

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; color: blue;">29</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>MR.</u> FIRST: <u>JOSEPH</u> MI: _____ NICKNAME: _____      LAST: <u>PALACIOS</u> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount: <u>18</u> Date Processed: _____ Date Imaged: _____ <i>William Espinoza</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>720 ROYAL ST.</u> _____ <u>EDINBURG, TX 78539</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <u>(956)</u> <u>522-0785</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>MR.</u> FIRST: <u>TIMOTHY</u> MI: <u>W.</u> NICKNAME: _____      LAST: <u>WILKINS</u> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>6316 N. 10th BLDG. H STE. 808 McALLEN, TX 78504</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <u>(956)</u> <u>624-0888</u>		
<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 <u>7 / 1 / 11</u> <u>12 / 31 / 11</u>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year /      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>HIDALGO COUNTY COMMISSIONER</u> <u>PRECINCT 4</u>	<b>13 OFFICE SOUGHT (if known)</b>	
<b>GOTO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JOSEPH PALACIOS 15 ACCOUNT # (Ethics Commission Filers)

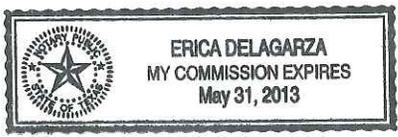
16 NOTICE FROM POLITICAL COMMITTEE(S)

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 TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75,450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 46,951.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 40,502.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100,000

18 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 13th day of January, 2012, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Erica delagarza  
Printed name of officer administering oath

Notary Public  
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: **1 of 9**

2 FILER NAME  
**JOSEPH PALACIOS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**9/27/11**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JUAN A. OLIVARES**

7 Amount of contribution (\$)  
**200.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**420 E. SHASTA McAllen, TX 78504**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**SALES CONSULTANT**

10 Employer (See Instructions)  
**LONE STAR LIGHTING**

Date  
**9/27/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**WESLEY LEFEURE**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**5,000.00**

In-kind contribution description (if applicable)

**612 NOLANA AVE. McAllen, TX 78504**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ENGINEER / CEO**

Employer (See Instructions)  
**LEFEURE ENVIRONMENTAL + MANAGEMENT LLC**

Date  
**9/26/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**LINNEBARGER GOGGAN BLAIR + SAMPSON LLP**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**2,500.00**

In-kind contribution description (if applicable)

**P.O. Box 11428 AUSTIN, TX 78789**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ATTORNEYS - AT - LAW**

Employer (See Instructions)

Date  
**9/26/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FRED REGALADO**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**1,000.00**

In-kind contribution description (if applicable)

**P.O. Box 6517 McAllen, TX 78502**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**BAIL BONOS / OWNER**

Employer (See Instructions)  
**REGALADO BAIL BONOS**

Date  
**10/7/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JACINTO GARZA**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**2,500**

In-kind contribution description (if applicable)

**2100 W. Exp. 83 Mercedes, TX 78570**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ENGINEER / CEO**

Employer (See Instructions)  
**L+G ENGINEERING**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 of 9

2 FILER NAME JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/7/11

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ARMANDO SANDOVAL

7 Amount of contribution (\$) 2,500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
2100 W. EXP. B3 MERCEDES, TX 78570

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
ENGINEER / VICE PRESIDENT

10 Employer (See Instructions)  
L+G ENGINEERING

Date 10/6/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
BARRERA, SANCHEZ + ASSOCIATES - MARCUS BARRERA

Amount of contribution (\$) 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
10113 N. 10th STE. A McALLEN, TX 78504

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
ATTORNEY / PARTNER

Employer (See Instructions)  
BARRERA, SANCHEZ + ASSOCIATES

Date 9/29/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
GUERRA LAW FIRM -

Amount of contribution (\$) 1,000.00

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)  
ATTORNEY - AT - LAW

Employer (See Instructions)  
GUERRA LAW FIRM

Date 8/31/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
HALFF + ASSOCIATES

Amount of contribution (\$) 2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1201 N. DEWRIGHT RICHARDSON, TX 75061

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
ENGINEERS

Employer (See Instructions)  
HALFF + ASSOCIATES

Date 9/29/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
RENE ANZALDUA

Amount of contribution (\$) 1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
12409 BAIL BOND DR. EDINBURG, TX 78541

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
BAIL BOND / OWNER

Employer (See Instructions)  
ANZALDUA BAIL BONDS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: **3 of 9**

2 FILER NAME **JOSEPH PALACIOS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**10/6/11**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**RICHARD RUPPERT**

7 Amount of contribution (\$) **5,000.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**3803 HOBBS Dr. EDINBURG, TX 78539**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**DEVELOPER**

