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 <i>Joseph Pelacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <del>THE SIGN F</del> <i>STAPLES</i>	7 Amount (\$) <i>68.81</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Supplies</i> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Kinko's</i>	Amount (\$) <i>295.51</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Supplies</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Kinko's</i>	Amount (\$) <i>6.56</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Supplies</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Sprint</i>	Amount (\$) <i>427.99</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Phones</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>

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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 **JOSEPH PALACIOS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/18/09**

5 Payee name  
**THE SIGN FACTORY**

7 Amount (\$)  
**7,144.50**

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)  
**CAMPAIGN SIGNS**  
(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  
**11/25/09**

Payee name  
**COPY ZONE**

Amount (\$)  
**139.34**

Payee address; City; State; Zip Code

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  
**11/25/09**

Payee name  
**STRIPES**

Amount (\$)  
**50.67**

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  
**11/25/09**

Payee name  
**THE SIGN FACTORY**

Amount (\$)  
**2,165.00**

Payee address; City; State; Zip Code

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 11/27/09	5 Payee name JOS BANK CLOTHING 6 Payee address; City; State; Zip Code	7 Amount (\$) 169.95
8 Purpose of payment (See instructions regarding type of information required.) CLOTHING (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 11/27/09	Payee name LE LAI Payee address; City; State; Zip Code	Amount (\$) 65.47
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 11/27/09	Payee name CARINO'S ITALIAN GRILL Payee address; City; State; Zip Code	Amount (\$) 45.23
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 11/27/09	Payee name SHELL Payee address; City; State; Zip Code	Amount (\$) 27.59
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 11/30/09	5 Payee name LOWES 6 Payee address; City; State; Zip Code	7 Amount (\$) 185.26
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 11/30/09	Payee name JOS A. BANKS Payee address; City; State; Zip Code	Amount (\$) 107.17
Purpose of payment (See instructions regarding type of information required.) CLOTHING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/09	Payee name LOWES Payee address; City; State; Zip Code	Amount (\$) 78.77
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 11/30/09	Payee name COPY ZONE Payee address; City; State; Zip Code	Amount (\$) 77.94
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 11/30/09	5 Payee name STRIPES ..... 6 Payee address; City; State; Zip Code	7 Amount (\$) 54.00
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 11/30/09	Payee name STRIPES ..... Payee address; City; State; Zip Code	Amount (\$) 49.31
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 11/30/09	Payee name BEVELLY HARDWARE ..... Payee address; City; State; Zip Code	Amount (\$) 31.23
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 11/30/09	Payee name EXXON MOBIL ..... Payee address; City; State; Zip Code	Amount (\$) 31.15
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 <b>12/2/09</b>	5 Payee name <b>HEB</b> ..... 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>53.56</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>FOOD</b> (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 <b>12/2/09</b>	Payee name <b>GO DADDY.COM</b> ..... Payee address; City; State; Zip Code	Amount (\$) <b>51.19</b>
Purpose of payment (See instructions regarding type of information required.) <b>INTERNET DOMAIN NAME</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/4/09</b>	Payee name <b>ADOLF BAC+BILL</b> ..... Payee address; City; State; Zip Code	Amount (\$) <b>135.26</b>
Purpose of payment (See instructions regarding type of information required.) <b>FOOD</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/7/09</b>	Payee name <b>STRIPES</b> ..... Payee address; City; State; Zip Code	Amount (\$) <b>47.89</b>
Purpose of payment (See instructions regarding type of information required.) <b>GAS</b> (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 <b>12/7/09</b>	5 Payee name <b>APPLEBEE'S</b>	7 Amount (\$) <b>37.39</b>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <b>Food</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date <b>12/8/09</b>	Payee name <b>JSL</b>	Amount (\$) <b>105.00</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>DONATION</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date <b>12/8/09</b>	Payee name <b>STRIPES</b>	Amount (\$) <b>55.22</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>GAS</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date <b>12/8/09</b>	Payee name <b>ADOBE BAR + Grill</b>	Amount (\$) <b>5.14</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Food</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 12/9/09	<b>5</b> Payee name THE SIGN FACTORY <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$) 14,776.13
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPALBN SIGNS (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/09	Payee name STRIPES <b>6</b> Payee address; City; State; Zip Code	Amount (\$) 48.43
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 12/11/09	Payee name SPRINT <b>6</b> Payee address; City; State; Zip Code	Amount (\$) 600.00
Purpose of payment (See instructions regarding type of information required.) PHONE (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/09	Payee name CORNERSTONE GRILL <b>6</b> Payee address; City; State; Zip Code	Amount (\$) 50.27
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

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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 11/21/09	5 Payee name <del>THE SPREAD</del> Marcos Lopez	7 Amount (\$) 1,288.48
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT (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 11/30/09	Payee name I GRAFX MEDIA	Amount (\$) 200.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP (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 12/2/09	Payee name PHIL CHIREZ	Amount (\$) 140.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) DESIGN 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 12/3/09	Payee name HIDALGO COUNTY DEMOCRATIC PARTY	Amount (\$) 1,250.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) FILING FEE. (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 <i>Josep Pelaez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>THE SIGN F All Valley Screen Printing</i>	7 Amount (\$) <i>32.48</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>T-Shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name <i>Hidalgo Democratic Party</i>	Amount (\$) <i>1,250.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**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  
11/12/09

5 Payee name  
First National Bank  
6 Payee address; City; State; Zip Code  
1920 S. Claver Edinburg, TX 78501 78539

8 Amount (\$)  
500.00

7 Purpose of expenditure (See instructions regarding type of information required.)  
Opening of Campaign Account  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date  
11/18/09

Payee name  
Kerik Palacios  
Payee address; City; State; Zip Code  
720 Royal Street Edinburg TX 78539

Amount (\$)  
2,500.00

Purpose of expenditure (See instructions regarding type of information required.)  
General Campaign Expenditures  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Amount (\$)  
 Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Amount (\$)  
 Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Amount (\$)  
 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 <i>Joseph Peltre</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>None</i>	5 Business name <i>None</i>	7 Amount (\$) <i>None</i>	
6 Business address; City; State; Zip Code <i>None</i>			
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	

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②

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: ①

2 FILER NAME

Joseph Pickens

3 ACCOUNT # (Ethics Commission filers)

4 Date

None

5 Payee name

None

6 Payee address; City; State; Zip Code

None

None

7 Purpose of expenditure (See instructions regarding type of information required.)

None

8 Amount (\$)

None

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 (\$)

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②

**CREDITS (optional)**

**SCHEDULE K**

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

2 FILER NAME Joseph Palacios 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>None</u>	5 Payor name <u>None</u>	8 Amount (\$) <u>None</u>
	6 Payor address; City; State; Zip Code <u>None</u> <u>None</u>	
	7 Reason for credit <u>None</u>	

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	

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**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: <u>1</u>
2 FILER NAME <u>Joseph Pickens</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>None</u>		
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 <u>None</u>	7 Name of person(s) traveling <u>None</u>	
8 Departure city or name of departure location <u>None</u>		
9 Destination city or name of destination location <u>None</u>		
10 Means of transportation <u>None</u>	11 Purpose of travel (including name of conference, seminar, or other event) <u>None</u>	

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 Not Applicable

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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder