

# 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>65</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>JOSEPH</b>	MI
	NICKNAME	LAST <b>PALACIOS</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>720 ROYAL EDINBURG, TX 78539</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>522-0785</b>	EXTENSION
	MS / MRS / MR <b>MR.</b>	FIRST <b>MARCUS</b>	MI
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST <b>BARRERA</b>	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<b>3000 YELLOW HAMMER AVE McALLEN, TX 78504</b>		
	AREA CODE <b>(956)</b>	PHONE NUMBER <b>800-7511</b>	EXTENSION
8 CAMPAIGN TREASURER PHONE			
	9 REPORT TYPE		
<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)			
10 PERIOD COVERED	Month	Day	Year
	<b>7</b>	<b>1</b>	<b>13</b>
THROUGH		Month	Day
		<b>12</b>	<b>31</b>
11 ELECTION	Month	Day	Year
	<b>3</b>	<b>4</b>	<b>14</b>
ELECTION DATE		ELECTION TYPE	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<b>HIDALGO COUNTY COMMISSIONER PRECINCT 4</b>		<b>HIDALGO COUNTY COMMISSIONER PRECINCT 4</b>

**GO TO PAGE 2**

# 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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>152,190</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>103,943.43</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>38,319.76</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>89,087.17</u>

**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 15<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

Patricia Ann Saucedo Patricia Ann Saucedo Notary Public  
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: 27	
2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GARZA	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1402 WOODLAND DR. WESLACO, TX 78596		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/1/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORRIC ENTERPRISES LLC	Amount of contribution (\$) 400	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 26906 BASS BLVD. HALLINGEN, TX 78553		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/1/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERO INTERNATIONAL, LLP	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 S. 8 <sup>th</sup> ST. McALLEN, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G + A INVESTMENTS	Amount of contribution (\$) 2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16360 PARK TEN PL. STE. 230 HOUSTON, TX 77084		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESLEY LEFEVRE	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3908 YELLOW HAMMER AVE. McALLEN, TX 78501		(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.

# 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 <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/23/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LIN &amp; BARBER GOGGAN BLAIR + SAMPSON LLP</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 17428 AUSTIN, TX 78760</b>	7 Amount of contribution (\$) <b>5,000</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARLOS ZAFFARINI, JR.</b> Contributor address; City; State; Zip Code <b>401 W. 15<sup>th</sup> ST. STE 840 AUSTIN, TX 78701</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/9/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BURNS BROTHERS LTD</b> Contributor address; City; State; Zip Code <b>4216 N. US 281 EDINBURG, TX 78540</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERTO OBREGON</b> Contributor address; City; State; Zip Code <b>24827 NORTH HAMPTON FOREST DR. SPRING, TX 77389</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENE ANZALDUA</b> Contributor address; City; State; Zip Code <b>P.O. Box 2658 EDINBURG, TX 78540</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/22/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSE EDDIE GUERRA</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 418 LINN, TX 78563</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/19/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUIS JONES</b>	Amount of contribution (\$) <b>4,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3100 W. ALABAMA ST. HOUSTON, TX 77098</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/20/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACOB FULLER</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>617 N. McCOLL CIRCLE McALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BLUE STAR CHEMICAL COMPANY</b>	Amount of contribution (\$) <b>580</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 3305 EDINBURG, TX 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES BROADDUS</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>605 RAINBOW COVE AUSTIN, TX 78746</b>		(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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGIE VALLEY CONCRETE 6 Contributor address; City; State; Zip Code 7301 W. EXP. 83 MISSION, TX 78572	7 Amount of contribution (\$) 2,500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH PHILLIPS Contributor address; City; State; Zip Code P.O. BOX 1810 McALEEN, TX 78505	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORREST RUNNELS Contributor address; City; State; Zip Code P.O. BOX 3264 McALEEN, TX 78502	Amount of contribution (\$) 750	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS FLORES III Contributor address; City; State; Zip Code P.O. BOX 125 LINN, TX 78563	Amount of contribution (\$) 875	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTON HENRICHSON Contributor address; City; State; Zip Code 222 W. CANO EDINBURG, TX 78539	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/6/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUIS JONES</b> 6 Contributor address; City; State; Zip Code <b>3100 W. ALABAMA ST. HOUSTON, TX 77018</b>	7 Amount of contribution (\$) <b>1,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/20/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESUS SALINAS</b> Contributor address; City; State; Zip Code <b>1201 E. EXP. 83 MISSION, TX 78572</b>	Amount of contribution (\$) <b>2,500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EMPLOYEES BETTER GOVERNMENT PAC</b> Contributor address; City; State; Zip Code <b>18500 N. ALLEN WAY PHOENIX, AZ 85054</b>	Amount of contribution (\$) <b>2,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BORDER HEALTH PAC</b> Contributor address; City; State; Zip Code <b>612 W. NOLANA BLDG 300 STE 340 McALLEN TX 78504</b>	Amount of contribution (\$) <b>5,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PRONTO DEV. LLC</b> Contributor address; City; State; Zip Code <b>P.O. BOX 2665 EDINBURG, TX 78540</b>	Amount of contribution (\$) <b>2,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JOSEPH PALACIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL G. RIOS 6 Contributor address; City; State; Zip Code 323 NOLANA McALLEN, TX 78504	7 Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM WILSON Contributor address; City; State; Zip Code 22480 FM 490 ERLINBURG, TX 78541	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIS H. JONES Contributor address; City; State; Zip Code 3100 W. ALABAMA ST. HOUSTON, TX 77098	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS ZAFFIRINI Contributor address; City; State; Zip Code 401 W. 15th ST. STE. 640 AUSTIN, TX 78701	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO SANDOVAL Contributor address; City; State; Zip Code 2100 W. EXP. 83 MERCEDES, TX 78570	Amount of contribution (\$) 2,500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/11/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CELESTE GARZA</b>	7 Amount of contribution (\$) <b>1,500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>27304 S. BASS BLVD. HARLINGEN, TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAROLINA GARZA</b>	Amount of contribution (\$) <b>1,500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>27304 S. BASS BLVD. HARLINGEN TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>YVETTE GARZA</b>	Amount of contribution (\$) <b>1,500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>27304 BASS BLVD HARLINGEN TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/9/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN DAVID FRANK</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>400 N. MCCOLL RD. STE B McALLEN TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/9/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PURDUE BRANDON FIELDER COLLINS ? MTT</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>400 N. MCCOLL RD SUITE A MCALLEN TX 78501</b>		(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.