10 Employer (See Instructions)  
**SANTA CRUZ REAL ESTATE**

Date  
**10/12/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**ANA CANALES**

Amount of contribution (\$) **2,500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**336 ROYAL ST. EDINBURG, TX 78539**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ATTORNEY / PARTNER**

Employer (See Instructions)  
**LINEBARGER, GOGGAN SAMPSON + BLAIR LLP**

Date  
**10/4/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**LINEBARGER GOGGAN BLAIR + SAMPSON, LLP.**

Amount of contribution (\$) **2,500**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**P.O. BOX 11428 AUSTIN, TX 78789**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ATTORNEYS - AT-LAW**

Employer (See Instructions)

Date  
**10/12/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**JAMES DANNENBAUM**

Amount of contribution (\$) **1,000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3100 W. ALABAMA ST. HOUSTON, TX 77018**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ENGINEER / CEO**

Employer (See Instructions)  
**DANNENBAUM ENGINEERS**

Date  
**10/12/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**ALCOCER / GARCIA ASSOCIATES**

Amount of contribution (\$) **1,000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1333 E. JASMINE McAllen, TX 78501**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ARCHITECTS**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4 of 9**

2 FILER NAME

**JOSEPH PALACIOS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/24/11**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**JACOB C. FULLER**

7 Amount of contribution (\$)

**500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**617 N. McCOLL McALEEN, TX 78501**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**CONSULTANT**

10 Employer (See Instructions)

**SELF**

Date

**10/10/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**RAY, WOOD + BONILLA**

Amount of contribution (\$)

**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2700 BEE CAVES RD. AUSTIN, TX 78746**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ATTORNEYS-AT-LAW**

Employer (See Instructions)

Date

**10/19/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**S+B PAC**

Amount of contribution (\$)

**5,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**P.O. Box 266245 HOUSTON, TX 77287**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ENGINEERS**

Employer (See Instructions)

Date

**10/21/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**NOWELL BORDERS**

Amount of contribution (\$)

**2,500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**P.O. Box 299 HARGILL, TX 78549**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**FARMER/RANCHER**

Employer (See Instructions)

**SELF**

Date

**10/22/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**WILLETT + GUERRA, LLP.**

Amount of contribution (\$)

**1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**10213 N. 10th St. McALEEN, TX 78504**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ATTORNEYS- AT - LAW**

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 9

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/21/11

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW OFFICES OF GARCIA QUINTANILLA + PALACIOS

6 Contributor address; City; State; Zip Code

5526 N. 10<sup>th</sup> ST. McALLEN, TX 78504

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEYS - AT-LAW

10 Employer (See Instructions)

Date

10/22/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ANTHONY COVACEUGH CONSULTANTS

Contributor address; City; State; Zip Code

401 SOUTHGATE CIRCLE WESLACO, TX 78196

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

GOVERNMENTAL CONSULTANT

Employer (See Instructions)

SELF

Date

10/20/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PRODIGY CONSTRUCTION MANAGEMENT

Contributor address; City; State; Zip Code

3528 BUDDY OWENS BLVD. McALLEN, TX 78504

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSTRUCTION MANAGER / OWNER

Employer (See Instructions)

Date

10/19/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAMON MONTALVO

Contributor address; City; State; Zip Code

P.O. Box 2 WESLACO, TX 78581

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

MONTALVO INSURANCE

Date

10/21/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ATLAS + HALL, LLP

Contributor address; City; State; Zip Code

P.O. Box 3726 McAllen, TX 78502

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEYS - AT-LAW

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 of 9**

2 FILER NAME

**JOSEPH PALACIOS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/19/11**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**DATES OILFIELD CONSTRUCTION, LTD.**

6 Contributor address; City; State; Zip Code

**P.O. Box 869 EDINBURG, TX 78540**

7 Amount of contribution (\$)

**1,000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**OILFIELD SERVICES**

10 Employer (See Instructions)

Date

**10/20/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**A 24 HOUR BAIL BONDS**

Contributor address; City; State; Zip Code

**1500 W. PECAN BLVD. McALLEN, TX 78501**

Amount of contribution (\$)

**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**BAIL BONDS**

Employer (See Instructions)

Date

**10/12/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**G + A. INVESTMENTS**

Contributor address; City; State; Zip Code

**16360 PARK TOW PL. #230 HOUSTON, TX 77064**

Amount of contribution (\$)

**2,500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ENGINEERS**

Employer (See Instructions)

Date

**11/1/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**SDM PARTNERS**

Contributor address; City; State; Zip Code

**200 S. CAGE BLVD. PHARR, TX 78577**

Amount of contribution (\$)

