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: 25

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR. FIRST: JOSEPH MI:
NICKNAME: LAST: PALACIOS SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
720 ROYAL ST. EDINBURG, TX 78539

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (956) PHONE NUMBER: 522-0785 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. FIRST: MARCUS MI: C
NICKNAME: LAST: BARRERA SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3000 YELLOWHAMMER AVE. McALLEN, TX 78504

8 CAMPAIGN TREASURER PHONE
AREA CODE: (956) PHONE NUMBER: 802-7511 EXTENSION:

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: 1 / 1 / 14 THROUGH Month Day Year: 6 / 30 / 14

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): HIDALGO COUNTY COMMISSIONER PRECINCT 4

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ ϕ
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 37,000

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ ϕ
4.	**TOTAL POLITICAL EXPENDITURES**	$ 58,211.15

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 231.12

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 75,000

18 AFFIDAVIT

PATRICIA ANN SAUCEDA
Notary Public, State of Texas
My Commission Expires
December 14, 2017

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 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Patricia Ann Sauceda	Patricia Ann Sauceda	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: 3

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/14/14	S&B PAC P.O. BOX 266245 HOUSTON, TX 77207	5,000		ENGINEERS	S+B INFRASTRUCTURE
1/2/14	ERIC YBARRA 1002 E. EXPY 83 WESLACO, TX 78596	5,000		PRESIDENT / CEO	DOS LOGISTICS, INC.
2/11/14	ERIC YBARRA 1002 E. EXPY 83 WESLACO, TX 78596	5,000		PRESIDENT / CEO	DOS LOGISTICS, INC.
3/24/14	ERIC YBARRA 1002 E. EXPY 83 WESLACO, TX, 78596	5,000		PRESIDENT / CEO	DOS LOGISTICS, INC.
3/25/14	HALFF ASSOCIATES STATE PAC 201 N. BOWSER RD. RICHARDSON, TX 75081	2,500		~~PRESIDENT / CEO~~ ENGINEERS	HALFF + ASSOCIATES ~~DOS LOGISTICS, INC.~~

out-of-state PAC (ID#: _____)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/14/14	☑ out-of-state PAC (ID#: C00103903) HDR INC. PAC	8404 INDIAN HILLS DR. OMAHA, NE 68114	1,000 (If travel outside of Texas, complete Schedule T)		ARCHITECTS	
3/25/14	☐ out-of-state PAC (ID#:) JIM DARLING CAMPAIGN	P.O. BOX 6105 McALLEN, TX 78502	1,000 (If travel outside of Texas, complete Schedule T)		ATTORNEY	D.H.R.
5/2/14	☐ out-of-state PAC (ID#:) ERO, INTERNATIONAL LLP.	300 S. 8th ST. McALLEN, TX 78501	2,500 (If travel outside of Texas, complete Schedule T)		ARCHITECTS	ERO.
5/2/14	☐ out-of-state PAC (ID#:) LINEBARGER GOGGAN BLAIR + SAMPSON LLP	P.O. BOX 17428 AUSTIN, TX 78760	2,000 (If travel outside of Texas, complete Schedule T)		ATTORNEY	L.G.B.S.
5/28/14	☐ out-of-state PAC (ID#:) ERIC YBARRA	1002 E. EXPY 83 WESLACO, TX 78596	5,000 (If travel outside of Texas, complete Schedule T)		PRESIDENT / CEO	DOS LOGISTICS, INC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/1/14	JESUS SALINAS 2108 SCOUT LN. MISSION, TX 78572	3,000	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): PRESIDENT

10 Employer (See Instructions): TEDSI INFRASTRUCTURE.

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)

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 foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ 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 ☐ 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 ☐ 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 ☐ 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 ☐ 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: 1

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

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

5 Date of loan: 6/4/14

6 Is lender a financial Institution? Y (N)

7 Name of lender: FRANCES PALACIOS ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 1813 E. RUSSELL RD. EDINBURG, TX 78542

9 Loan Amount ($): 75,000

10 Interest rate: 0

11 Maturity date: 12/31/14

12 Principal occupation / Job title (See Instructions): SELF

13 Employer (See Instructions): —

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account: ☐

16 GUARANTOR INFORMATION: ☑ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 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

Check if personal funds were deposited into political account: ☐

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 12

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/14/14

5 Payee name: ENHS BASKETBALL BOOSTERS

6 Amount ($): 100

7 Payee address; City; State; Zip Code: 3101 N. CLOSNER BLVD EDINBURG, TX 78541

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): DONATION

(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: 1/31/14

Payee name: ALICIA RODRIGUEZ

Amount ($): 1,000

Payee address; City; State; Zip Code: P.O. BOX 805 EDCOUGH, TX 78538

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR

Description (If travel outside of Texas, complete Schedule T):