# 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 <b>JOSEPA PALACIOS</b>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/08/13</b>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <b>C06457833</b> ) <b>TERRACON PAC</b>	7 Amount of contribution (\$) <b>1,000</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>18001 W. 106th Street OLATHE, KANSAS 66061</b>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>10/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MEMORIAL FUNERAL HOME</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>P.O. BOX 1517 208 E. CANTON EDINBURG, TX 78540</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>10/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MEMORIAL FUNERAL HOME</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>311 E. EXPRESSWAY 83 SAN JUAN, TX 78589</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BARRERA, SANCHEZ &amp; ASSOCIATES</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>10113 N. 10th St. Suite A McAllen, TX 78504</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MICHAEL CHARLES</b>	Amount of contribution (\$) <b>875</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>2400 BRIARWOOD MISSION, TX 78572</b>		(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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/17/13

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

PHILLIP PAWELEK

6 Contributor address; City; State; Zip Code

2805 HAWK AVE  
McAllen, TX 78504

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/17/13

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

MARK A. IGLESIAS

Contributor address; City; State; Zip Code

804 ROYAL ST.  
EDINBURG, TX 78539

Amount of contribution (\$)

80.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/13

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

ELIZABETH GARZA

Contributor address; City; State; Zip Code

2301 LISA ANN AVE  
HARLINGEN, TX 78550

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/13

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

MICHAEL CHARLES

Contributor address; City; State; Zip Code

3805 COUNTRY MEADOWS DR.  
EDINBURG, TX 78541

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/13

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

JAIME MORALES

Contributor address; City; State; Zip Code

5526 N. 10TH  
McALLEN, TX 78504

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/13/13

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

LAW OFFICE OF ABIEL FLORES

6 Contributor address; City; State; Zip Code

10213 N. 10TH ST.  
MCALLEN, TX 78504

7 Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/16/13

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

ELLIS, KOENEKE & RAMIREZ LLP

Contributor address; City; State; Zip Code

1101 CHICAGO AVE  
MCALLEN, TX 78501

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/13

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

RICARDO PALACIOS

Contributor address; City; State; Zip Code

1216 SUSAN  
EDINBURG, TX 78539

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/13

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

VINTAGE TRANSPORTATION

Contributor address; City; State; Zip Code

P.O. BOX 4020  
MCALLEN, TX 78502

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/13

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

A 24 HOUR BAIL BONDS

Contributor address; City; State; Zip Code

1506 W. PECAN BLVD.  
MCALLEN, TX 78501

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

# 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 <b>JOSEPH PALACIOS</b>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/17/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIO A. CANTU</b>	7 Amount of contribution (\$) <b>30.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>2416 E. 29th ST. MISSION, TX 78574</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM R. GARZA &amp; ASSOC.</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>3700 N. 10th ST. STE 102 McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LONE STAR REHAB</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>504 N. 10th ST. SUITE B4 McALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PURQUE, BRANDON, FIELDER, COLLINS &amp; MOTT</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>400 N. MCCOLL RD. STE. A McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PABLO GARZA, JR.</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2100 W. EXP. 83 MERCEDOS, TX 78570</b>		(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.

# 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 <b>Joseph Palacios</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/15/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN DAVID FRANK</b>	7 Amount of contribution (\$) <b>2,500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>460 N. McCOLL RD. STE B McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ISRAEL ROCHA</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 1410 ELSA, TX 78543</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUIS M. SINGLETERRY</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>300 E. PECAN McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHNATHAN BALL</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>605 E. VIOLET STE 3 McAllen, TX 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOMERO JASSO</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2808 CHATEL EDWOURG, TX 78537</b>		(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.

# 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 <b>JOSEFA PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/16/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN LEWIS</b> 6 Contributor address; City; State; Zip Code <b>7020 N. 3RD ST. MCALLEN, TX 78504</b>	7 Amount of contribution (\$) <b>250</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAW OFFICE OF OMAR MALDONADO</b> Contributor address; City; State; Zip Code <b>4308 N. McCOLL RD. MCALLEN, TX 78504</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAST SHEET METAL</b> Contributor address; City; State; Zip Code <b>P.O. BOX 5924 MCALLEN, TX 78502</b>	Amount of contribution (\$) <b>5,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CONTRERAS GUTIERREZ &amp; ASJOC.</b> Contributor address; City; State; Zip Code <b>10113 N. 10th STE. L McAllen, TX 78504</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>7/24/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S &amp; B PAC</b> Contributor address; City; State; Zip Code <b>P.O. BOX 266254 HOUSTON, TX 77207</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPA PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/14/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACINTO GARZA</b> 6 Contributor address; City; State; Zip Code <b>27304 S. BASS BLVD HARLINGEN, TX 78552</b>	7 Amount of contribution (\$) <b>2,000</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CELESTE GARZA</b> Contributor address; City; State; Zip Code <b>27304 S. BASS BLVD HARLINGEN TX 78552</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CAROLINA GARZA</b> Contributor address; City; State; Zip Code <b>27304 S. BASS BLVD HARLINGEN, TX 78552</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VUETTE GARZA</b> Contributor address; City; State; Zip Code <b>27304 BASS BLVD HARLINGEN, TX 78552</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/14/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ISMAEL KING FLORES</b> Contributor address; City; State; Zip Code <b>1405 ENCANTADO CIR MISSION, TX 78572</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPA PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/14/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HIDALGO COUNTY PROPERTY TAX SERVICE</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>612 NOLANA ST STE 570 MCALLEN, TX 78504</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERTO &amp; MIRTA GUAJARDO</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>121 E. OLWASSA EDINBURG, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MC RHODES, LTD</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2500 S. BENTSEN PALM DR. STE 267-B MISSION, TX 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/14/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HALFF ASSOCIATES - STATE PAC</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1201 N. BOWSER RD RICHARDSON, TX 75081</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/12/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERNE WILLIAMS</b>	Amount of contribution (\$) <b>300</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2406 N. 10th MCALLEN, TX 78501</b>		(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.