**2,500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**ENGINEERS**

Employer (See Instructions)

Date

**10/13/11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**VICTORIA TRADING COMPANY**

Contributor address; City; State; Zip Code

**P.O. Box 1977 EDINBURG, TX 78540**

Amount of contribution (\$)

**2,500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**BUSINESSMAN**

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7 of 9</b>	
2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/21/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GONZALEZ PALACIOS, LLP.</b>	7 Amount of contribution (\$) <b>2,500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1317 E. QUEBEC AVE. McALLEN, TX 78503</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ATTORNEY-AT-LAW.</b>		10 Employer (See Instructions)	
Date <b>10/17/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FUEL INJECTION SERVICE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8101 CAGEBUD. PHARR, TX 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>AUTO SHOP.</b>		Employer (See Instructions)	
Date <b>11/16/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GODINEZ COMMUNICATIONS</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>300 S. 6th ST. McALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>CONSULTANTS</b>		Employer (See Instructions)	
Date <b>11/16/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIMOTEO BETANCOURT</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 4255 EDINBURG, TX 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUSINESSMAN / CEO</b>		Employer (See Instructions) <b>ELITE REHAB</b>	
Date <b>10/21/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMIRO GUTIERREZ</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>203 GUMWOOD ST. PHARR, TX 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>R. GUTIERREZ ENGINEERING GROUP.</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <b>8 of 9</b>	
2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/15/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERO INTERNATIONAL LLP</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>300 S. 6<sup>th</sup> ST. McALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ARCHITECTS</b>		10 Employer (See Instructions)	
Date <b>11/16/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICARDO HINOJOSA</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>307 E. 27<sup>th</sup> ST. MISSION, TX 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ENGINEER / CEO</b>		Employer (See Instructions) <b>HINOJOSA ENGINEERING</b>	
Date <b>11/3/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VALLEY METRO - BARBOJA GROUP</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>664 S. JACKSON EDINBURG, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SECURITY COMPANY</b>		Employer (See Instructions)	
Date <b>11/1/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAW OFFICE OF SERGIO MUNOZ, JR.</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1110 S. CLOSNER BLVD. EDINBURG, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ATTORNEY - AT - LAW.</b>		Employer (See Instructions)	
Date <b>10/26/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANTOS ALLIANCE</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1001 CONGRESS AVE. AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>POLITICAL CONSULTANTS</b>		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>9 of 9</u>	
2 FILER NAME <u>JOSEPH PALACIOS</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/1/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ERIC YBARRA</u>	7 Amount of contribution (\$) <u>5,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1002 E. EXP. 83 WESLACO, TX 78596</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>BUSINESSMAN / CEO.</u>		10 Employer (See Instructions) <u>DO5 LOGISTICS</u>	
Date <u>10/5/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAUL VAZALDUA</u>	Amount of contribution (\$) <u>2,500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>205 W. FRIS AVE McALEEN, TX 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>CONSULTANT / CEO</u>		Employer (See Instructions) <u>VAZALDUA &amp; ASSOCIATES</u>	
Date <u>11/3/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAMIREZ + GUERRERO LLP</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>700 N. VETERANS BLVD. STE B SAN JUAN, TX 78589</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>ATTORNEYS-AT-LAW</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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)	