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

Date: 1/31/14

Payee name: ROMAN RODRIGUEZ

Amount ($): 1,500

Payee address; City; State; Zip Code: P.O. BOX 805 EDCOUCH, TX 78538

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR

Description (If travel outside of Texas, complete Schedule T):

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

Date: 2/3/14

Payee name: MISTI RAINS

Amount ($): 575

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):

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/6/14

5 Payee name: ROBERT VELA HIGH SCHOOL

6 Amount ($): 75

7 Payee address; City; State; Zip Code: 801 E. CANTON RD. EDINBURG, TX 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): DONATION

(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: 1/11/14

Payee name: EDINBURG BOYS AND GIRLS CLUB

Amount ($): 4,350

Payee address; City; State; Zip Code: 702 CULLEN ST. 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):

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

Date: 2/4/14

Payee name: DE LA GARZA SLAUGHTER HOUSE.

Amount ($): 519.96

Payee address; City; State; Zip Code: 915 E. FREDDY GONZALEZ DR. EDINBURG, TX 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE 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: 2/8/14

Payee name: DOLORES GARZA

Amount ($): 100

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1/13/14

5 Payee name: MARCOS LOPEZ

6 Amount ($): 1,800

7 Payee address; City; State; Zip Code: 1616 WISTERIA AVE McALLEN, TX 78504

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): CONTRACT LABOR CAMPAIGN

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 1/17/14

Payee name: STAR GALA

Amount ($): 1,200

Payee address; City; State; Zip Code: P.O. BOX 81 LINN, TX 78563

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

Description (If travel outside of Texas, complete Schedule T): YEARLY GALA EVENT

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 1/23/14

Payee name: ELIAS LONGORIA CAMPAIGN

Amount ($): 1,000

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): CONTRIBUTION TO CANDIDATE.

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 1/15/14

Payee name: MISTI RAINS

Amount ($): 1,500

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): LOGO DESIGN WORK.

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/29/14

5 Payee name: REGINO SALINAS

6 Amount ($): 500

7 Payee address; City; State; Zip Code: 909 S. 21st St. EDINBURG, TX 78539

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: 1/22/14

Payee name: PLAINS CAPITAL BANK

Amount ($): 3,498.31

Payee address; City; State; Zip Code: 1920 S. CLOSNER BLVD 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): QUARTERLY PAYMENT

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

Date: 2/21/14

Payee name: REGINO SALINAS

Amount ($): 1,500

Payee address; City; State; Zip Code: 909 S. 21st St. EDINBURG, TX 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR

Description (If travel outside of Texas, complete Schedule T):

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

Date: 2/15/14

Payee name: FATHER KUMAR

Amount ($): 300

Payee address; City; State; Zip Code: 501 E. KUHN EDINBURG, TX 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

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: 2/28/14

5 Payee name: THE LEGACY AWARD

6 Amount ($): 200

7 Payee address; City; State; Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): DONATION

(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: 3/2/14

Payee name: EDINBURG NORTH HIGH SCHOOL

Amount ($): 700

Payee address; City; State; Zip Code: 3101 N. CLOSNER BLVD 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):

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

Date: 2/13/14

Payee name: RUSK'S N TUSKS

Amount ($): 1,300

Payee address; City; State; Zip Code: P.O. BOX 3305 EDINBURG, TX 78540

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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: 2/9/14

Payee name: MARI CRUZ ZARETEA

Amount ($): 100.00

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 2/15/14

5 Payee name: MISTI RAINS

6 Amount ($): 900

7 Payee address; City; State; Zip Code: 1517 TAMPA DR. #4 EDINBURG, TX 78541

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: 2/15/14

Payee name: SOS FOUNDATION

Amount ($): 880

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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: 2/27/14

Payee name: AIRLINE AMERICA

Amount ($): 650

Payee address; City; State; Zip Code: 4500 N. 10th ST. #140 McALLEN, TX 78504

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): AWARDS EXPENSE

Description (If travel outside of Texas, complete Schedule T): FRAMING FOR RESOLUTION

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

Date: 2/22/14

Payee name: STAR

Amount ($): 200

Payee address; City; State; Zip Code: P.O. BOX 81 LINN, TX 78563

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

Description (If travel outside of Texas, complete Schedule T): LIVESTOCK SHOW DONATION

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 2/29/14

5 Payee name: DENISE PALACIOS

6 Amount ($): 1,500

7 Payee address; City; State; Zip Code: 1216 SUSAN DR. EDINBURG, TX 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): REIMBURSEMENT

(b) Description (If travel outside of Texas, complete Schedule T): CAMPAIGN EVENT.

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

Date: 3/10/14

Payee name: ROGER BURKE

Amount ($): 2,500

Payee address; City; State; Zip Code: 3224 COUNTRY CLUB DR. EDINBURG, TX 78541

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): GIFT EXPENSE

Description (If travel outside of Texas, complete Schedule T): COUNTY LAPELS

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

Date: 2/20/14

Payee name: MARY GONZALES

Amount ($): 150.00

Payee address; City; State; Zip Code: P.O. BOX 4603 EDINBURG, TX 78540

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): REIMBURSEMENT EXPENSE.