# 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 <b>JOSEPA PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/14/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANCES PALACIOS</b> 6 Contributor address; City; State; Zip Code <b>1813 E. RUSSELL RD. EDINBURG, TX 78542</b>	7 Amount of contribution (\$) <b>500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIGUEL CHANIN</b> Contributor address; City; State; Zip Code <b>2201 E. Augusta sq. McAllen, TX 78503</b>	Amount of contribution (\$) <b>2,500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/13/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIG O Tractor Co. LLC</b> Contributor address; City; State; Zip Code <b>2200 E. EXP. 87 Donna, TX 78537</b>	Amount of contribution (\$) <b>500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julio Corda</b> Contributor address; City; State; Zip Code <b>1602 Solar dr. Mission, TX 78574</b>	Amount of contribution (\$) <b>1,500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Turley</b> Contributor address; City; State; Zip Code <b>312 Thunderbird McAllen, TX 78504</b>	Amount of contribution (\$) <b>250</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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.

# 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 <p style="text-align: center; font-size: 1.2em;">Joseph Pulacino</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.2em;">8/12/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">MATA - GARCIA ARCHITECTS LLP</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1314 IVY AVE McAllen, TX 78501</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">500</p>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/13/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Godfrey GARZA</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4209 mile 8 Rd. Edinburg, TX 78541</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/13/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Ramirez &amp; Guerrero LLP</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">700 Veterans Blvd. STE B San Juan, TX 78587</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/16/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Gilbert Enriquez</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3015 Sunset Blvd. Edinburg, TX 78539</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/17/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Alfonso Quintana II</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">100 E. Emory Ave McAllen, TX 78504</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000</p>	In-kind contribution description (if applicable)
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.

# 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 <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/15/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENE RAMIREZ</b> 6 Contributor address; City; State; Zip Code <b>612 Nolana STE 415 McAllen, TX 78504</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUPE TREVIÑO</b> Contributor address; City; State; Zip Code <b>105. marigold St. McAllen, TX 78502</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samuel Maldonado</b> Contributor address; City; State; Zip Code <b>801 E. Ferguson STE B Pharr, TX 78577</b>	Amount of contribution (\$) <b>5,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/12/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Appraisal Haus</b> Contributor address; City; State; Zip Code <b>502 W. Kuhn St. Edinburg, TX 78541</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Francisco Guerrero</b> Contributor address; City; State; Zip Code <b>664. S. Jackson Rd. Edinburg, TX 78539</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/4/13

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

Julio Gerda

6 Contributor address; City; State; Zip Code

1602 ~~the~~ Solar dr.  
Mission, TX 78574

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/8/13

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

Martine Martinez

Contributor address; City; State; Zip Code

4743 Iberia Ave. No C  
Dallas, TX 75207

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/13

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

Gary Looney

Contributor address; City; State; Zip Code

12514 Chapel Bell St.  
SAN ANTONIO, TX 78230

Amount of contribution (\$)

2,500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/13

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

Atlas Hall, Jr Rodriguez

Contributor address; City; State; Zip Code

P.O. Drawer 3725  
McAllen, TX 78502

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/13

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

Leonel Garsa, Jr.

Contributor address; City; State; Zip Code

1419 Dow Ave - STE 1  
McAllen, TX 78504

Amount of contribution (\$)

500

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 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 FILER NAME <b>Joseph Palacios</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/14/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Millin</b> 6 Contributor address; City; State; Zip Code <b>1405 W. Yucca McAllen, TX 78504</b>	7 Amount of contribution (\$) <b>1,000</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/9/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raba - Kistner PAC INC</b> Contributor address; City; State; Zip Code <b>P.O. Box 690287 San Antonio, TX 78269</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/13/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THad Moore</b> Contributor address; City; State; Zip Code <b>216 W. Retama South Padre Island, TX 78597</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/14/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael D. Smith</b> Contributor address; City; State; Zip Code <b>5006 W. Chapin Rd Edinburg, TX 78541</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Workplace Benefit Advisors, LLC</b> Contributor address; City; State; Zip Code <b>819 N. Veterans Blvd Pharr, TX 78577</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
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.

# 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 <p style="text-align: center; font-size: 1.2em;">Joseph Palacios</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.2em;">8/13/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Pablo Villarreal JR.</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">500</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2102 Deborah St. Edinburg, TX 78539</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/8/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Tim Arnold</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,500</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 868 Edinburg, TX 78540</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/8/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Richard Ruppert</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">383 Hobbs Dr. Edinburg, TX 78539</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">8/12/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Eugene Palacios</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7404 N. 17th St. McAllen, TX 78504</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">11/7/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Justin Cappadona</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 124 Linn, TX 78563</p>		(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.

# 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 Palacios</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/7/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Gurra</i> 6 Contributor address; City; State; Zip Code <i>1420 Northgate Ln. McAllen, TX 78504</i>	7 Amount of contribution (\$) <i>300</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/8/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noe Garza</i> Contributor address; City; State; Zip Code <i>23990 Hinojosa Rd. Edinburg, TX 78541</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Garza</i> Contributor address; City; State; Zip Code <i>212 University Dr Edinburg, TX 78539</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cappadona Family Limited Partnership</i> Contributor address; City; State; Zip Code <i>P.O. Box 133 Linn, TX 78563</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelly Richards Household</i> Contributor address; City; State; Zip Code <i>22055 Laguna Seca Rd. Edinburg, TX 78541</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
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.

# 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 <b>Joseph Palacios</b>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/7/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lorin Runnels</b>	7 Amount of contribution (\$) <b>1,000</b>	8 In-kind contribution description (if applicable)	
	6 Contributor address; City; State; Zip Code <b>p.o. Box 118 Edinburg, TX 78540</b>	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Ramirez</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code <b>612 Nolana Stc. 415 McAllen, TX 78564</b>	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pablo Vela Jr.</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code <b>1709 Point West Edinburg, TX 78539</b>	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos X. Guerra</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code <b>P.O. Box 81 Linn, TX 78563</b>	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <b>11/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cullen Looney</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code <b>P.O. Box 118 Edinburg, TX 78540</b>	(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.