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>7</b> Pledgor address;            City;   State;   Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
		(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>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Pledgor address;</b> <b>City;   State;   Zip Code</b>	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</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>Pledgor address;</b> <b>City;   State;   Zip Code</b>	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</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>Pledgor address;</b> <b>City;   State;   Zip Code</b>	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</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>Pledgor address;</b> <b>City;   State;   Zip Code</b>	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</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 SCHEDULE 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		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution?  Y    N	8 Lender address;   City;   State;   Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;   City;   State;   Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;   City;   State;   Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>1 of 10</i>	<b>2</b> FILER NAME <i>JOSEPH PALACIOS</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>9/14/11</i>	<b>5</b> Payee name <i>MARCOS LOPEZ</i>	
<b>6</b> Amount (\$) <i>1,500.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>7515 N. 16th Ln. McAllen, TX 78504</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR/SALARIES/WAGES</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>9/15/11</i>	Payee name <i>ACADEMY</i>	
Amount (\$) <i>559.30</i>	Payee address; City; State; Zip Code <i>651 E. TREWTON RD. EDINBURG, TX 78539</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>DOOR PRIZES FOR TOURNAMENT.</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>9/21/11</i>	Payee name <i>STEVE CRUZ</i>	
Amount (\$) <i>2,200.00</i>	Payee address; City; State; Zip Code <i>2015 SAGINAW AVE. EDINBURG, TX 78541</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR/SALARIES/WAGES</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>9/20/11</i>	Payee name <i>ACADEMY</i>	
Amount (\$) <i>349.25</i>	Payee address; City; State; Zip Code <i>651 E. TREWTON RD. EDINBURG, TX 78539</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>DOOR PRIZES</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2 of 10	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/28/11	<b>5</b> Payee name JORGE GUERRA	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code 4413 N. JACKSON EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) CONTRIBUTION MADE BY CANDIDATE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) USTRC
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/2/11	<b>Payee name</b> RUSSELL SOLIS	
<b>Amount (\$)</b> 2,400.00	<b>Payee address; City; State; Zip Code</b> 1003 MCKEE EDINBURG, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONTRACT LABOR	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/11/11	<b>Payee name</b> VERONICA SALAZAR	
<b>Amount (\$)</b> 2,900.00	<b>Payee address; City; State; Zip Code</b> 3700 ORCHID AVE. McALLEN, TX 78504	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/25/11	<b>Payee name</b> MARCOS LOPEZ	
<b>Amount (\$)</b> 1,400.00	<b>Payee address; City; State; Zip Code</b> 7515 N. 16th Ln. McAllen, TX 78504	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) SALARIES / WAGES / CONTRACT LABOR	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 10	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/12/11	<b>5</b> Payee name MARCOS LOPEZ	
<b>6</b> Amount (\$) 234.80	<b>7</b> Payee address; City; State; Zip Code 7515 N. 16th Ln. McAllen, TX 78504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) REIMBURSEMENT	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) TRAVEL
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/15/11	<b>Payee name</b> HYATT	
<b>Amount (\$)</b> 283.20	<b>Payee address; City; State; Zip Code</b> 600 E. MARKET ST. SAN ANTONIO, TX 78205	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	<b>Description</b> (If travel outside of Texas, complete Schedule T) FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/10/11	<b>Payee name</b> ACADEMY	
<b>Amount (\$)</b> 400.00	<b>Payee address; City; State; Zip Code</b> 651 E. TRENTON RD. EDINBURG, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) EVENT EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) POOR PRIZES FOR TOURNAMENT.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 10/20/11	<b>Payee name</b> STEVE CRUZ	
<b>Amount (\$)</b> 800.00	<b>Payee address; City; State; Zip Code</b> 2015 SAGINAW AVE. EDINBURG, TX 78541	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONTRACT LABOR	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4 of 10</b>	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/21/11</b>	5 Payee name <b>MARIO RAMIREZ CAMPAIGN</b>
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6 Amount (\$) <b>1,000.00</b>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTIONS BY CANDIDATE</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/22/11</b>	Payee name <b>MONTE CRISTO G.C.</b>
-------------------------	--

Amount (\$) <b>7,140.00</b>	Payee address; City; State; Zip Code <b>3101 N. KENYON RD. EDINBURG, TX 78542</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>GOLF TOURNAMENT FEES</b>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/21/11</b>	Payee name <b>MS DESIGNS</b>
-------------------------	---------------------------------

Amount (\$) <b>1,362.32</b>	Payee address; City; State; Zip Code <b>424 W. HARRISON AVE. HALLSBURN, TX 78550</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>HOLE SIGNS FOR TOURNAMENT</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/21/11</b>	Payee name <b>JORGE GUERRA</b>
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Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>4413 N. JACKSON EDINBURG, TX 78541</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATIONS BY CANDIDATE</b>	Description (If travel outside of Texas, complete Schedule T) <b>USTRC</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5 of 10	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/31/11	<b>5</b> Payee name MISTI RAINS	
<b>6</b> Amount (\$) 1,800.00	<b>7</b> Payee address; City; State; Zip Code 1517 TAMPA DR. #4 EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/27/11	Payee name OMNI HOTEL	
Amount (\$) 179.40	Payee address; City; State; Zip Code 900 N. SHORELINE BLVD. CORPUS CHRISTI, TX. 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/5/11	Payee name ROMAN RODRIGUEZ	
Amount (\$) 2,200	Payee address; City; State; Zip Code P.O. Box 805 EDINBURG, TX 78538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/8/11	Payee name MARCOS LOPEZ	
Amount (\$) 1,700	Payee address; City; State; Zip Code 7515 N. 16th Ln. McAllen, TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6 of 10	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/8/11	<b>5</b> Payee name HOTEL CONTESSA
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<b>6</b> Amount (\$) 254.00	<b>7</b> Payee address; City; State; Zip Code 306 W. MARKET ST. SAN ANTONIO, TX 78205
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/17/11	Payee name COVENANT CHRISTIAN ACADEMY
------------------	--

