

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR

FIRST

MI

MR.

JOSEPH

NICKNAME

LAST

SUFFIX

PALACIOS

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

720 ROYAL ST. EDINBURG TX 78539

change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(956)

522-0785

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR

FIRST

MI

MR.

TIMOTHY

NICKNAME

LAST

SUFFIX

WILKINS

**7 CAMPAIGN TREASURER ADDRESS**  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6316 N. 10th ST. McAllen TX 78504

**8 CAMPAIGN TREASURER PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(956)

624-0888

**9 REPORT TYPE**

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year

THROUGH

Month Day Year

1 / 1 / 11

6 / 30 / 11

**11 ELECTION**

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

General

Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT** (if known)

COUNTY COMMISSIONER

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

**OFFICE USE ONLY**

Date Received

REC'D JUL 15 2011  
REC'D JUL 18 2011

Date Hand-delivered or Postmarked

7/15/11

Receipt #

Am

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

**JOSEPH PALACIOS**

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,125

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 20,296.66

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

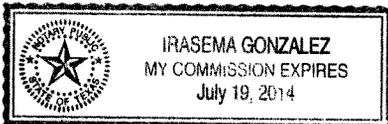
\$ 0

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 100,000

19 AFFIDAVIT



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

*Joseph Palacios*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph Palacios, this the 15<sup>th</sup> day of July, 2011, to certify which, witness my hand and seal of office.

*Irasema Gonzalez*  
Signature of officer administering oath

Irasema Gonzalez  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/3/11

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

GPG INVESTMENTS LLP

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

130 EAST PARK AVE. PHARR, TX 78577

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/3/11

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

LUPE ENRIQUEZ, LTD.

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 2999 EDINBURG, TX 78540

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/1/11

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

SDM PARTNERS

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

200 S. CAGE BLVD. PHARR, TX 78577

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/11

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

RICHARD GARZA

Amount of contribution (\$)

10,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3910 W. FREDDY GONZALEZ EDINBURG, TX 78539

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/11

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

JAMES BROADUS

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

605 RAINBOW COVE AUSTIN, TX 78746

(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

JOSEPA PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/29/11

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

SAMUEL MALDONADO

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

801 E. FERGUSON STE. B PHARR, TX 78577

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/11

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

JAMES DANNENBAUM

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3100 W. ALABAMA ST. HOUSTON, TX 77098

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/11

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

SERGIO CONTRERAS

Amount of contribution (\$)

125

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

800 TREYSON SAN JUAN, TX 78589

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  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

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

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

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;    City;    State;    Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

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

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

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

4 Date <b>1/3/11</b>	5 Payee name <b>LETICIA PALACIOS</b>
-------------------------	---

6 Amount (\$) <b>1,100</b>	7 Payee address; City; State; Zip Code
-------------------------------	--

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

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

Date <b>1/3/11</b>	Payee name <b>MATTHEW REY</b>
-----------------------	----------------------------------

Amount (\$) <b>400</b>	Payee address; City; State; Zip Code
---------------------------	--------------------------------------

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

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

Date <b>1/4/11</b>	Payee name <b>SHIPLEY DO-NUTS</b>
-----------------------	--------------------------------------

Amount (\$) <b>31.25</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

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

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

Date <b>1/3/11</b>	Payee name <b>TEJAS RENTAL</b>
-----------------------	-----------------------------------

Amount (\$) <b>357.22</b>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

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

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 1/3/11	<b>5</b> Payee name <b>SERENITY FLOWER SHOP</b>	
<b>6</b> Amount (\$) 285.03	<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>EVENT EXPENSE</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 1/3/11	Payee name <b>BROOKS AUSBURN</b>	
Amount (\$) 300	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</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 1/7/11	Payee name <b>RENEE-RODRIGUEZ BETANCOURT</b>	
Amount (\$) 500	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</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 1/4/11	Payee name <b>LETICIA PALACIOS</b>	
Amount (\$) 600	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</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>1/7/11</b>	5 Payee name <b>MARCOS LOPEZ</b>
-------------------------	-------------------------------------

6 Amount (\$) <b>1,200</b>	7 Payee address; City; State; Zip Code
-------------------------------	--

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

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

Date <b>1/3/11</b>	Payee name <b>FAST BREAK CLUB</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>CONTRIBUTION / DONATION</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>1/27/11</b>	Payee name <b>HOMER JASSO CAMPAIGN</b>
------------------------	---

Amount (\$) <b>1,500</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION</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>1/21/11</b>	Payee name <b>STAR GALA</b>
------------------------	--------------------------------

Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

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 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.

<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>1/31/11</b>	<b>5</b> Payee name <b>MARCOS LOPEZ</b>
---------------------------------	--

<b>6</b> Amount (\$) <b>1,900</b>	<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>CONSULTING EXPENSE</b>	<b>(b)</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>2/2/11</b>	Payee name <b>RUSSELL SOLIS</b>
-----------------------	------------------------------------

Amount (\$) <b>1,900</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</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>2/9/11</b>	Payee name <b>COUNTRY CAFE</b>
-----------------------	-----------------------------------

Amount (\$) <b>135.46</b>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</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>2/2/11</b>	Payee name <b>MUSEUM OF SOUTH TEXAS</b>
-----------------------	--

Amount (\$) <b>2,500</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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.

<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>2/12/11</b>	<b>5</b> Payee name <b>SOS FOUNDATION</b>
---------------------------------	--

<b>6</b> Amount (\$) <b>980</b>	<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>DONATION</b>	<b>(b)</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>2/18/11</b>	Payee name <b>LUPE TREJINS CAMPAIGN</b>
------------------------	--

Amount (\$) <b>1,400</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

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

Date <b>2/11/11</b>	Payee name <b>SERVICE OVER SELF FOUNDATION</b>
------------------------	---

Amount (\$) <b>100</b>	Payee address; City; State; Zip Code
---------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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>2/20/11</b>	Payee name <b>MARCOS LOPEZ</b>
------------------------	-----------------------------------

Amount (\$) <b>1,300</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</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>3/17/11</b>	5 Payee name <b>LUPE</b>
--------------------------	-----------------------------

6 Amount (\$) <b>200</b>	7 Payee address; City; State; Zip Code
-----------------------------	--

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

Date <b>4/18/11</b>	Payee name <b>LINDA YANEZ CAMPAIGN</b>
------------------------	---

Amount (\$) <b>500</b>	Payee address; City; State; Zip Code
---------------------------	--------------------------------------

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

Date <b>4/26/11</b>	Payee name <b>CCA</b>
------------------------	--------------------------

Amount (\$) <b>250</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)
------------------------	---	---

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

Date <b>4/29/11</b>	Payee name <b>DE LA GARZA SLAUGHTER HOUSE</b>
------------------------	--

Amount (\$) <b>107.70</b>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

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

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME JOSEPH PALACIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/29/11	<b>5</b> Payee name LLS	
<b>6</b> Amount (\$) 300	<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) DONATION	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/9/11	Payee name MARCOS LOPEZ	
Amount (\$) 1,000	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/10/11	Payee name CHRIS TREVINO CAMPAIGN	
Amount (\$) 500	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	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:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<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:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

ATTACH ADDITIONAL COPIES OF THIS 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     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