# 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 <b>Joseph Palacios</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/7/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lester Dyke</b> 6 Contributor address; City; State; Zip Code <b>3301 Sandy Ln. McAllen, TX 78503</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Rogers</b> Contributor address; City; State; Zip Code <b>P.O. Box 1077 Edinburg, TX 78540</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Benjamin Hill</b> Contributor address; City; State; Zip Code <b>21509 Los Venados Dr. Edinburg, TX 78542</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Enrique Gurra</b> Contributor address; City; State; Zip Code <b>P.O. Box 18 Linn, TX 78563</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector M. Gurra</b> Contributor address; City; State; Zip Code <b>4608 W. 5th St. McAllen TX 78504</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
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.

# 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 <b>Joseph Palacios</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/4/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elliott Buttom</b> 6 Contributor address; City; State; Zip Code <b>4211 R Hobbs Dr. Edinburg, TX 78539</b>	7 Amount of contribution (\$) <b>1,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A.R. Felo Guerra</b> Contributor address; City; State; Zip Code <b>P.O. Box 123 Linn, TX 78563</b>	Amount of contribution (\$) <b>500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alice East</b> Contributor address; City; State; Zip Code <b>P.O. Box 56 Linn, TX 78563</b>	Amount of contribution (\$) <b>1,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis Yzaguirre</b> Contributor address; City; State; Zip Code <b>P.O. Box 65 Linn, TX 78563</b>	Amount of contribution (\$) <b>500</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A Fort Bail Bonds</b> Contributor address; City; State; Zip Code <b>710 E. El Cibolo Rd Edinburg, TX 78542</b>	Amount of contribution (\$) <b>1,000</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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.

# 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 Palacios</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/8/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerardo Gurra</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 256 Linn, TX 78563</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <i>12/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Gallaga</i> Contributor address; City; State; Zip Code <i>3520 Garrett Rd. Hurlinger, TX 78552</i>	Amount of contribution (\$) <i>2,500</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>11/8/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Ruppert</i> Contributor address; City; State; Zip Code <i>383 Hobbs Dr. Edinburg, TX 78529</i>	Amount of contribution (\$) <i>1,900</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>12/1/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Forrest Runnels</i> Contributor address; City; State; Zip Code <i>P.O. Box 3264 McAllen, TX 78502</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>11/12/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James McAllen</i> Contributor address; City; State; Zip Code <i>33820 Fm 1077 Linn, TX 78563</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/19/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERIC YBARRA</b>	7 Amount of contribution (\$) <b>5,000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1002 E. EXP. 83 WESLACO, TX 78596</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Schedule B: <u>1</u>
---	------------------------------------

2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
--	--

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
--	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;   City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
--------	---	-------------------------	---------------------------------------

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;   City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;   City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;   City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	---	-----------------------	-------------------------------------

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;   City; State; Zip Code	Amount of pledge (\$)	In-kind 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 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: <u>1</u>
2 FILER NAME <p style="font-size: 1.2em; margin-left: 40px;">JOSEPH PALACIOS</p>		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: 28	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7/9/13	<b>5</b> Payee name MARCO LOPEZ	
<b>6</b> Amount (\$) 950	<b>7</b> Payee address; City; State; Zip Code 1616 WISTERIA AVE. McALLEN, TX 78504	
<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) CONTRACT LABOR FOR CAMPAIGN
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/11/13	Payee name FIRST NATIONAL BANK	
Amount (\$) 3,498.31	Payee address; City; State; Zip Code 100 W. CANO ST. EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT	Description (If travel outside of Texas, complete Schedule T) PAYMENT OF BANK LOAN FOR CAMPAIGN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/30/13	Payee name MISTI RAINS	
Amount (\$) 1,600	Payee address; City; State; Zip Code 1517 TAMPA DR. #4 EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT LABOR FOR CAMPAIGN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/31/13	Payee name MISTI RAINS	
Amount (\$) 350	Payee address; City; State; Zip Code 1517 TAMPA PR. #4 EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CONTRACT LABOR FOR CAMPAIGN
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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/9/13</b>		5 Payee name <b>MISTI RAINS</b>			
6 Amount (\$) <b>1,350</b>		7 Payee address; City; State; Zip Code <b>1517 TAMPA DR. #4 EDINBURG, TX 78541</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CONTRACT LABOR FOR CAMPAIGN</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/9/13</b>		Payee name <b>MARCOS LOPEZ</b>			
Amount (\$) <b>2,000</b>		Payee address; City; State; Zip Code <b>1616 WISTERIA AVE. McALEEN, TX 78504</b>			
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/10/13</b>		Payee name <b>RUSSELL SOLIS</b>			
Amount (\$) <b>1,200</b>		Payee address; City; State; Zip Code <b>1004 MCKEE EDINBURG, TX 78539</b>			
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) <b>FOR CAMPAIGN</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/10/13</b>		Payee name <b>DRISCOLL CHILDRENS HOSPITAL</b>			
Amount (\$) <b>1,625</b>		Payee address; City; State; Zip Code <b>3533 S. ALAMEDA ST. CORPUS CHRISTI, TX 78411</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONTRIBUTION / DONATION</b>		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.

1 Total pages Schedule F:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/14/13</b>	5 Payee name <b>MIKE CARRERA</b>	
6 Amount (\$) <b>4,000</b>	7 Payee address; City; State; Zip Code <b>125 PASEO DEL PRADO EDINBURG, TX 78339</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SERVICES</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>8/19/13</b>	Payee name <b>MARCOS LOPEZ</b>	
Amount (\$) <b>5,200</b>	Payee address; City; State; Zip Code <b>1616 WISTERIA McALLEN, TX 78504</b>	
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>8/15/13</b>	Payee name <b>EDINBURG NORTH BOOSTER CLUB</b>	
Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>3101 N. CLOSNER BLVD. EDINBURG, TX 78541</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION / DONATION</b>	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 <b>8/13/13</b>	Payee name <b>ALYSSA SAENZ</b>	
Amount (\$) <b>900</b>	Payee address; City; State; Zip Code <b>1304 E. CAMELLIA UNIT #1 McALLEN, TX 78501</b>	
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) <b>GOLF TOURNAMENT SERVICES</b>
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.