Amount (\$) 400.00	Payee address; City; State; Zip Code 4201 N. WAKE RD. McALLEN, TX 78504
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) DONATION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) <del>DONATION</del> DONATION TO SCHOOL EVENT
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/15/11	Payee name RUSSELL SOLIS
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Amount (\$) 1,800	Payee address; City; State; Zip Code 1003 MCKEE EDINBURG, TX 78534
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/11	Payee name COVENANT CHRISTIAN ACADEMY
-----------------	--

Amount (\$) 100	Payee address; City; State; Zip Code 4201 N. WAKE RD. McALLEN, TX 78504
--------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) DONATION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) DONATION TO SCHOOL EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 10		2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/14/11		5 Payee name LUPE TREVINO CAMPAIGN			
6 Amount (\$) 2,500		7 Payee address; City; State; Zip Code 105 E. MARIGOLD McALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) DONATION MADE BY OFFICEHOLDER		(b) Description (If travel outside of Texas, complete Schedule T) GOLF TOURNAMENT FUNDRAISER	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/23/11		Payee name MARCOS LOPEZ			
Amount (\$) 300.00		Payee address; City; State; Zip Code 7515 N. 16th Ln. McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <del>REIMBURSEMENT</del> REIMBURSEMENT		Description (If travel outside of Texas, complete Schedule T) DOOR PRIZES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/23/11		Payee name VERA MEAT MARKET			
Amount (\$) 847.58		Payee address; City; State; Zip Code 2012 E. UNIVERSITY DR. EDINBURG, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/30/11		Payee name MARCOS LOPEZ			
Amount (\$) 2,800.00		Payee address; City; State; Zip Code 7515 N. 16th Ln. McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 8 of 10	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/2/11	<b>5</b> Payee name LSM CIC	
<b>6</b> Amount (\$) 1,300.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 81 LINN, TX 78563	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) DONATION MADE BY OFFICEHOLDER	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) LINN SAN MANUEL FUNDRAISER
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 12/3/11	<b>Payee name</b> GLORIA BELTRAN	
<b>Amount (\$)</b> 300.00	<b>Payee address; City; State; Zip Code</b> 1201 GUADALUPE DR. EDINBURG, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	<b>Description</b> (If travel outside of Texas, complete Schedule T) CHARITY TOY DRIVE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 12/5/11	<b>Payee name</b> RGV JUNIOR OLYMPICS	
<b>Amount (\$)</b> 300.00	<b>Payee address; City; State; Zip Code</b> 905 CROWN CIRCLE STE. A EDINBURG, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	<b>Description</b> (If travel outside of Texas, complete Schedule T) FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 12/13/11	<b>Payee name</b> MISTI RAINS	
<b>Amount (\$)</b> 1,400.00	<b>Payee address; City; State; Zip Code</b> 1517 TAMPA DR. #4 EDINBURG, TX 78541	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONTRACT LABOR	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 of 10		2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/11		5 Payee name GLORIA BELTRAN			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code 1201 GUADALUPE PR. EDINBURG, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) DOOR PRIZES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/18/11		Payee name RENE PALACIOS			
Amount (\$) 190.00		Payee address; City; State; Zip Code 921 EDONY LANE EDINBURG, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION BY OFFICEHOLDER		Description (If travel outside of Texas, complete Schedule T) T-BALL SPONSORSHIP.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/22/11		Payee name MARCOS LOPEZ			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 7515 N. 16th Ln. McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/22/11		Payee name KARLA PALACIOS			
Amount (\$) 450.00		Payee address; City; State; Zip Code 720 ROYAL ST. EDINBURG, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION BY OFFICEHOLDER		Description (If travel outside of Texas, complete Schedule T) DONATION FOR SCHOOL EVENT.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>10 of 10</b>	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date <b>12/20/11</b>	5 Payee name <b>BONITAS FLOWER SHOP</b>
---------------------------	--

6 Amount (\$) <b>151.56</b>	7 Payee address; City; State; Zip Code <b>610 N. 104 ST. McALLEN, TX 78501</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>MEMORIAL EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNERAL</b>
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/28/11</b>	Payee name <b>AUDREY OCHOA</b>
-------------------------	-----------------------------------

Amount (\$) <b>1,800</b>	Payee address; City; State; Zip Code <b>822 S. LINCOLN SAN JUAN, TX 78589</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)				
<b>4</b> Date	<b>5</b> Business name					
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## 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 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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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:
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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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