1 Total pages Schedule F:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/15/13</b>	5 Payee name <b>FISHING FOR HOPE</b>	
6 Amount (\$) <b>500</b>	7 Payee address; City; State; Zip Code <b>5501 S. McCOURD. EDINBURG, TX 78534</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTION / DONATION</b>	(b) Description (If travel outside of Texas, complete Schedule T)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>8/19/13</b>	Payee name <b>STEVE CRUZ</b>	
Amount (\$) <b>1,100</b>	Payee address; City; State; Zip Code <b>2015 SAGINAW AVE. EDINBURG, TX 78541</b>	
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>8/17/13</b>	Payee name <b>RUBEN + SUSY NAVA</b>	
Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>P.O. Box 1213 LA BLANCA, TX 78558</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION / DONATION</b>	Description (If travel outside of Texas, complete Schedule T) <b>GOLF TOURNAMENT SERVICES</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>8/16/13</b>	Payee name <b>McCOYS</b>	
Amount (\$) <b>182.67</b>	Payee address; City; State; Zip Code <b>2901 UNIVERSITY DR. EDINBURG, TX 78534</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>FOR MATERIAL FOR CAMPAIGN SIGNS</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/15/13</b>		5 Payee name <b>EDINBURG HIGH SCHOOL BOOSTER CLUB</b>			
6 Amount (\$) <b>150</b>		7 Payee address; City; State; Zip Code <b>2600 E. WISCONSIN RD. EDINBURG, TX 78542</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>SPONSORSHIP</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/18/13</b>		Payee name <b>DE LA GARZA SLAUGHTER HOUSE</b>			
Amount (\$) <b>239.34</b>		Payee address; City; State; Zip Code <b>915 E. FREDDY GONZALEZ EDINBURG, TX 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>MEETING TO DISCUSS CAMPAIGN ISSUES</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/26/13</b>		Payee name <b>ALYSSA SAENZ</b>			
Amount (\$) <b>575.00</b>		Payee address; City; State; Zip Code <b>1304 CAMELLIA UNIT #1 McALLEN, TX 78501</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>SHIRT LOGO EMBROIDERY</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/30/13</b>		Payee name <b>AURORA GARCIA</b>			
Amount (\$) <b>1,700</b>		Payee address; City; State; Zip Code <b>2616 CORNERSTONE BLVD EDINBURG, TX 78539</b>			
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)	
Complete ONLY 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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PAUBELOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/1/13</b>		5 Payee name <b>A+L ATHLETICS</b>			
6 Amount (\$) <b>294.42</b>		7 Payee address; City; State; Zip Code <b>2208 PRIMROSE McAllen, TX 78504</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SHIRTS/CAPS.</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/2/13</b>		Payee name <b>MISTI RAINS</b>			
Amount (\$) <b>625</b>		Payee address; City; State; Zip Code <b>1517 SAGINAW TAMPAL Dr. #4 EDINBURG, TX 78541</b>			
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) <b>.</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/6/13</b>		Payee name <b>STEVE CRUZ</b>			
Amount (\$) <b>1,500</b>		Payee address; City; State; Zip Code <b>2018 SAGINAW EDINBURG, TX 78541</b>			
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/7/13</b>		Payee name <b>LOVE THY NEIGHBOR</b>			
Amount (\$) <b>1,350</b>		Payee address; City; State; Zip Code <b>6508 N. 26th St. McAllen, TX 78504</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION / CONTRIBUTION</b>		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.

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

4 Date <b>9/3/13</b>	5 Payee name <b>AMERICAN CANCER SOCIETY</b>
-------------------------	--

6 Amount (\$) <b>1,250</b>	7 Payee address; City; State; Zip Code <b>5413 S. McCOLL RD. EDINBURG, TX 78539</b>
-------------------------------	--

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

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

Date <b>8/17/13</b>	Payee name <b>CHASE</b>
------------------------	----------------------------

Amount (\$) <b>6,434.65</b>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</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
--	-------------------------------	---------------	-------------

Date <b>9/18/13</b>	Payee name <b>BRIAN GODINEZ</b>
------------------------	------------------------------------

Amount (\$) <b>2,500</b>	Payee address; City; State; Zip Code <b>300 S. 8th ST. McAllen, TX 78501</b>
-----------------------------	---

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

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

Date <b>9/18/13</b>	Payee name <b>BRIAN GODINEZ</b>
------------------------	------------------------------------

Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>300 S. 8th ST. McAllen, TX 78501</b>
-----------------------------	---

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

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:	<b>2</b> FILER NAME <b>JOSEPH PALACIOS</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

<b>4</b> Date <b>9/17/13</b>	<b>5</b> Payee name <b>LA UNION DEL PUEBLO ENTERO</b>
---------------------------------	--

<b>6</b> Amount (\$) <b>1,000</b>	<b>7</b> Payee address; City; State; Zip Code <b>1601 U.S. 83 SAN JUAN, TX 78557</b>
--------------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>DONATION</b>	<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 <b>9/20/13</b>	Payee name <b>MARCOS LOPEZ</b>
------------------------	-----------------------------------

Amount (\$) <b>1,800</b>	Payee address; City; State; Zip Code <b>1616 MISTERIA AVE McALLEN, TX 78504</b>
-----------------------------	--

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)
------------------------	---	---

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

Date <b>9/20/13</b>	Payee name <b>LUCU LUCIO</b>
------------------------	---------------------------------

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>2735 BILTMORE AVE. EDINBURG, TX 78539</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>	Description (If travel outside of Texas, complete Schedule T) <b>SUPPLIER.</b>
------------------------	--	---

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

Date <b>9/23/13</b>	Payee name <b>YOLANDA NIMO</b>
------------------------	-----------------------------------

Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>919 E. LOVETT EDINBURG, TX 78542</b>
---------------------------	---

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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
------------------------	---	---

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.

1 Total pages Schedule F:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9/3/13</b>	5 Payee name <b>McHI BOOSTER CLUB</b>	
6 Amount (\$) <b>200<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>2021 LA VISTA AVE. McAllen, TX 78501</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>9/25/13</b>	Payee name <b>THELMA CANTU</b>	
Amount (\$) <b>1,800</b>	Payee address; City; State; Zip Code <b>10156 NORTH MILE 4W Weslaco, TX 78596</b>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>9/13/13</b>	Payee name <b>EDINBURG FIRE DEPT.</b>	
Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>212 W. McINTYRE ST. EDINBURG TX 78541</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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 <b>8/27/13</b>	Payee name <b>CAPILLA SAN JOSE</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>4101 Flores ST. LULL, TX 78559</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/1/13</b>		5 Payee name <b>RUSSELL SOLIS</b>			
6 Amount (\$) <b>1,500</b>		7 Payee address; City; State; Zip Code <b>1004 MCKEE DR. EDINBURG, TX 78539</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/29/13</b>		Payee name <b>CENTRO MISIONERO EMMANUEL</b>			
Amount (\$) <b>150</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/27/13</b>		Payee name <b>LA UNION DEL PUEBLO</b>			
Amount (\$) <b>200</b>		Payee address; City; State; Zip Code <b>1601 US 83 SAN JUAN, TX 78759</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/30/13</b>		Payee name <b>ENHS</b>			
Amount (\$) <b>100</b>		Payee address; City; State; Zip Code <b>3101 N. CLOSNER BLVD EDINBURG, TX 78541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete ONLY 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.

1 Total pages Schedule F:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>10/8/13</b>	5 Payee name <b>PRINTWORKS</b>	
6 Amount (\$) <b>1,891.13</b>	7 Payee address; City; State; Zip Code <b>1414 PECAN BLVD. McALLEN, TX 78501</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MATERIALS FOR KICKOFF</b>
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date <b>9/9/13</b>	Payee name <b>A + L PRINTING</b>	
Amount (\$) <b>1,077.95</b>	Payee address; City; State; Zip Code <b>2208 PRIMROSE AVE. McALLEN, TX 78504</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>EMBROIDERY FOR CAMPAIGN SHIRTS.</b>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date <b>10/9/13</b>	Payee name <b>JAVIER VARGAS</b>	
Amount (\$) <b>369</b>	Payee address; City; State; Zip Code <b>200 N. LA HOMA RD. MISSION, TX 78572</b>	
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>BALLONS FOR KICKOFF.</b>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date <b>9/10/13</b>	Payee name <b>BETO'S SCREENING</b>	
Amount (\$) <b>800</b>	Payee address; City; State; Zip Code <b>110 W. 4th ST. SAN JUAN, TX 78589</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>YARD SIGNS</b>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>

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:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9/11/13</b>	5 Payee name <b>ELITE PRODUCTIONS</b>	
6 Amount (\$) <b>200</b>	7 Payee address; City; State; Zip Code <b>946 W. NOLANA STE. C PEARRE, TX 78577</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/15/13</b>	Payee name <b>BETO'S SCREEN PRINTING</b>	
Amount (\$) <b>932</b>	Payee address; City; State; Zip Code <b>110 W. 4th ST. SAN JUAN, TX 78589</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SIGNS</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/17/13</b>	Payee name <b>MARCOS LOPEZ</b>	
Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>1616 WISTERIA AVE. McALLEN, TX 78504</b>	
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/17/13</b>	Payee name <b>PLAINS CAPITAL BANK</b>	
Amount (\$) <b>3,498.31</b>	Payee address; City; State; Zip Code <b>100 W. CANO ST. EDINBURG, TX 78539</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN LOAN</b>
Complete ONLY 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.

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

4 Date <b>10/13/13</b>	5 Payee name <b>LA MUNECA CATTLE Co.</b>
---------------------------	---

6 Amount (\$) <b>500</b>	7 Payee address; City; State; Zip Code <b>33907 US 281 EDINBURG, TX 78539</b>
-----------------------------	--

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

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

Date <b>10/17/13</b>	Payee name <b>RUBEN NAVA</b>
-------------------------	---------------------------------

Amount (\$) <b>750</b>	Payee address; City; State; Zip Code <b>P.O. Box 1213 LA BLANCA, TX 78558</b>
---------------------------	--

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

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

Date <b>10/16/13</b>	Payee name <b>LIFE MINISTRIES CHURCH</b>
-------------------------	---

Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>2919 N. CLOSNER EDINBURG, TX 78541</b>
---------------------------	---

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

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

Date <b>10/22/13</b>	Payee name <b>MISTI RAINS</b>
-------------------------	----------------------------------

Amount (\$) <b>650</b>	Payee address; City; State; Zip Code <b>1517 TAMPA Dr. #4 EDINBURG, TX 78541</b>
---------------------------	---

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)
------------------------	---	---

Complete ONLY 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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/18/13</b>		5 Payee name <b>RANDY RODRIGUEZ</b>			
6 Amount (\$) <b>100</b>		7 Payee address; City; State; Zip Code <b>910 W. PUENTE EDINBURG, TX 78541</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER LOOKOFF</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/25/13</b>		Payee name <b>LULLU LUCIO</b>			
Amount (\$) <b>150</b>		Payee address; City; State; Zip Code <b>2735 BILTMORE AVE. EDINBURG, TX 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>FOR DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/25/13</b>		Payee name <b>GLORIA BELTRAN</b>			
Amount (\$) <b>150</b>		Payee address; City; State; Zip Code <b>1201 GUADALUPE DR. EDINBURG, TX 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER EVENT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/29/13</b>		Payee name <b>MOSTH</b>			
Amount (\$) <b>3315.00</b>		Payee address; City; State; Zip Code <b>200 N. CLOSER BLVD. EDINBURG, TX 78541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete ONLY 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.

1 Total pages Schedule F:	2 FILER NAME JOSEPH PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/1/13	5 Payee name ALYSSA SAENZ	
6 Amount (\$) 700	7 Payee address; City; State; Zip Code 1304 E. CAMELIA UNIT #1 McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/13	Payee name AACT NOW	
Amount (\$) 500	Payee address; City; State; Zip Code 612 NOLANA AVE. STE 430 McALLEN, TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (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
Date 10/17/13	Payee name EDINBURG CHILDREN'S HOSPITAL FOUNDATION	
Amount (\$) 500	Payee address; City; State; Zip Code 1102 W. TRENTON RD. EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FMAS DONATION	Description (If travel outside of Texas, complete Schedule T) FUNDRAISER EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/31/13	Payee name REBECCA GOMEZ	
Amount (\$) 100	Payee address; City; State; Zip Code 512 W. ORANGE EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (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

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:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/30/13</b>		5 Payee name <b>SACRED HEART CATHOLIC CHURCH</b>			
6 Amount (\$) <b>500</b>		7 Payee address; City; State; Zip Code <b>501 E. KUHN EDINBURG, TX 78541</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/25/13</b>		Payee name <b>MARCOS LOPEZ</b>			
Amount (\$) <b>2,000</b>		Payee address; City; State; Zip Code <b>1616 WISTERIA AVE. McALLEN, TX 78504</b>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/4/13</b>		Payee name <b>MARCOS LOPEZ</b>			
Amount (\$) <b>1,000</b>		Payee address; City; State; Zip Code <b>1616 WISTERIA AVE McALLEN, TX 78504</b>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/1/13</b>		Payee name <b>REGINO SALINAS</b>			
Amount (\$) <b>500</b>		Payee address; City; State; Zip Code <b>909 S. 21<sup>ST</sup> EDINBURG, TX 78539</b>			
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) <b>CONTRACT LABOR FOR CAMPAIGN.</b>	
Complete ONLY 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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/31/13</b>		5 Payee name <b>ENHS</b>			
6 Amount (\$) <b>200</b>		7 Payee address; City; State; Zip Code <b>3101 N. CLOSNER BLVD. EDINBURG, TX 78541</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>10/1/13</b>		Payee name <b>DANIEL RIVERA</b>			
Amount (\$) <b>300</b>		Payee address; City; State; Zip Code <b>3704 TIMBERWOOD EDINBURG, TX 78542</b>			
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>PICTURES FOR KICKOFF.</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>11/1/13</b>		Payee name <b>ARMANDO CAMPOS</b>			
Amount (\$) <b>150</b>		Payee address; City; State; Zip Code <b>P.O. BOX 184 LINN, TX 78563</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>11/5/13</b>		Payee name <b>MOSARA CARAVAN #260</b>			
Amount (\$) <b>100</b>		Payee address; City; State; Zip Code <b>P.O. BOX 4683 McALLEN, TX 78502</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>ARLIMBRA EVENT</b>	
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.

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

4 Date <b>10/31/13</b>	5 Payee name <b>LUIS SINGLETERY CAMPAIGN</b>
---------------------------	---

6 Amount (\$) <b>500</b>	7 Payee address; City; State; Zip Code <del>1414 N. ALAMO</del> <b>300 E. PECAN McALLEN, TX 78501</b>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTION MADE BY O.H.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>
--------------------------	--	--

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

Date <b>11/5/13</b>	Payee name <b>SKY'S THE LIMIT MIGRANT CLUB (JEHS)</b>
------------------------	--

Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>1414 N. ALAMO RD. EDINBURG, TX 78542</b>
---------------------------	---

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

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

Date <b>11/9/13</b>	Payee name <b>HCDP</b>
------------------------	---------------------------

Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>P.O. Box 4585 McALLEN, TX <del>78502</del> 78502</b>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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 <b>11/9/13</b>	Payee name <b>HCDP</b>
------------------------	---------------------------

Amount (\$) <b>1,250</b>	Payee address; City; State; Zip Code <b>P.O. Box 4585 McALLEN, TX 78502</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/8/13</b>		5 Payee name <b>A + L PRINTING</b>			
6 Amount (\$) <b>140.72</b>		7 Payee address; City; State; Zip Code <b>2208 PRIMROSE AVE. McAllen, TX 78504</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SHIRTS</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/14/13</b>		Payee name <b>MISTI RAINS</b>			
Amount (\$) <b>1,000</b>		Payee address; City; State; Zip Code <b>1517 TAMPA DR. #4 EDINBURG, TX 78541</b>			
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/7/13</b>		Payee name <b>PHARR ORATORY OF ST. PHILLIP MARI SCHOOL</b>			
Amount (\$) <b>300</b>		Payee address; City; State; Zip Code <b>1407 W. MOORE DR. PHARR, TX 78577</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRASER</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/15/13</b>		Payee name <b>A+L PRINTING</b>			
Amount (\$) <b>405.93</b>		Payee address; City; State; Zip Code <b>2208 PRIMROSE AVE. McAllen, TX 78504</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN MATERIAL</b>	
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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALAELIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/18/13</b>		5 Payee name <b>STARR HIDALGO TEXAS EXES</b>			
6 Amount (\$) <b>750</b>		7 Payee address; City; State; Zip Code <b>2110 SAN JACINTO BLVD. AUSTIN, TX 78712</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/17/13</b>		Payee name <b>McH, CHEER BOOSTER</b>			
Amount (\$) <b>48.00</b>		Payee address; City; State; Zip Code <b>2021 LA VISTA AVE. McALLEN, TX 78501</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/20/13</b>		Payee name <b>CUSH</b>			
Amount (\$) <b>600</b>		Payee address; City; State; Zip Code <b>2724 W. CANTON RD. EDINBURG, TX 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/22/13</b>		Payee name <b>MARCOS LOPEZ</b>			
Amount (\$) <b>2,500</b>		Payee address; City; State; Zip Code <b>1616 WISTERIA AVE. McALLEN, TX 78504</b>			
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)	
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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/20/13</b>		5 Payee name <b>SIGNATURE COLLECTIONS</b>			
6 Amount (\$) <b>2,000</b>		7 Payee address; City; State; Zip Code <b>7900 N. 4th St. McAllen, TX 78504</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN PHOTOS</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/9/13</b>		Payee name <b>MATTHEW MOLINA</b>			
Amount (\$) <b>500</b>		Payee address; City; State; Zip Code <b>1701 W. AVOCET AVE. APT. D6 McAllen, TX 78504</b>			
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>MUSIC FOR KICKOFF</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/25/13</b>		Payee name <b>STEVE CRUZ</b>			
Amount (\$) <b>1,500</b>		Payee address; City; State; Zip Code <b>2015 SAGINAW AVE. EDINBURG, TX 78541</b>			
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) <b>CONTRACT LABOR FOR CAMPAIGN</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/22/13</b>		Payee name <b>HIDALGO Co. HEADSTART</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>1200 N. 1st AVE. EDINBURG, TX 78541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>EVENT SPONSORSHIP</b>	
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.

1 Total pages Schedule F:	2 FILER NAME <b>JOSEPH PALACIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>11/20/13</b>	5 Payee name <b>RGV HISPANIC CHAMBER OF COMMERCE</b>	
6 Amount (\$) <b>750</b>	7 Payee address; City; State; Zip Code <b>3313 N. McCOLL RD. McALLEN, TX 78501</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>DONATION BY OH.</b>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>9/13/13</b>	Payee name <b>McALLEN ISD BOND COUNCIL</b>	
Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>2000 N. 23RD ST. McALLEN, TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>FOOTBALL PROGRAM ADV.</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>11/22/13</b>	Payee name <b>REGINO SALINAS</b>	
Amount (\$) <b>1,500</b>	Payee address; City; State; Zip Code <b>909 S. 21ST ST. EDINBURG, TX 78539</b>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>9/10/13</b>	Payee name <b>HIDALGO CO. DEMOCRATIC WOMEN</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>P.O. BOX 2543 McALLEN, TX 78502</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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.

1 Total pages Schedule F:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/4/13</b>		5 Payee name <b>STONEWALL DEMOCRATS</b>			
6 Amount (\$) <b>250</b>		7 Payee address; City; State; Zip Code <b>P.O. BOX 3703 McALLEN, TX 78502</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION BY O.H.</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/13/13</b>		Payee name <b>JESSE OZUNA</b>			
Amount (\$) <b>1,500</b>		Payee address; City; State; Zip Code <b>2608 AGAVE EDINBURG, TX 78542</b>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/1/13</b>		Payee name <b>JESSE OZUNA</b>			
Amount (\$) <b>500</b>		Payee address; City; State; Zip Code <b>2608 AGAVE EDINBURG, TX 78542</b>			
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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/5/13</b>		Payee name <b>JOE SEGOVIA</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>1202 N. TOWER RD. EDINBURG, TX 78541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>FOR COOKOFF INGREDIENTS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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:		2 FILER NAME <b>JOSEPH PALACIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/2/13</b>		5 Payee name <b>MCH1 CHEER BOOSTER</b>			
6 Amount (\$) <b>100</b>		7 Payee address; City; State; Zip Code <b>2021 LA VISTA AVE. McALLEN, TX 78501</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/6/13</b>		Payee name <b>HCDP</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>P.O. Box 4585 McAllen, TX 78502</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		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 <b>12/6/13</b>		Payee name <b>ALYSSA SAENZ</b>			
Amount (\$) <b>950</b>		Payee address; City; State; Zip Code <b>1304 E. CAMELLIA UNIT #1 McAllen, TX 78501</b>			
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/12/13</b>		Payee name <b>GLISELDA GUZMAN</b>			
Amount (\$) <b>580</b>		Payee address; City; State; Zip Code <b>3101 N. KENYON RD. EMBURG, TX 78542</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD BEVERAGE EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>CATERING TO DISCUSS O.H. ISSUES</b>	
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.

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

4 Date <b>12/12/13</b>	5 Payee name <b>GRISELDA GUZMAN</b>
---------------------------	--

6 Amount (\$) <b>556</b>	7 Payee address; City; State; Zip Code <b>3101 N. KENYON RD. EDINBURG, TX 78542</b>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FOOD BEVERAGE EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CATERING TO DISCUSS O.H. ISSUES</b>
--------------------------	--	---

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

Date <b>12/12/13</b>	Payee name <b>RUBEN NAVA</b>
-------------------------	---------------------------------

Amount (\$) <b>500</b>	Payee address; City; State; Zip Code <b>P.O. BOX 1213 LABLANCA, TX 78558</b>
---------------------------	---

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>MUSIC FOR EVENT</b>
------------------------	--	---

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

Date <b>12/13/13</b>	Payee name <b>MELAISSA MEDINA</b>
-------------------------	--------------------------------------

Amount (\$) <b>350</b>	Payee address; City; State; Zip Code <b>820 EL DORA RD. ALAMO, TX 78516</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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 <b>11/25/13</b>	Payee name <b>JEFFERSON ELEMENTARY</b>
-------------------------	---

Amount (\$) <b>150</b>	Payee address; City; State; Zip Code <b>904 S. 12<sup>TH</sup> AVE. EDINBURG, TX 78539</b>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	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.

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

4 Date <b>12/12/13</b>	5 Payee name <b>SWEET + TASTY</b>
---------------------------	--------------------------------------

6 Amount (\$) <b>155</b>	7 Payee address; City; State; Zip Code <b>5113 N. 10th ST. McALLEN, TX 78504</b>
-----------------------------	---

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

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

Date <b>12/16/13</b>	Payee name <b>MARCOS LOPEZ</b>
-------------------------	-----------------------------------

Amount (\$) <b>2,200</b>	Payee address; City; State; Zip Code <b>1616 WISTERIA AVE. McALLEN, TX 78504</b>
-----------------------------	---

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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
------------------------	---	---

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

Date <b>12/20/13</b>	Payee name <b>STEVE CRUZ</b>
-------------------------	---------------------------------

Amount (\$) <b>750</b>	Payee address; City; State; Zip Code <b>2015 SAGINAW AVE. EDINBURG, TX 78541</b>
---------------------------	---

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) <b>CONTRACT LABOR FOR CAMPAIGN</b>
------------------------	---	---

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

Date <b>12/13/13</b>	Payee name <b>MISSION JR. GOLF</b>
-------------------------	---------------------------------------

Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>2201 N. MAYBERRY ST. MISSION, TX 78572</b>
---------------------------	---

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

Complete ONLY 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.

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

4 Date	5 Payee name <b>BARRIENTES JR. HIGH</b>
--------	--

6 Amount (\$) <b>50</b>	7 Payee address; City; State; Zip Code <b>1100 E. EBONY LN. EDINBURG, TX 78539</b>
----------------------------	---

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

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

Date <b>12/20/13</b>	Payee name <b>MISTI RAINS</b>
-------------------------	----------------------------------

Amount (\$) <b>800</b>	Payee address; City; State; Zip Code <b>1517 TAMPA DR. #4 EDINBURG, TX 78541</b>
---------------------------	---

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)
------------------------	---	---

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

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Payee name
------	------------

Amount (\$)	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)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <div style="text-align: center; font-size: 2em;">1</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.5em;">JOSEPH PALACIOS</div>	<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	<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)
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)

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

# 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: <p style="text-align:center">1</p>	<b>2</b> FILER NAME <p style="text-align:center">JOSEPH PALACIOS</p>	<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)
<b>9</b> 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)
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)
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)
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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME JOSEPH PALACIOS	<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 instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <u>1</u>
---	------------------------------------

2 FILER NAME <u>JOSEPH PALACIOS</u>	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	

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

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>JOSEPH PALACIOS</u>		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)	

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

# 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