Description (If travel outside of Texas, complete Schedule T): FOR CRC EVENT.

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

Date: 3/26/14

Payee name: MARCOS LOPEZ

Amount ($): 1,800

Payee address; City; State; Zip Code: 1616 WISTERIA AVE. ~~EDINBURG, TX~~ McALLEN, TX 78504

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR.

Description (If travel outside of Texas, complete Schedule T):

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 3/14/14

5 Payee name: AURORA GARCIA

6 Amount ($): 800

7 Payee address; City; State; Zip Code: 2616 CORNERSTONE BLVD. EDINBURG, TX 78539

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: 3/21/14

Payee name: CLINTON FOUNDATION

Amount ($): 1,000

Payee address; City; State; Zip Code: 1271 AVENUE OF THE AMERICAS 42nd FLOOR NY, NY 10020

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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: 4/14/14

Payee name: ENHS

Amount ($): 450

Payee address; City; State; Zip Code: 3101 N. CLOSNER BLVD 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):

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

Date: 4/14/14

Payee name: STEVE CRUZ

Amount ($): 1,600

Payee address; City; State; Zip Code: 2015 SAGINAW AVE. 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):

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

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: 4/14/14

5 Payee name: OSCAR GARCIA JR.

6 Amount ($): 200

7 Payee address; City; State; Zip Code: 204 W. MEAGAN CIRCLE ELSA, TX 78598

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): DONATION

(b) Description (If travel outside of Texas, complete Schedule T): LITTLE LEAGUE JERSEYS

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 4/22/14

Payee name: McHi SOFTBALL BOOSTERS

Amount ($): 100

Payee address; City; State; Zip Code: 2021 LA VISTA McALLEN, TX 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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: 4/22/14

Payee name: McHi CHEER BOOSTERS

Amount ($): 225

Payee address; City; State; Zip Code: 2021 LA VISTA McALLEN, TX 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

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: 4/26/14

Payee name: TODD PALERMO

Amount ($): 750

Payee address; City; State; Zip Code: 500 S. GARCIA ST. PORT ISABEL, TX 78578

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): FOR TROPHIES FOR CUSH

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4/30/14

5 Payee name: McCoy's

6 Amount ($): 113.99

7 Payee address; City; State; Zip Code: 2901 W. UNIVERSITY DR. EDINBURG, TX 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): AWARDS EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): MATERIAL TO MAKE AWARDS/TROPHIES

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 4/30/14

Payee name: MARCOS LOPEZ

Amount ($): 1,300

Payee address; City; State; Zip Code: 1616 WISTERIA AVE. McALLEN, TX 78504

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 5/2/14

Payee name: PLAINS CAPITAL BANK

Amount ($): 3,498.31

Payee address; City; State; Zip Code: 1920 S. CLOSNER BLVD. 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): QUARTERLY PAYMENT

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 5/2/14

Payee name: JESUS OZUNA

Amount ($): 1,000

Payee address; City; State; Zip Code: 1108 CARDINAL McALLEN, TX 78504

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRACT LABOR

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 6/4/14

5 Payee name: PLAINS CAPITAL BANK

6 Amount ($): 14,025.58

7 Payee address; City; State; Zip Code: 1920 S. CLOSNER BLVD. EDINBURG, TX 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): LOAN REPAYMENT

(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: 5/20/14

Payee name: TEXAS ITS

Amount ($): 400

Payee address; City; State; Zip Code: 119 N. 17th ST. McALLEN, TX 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

Description (If travel outside of Texas, complete Schedule T): DONATION FOR NON PROFIT

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

Date: 6/13/14

Payee name: PEARL RAINS

Amount ($): 300

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):

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

Date: 5/12/14

Payee name: MANOJ KUMAR NAYAK

Amount ($): 500

Payee address; City; State; Zip Code: 501 E. KUHN EDINBURG, TX 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): DONATION

Description (If travel outside of Texas, complete Schedule T):

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 5/7/14

5 Payee name PEARL RAINS

6 Amount ($) 750

7 Payee address; City; State; Zip Code 1517 TAMPA DR. #4 EDINBURG, TX 78541

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T) LUNCH CATERING BOYS + GIRLS CLUB

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

---

Date 5/28/14

Payee name McALLEN EDUCATION FOUNDATION

Amount ($) 800

Payee address; City; State; Zip Code 2000 N. 23rd ST. McALLEN, TX 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) DONATION

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G: 1	2 FILER NAME JOSEPH PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ 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 ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 H: 1	2 FILER NAME JOSEPH PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount ($)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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	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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME JOSEPH PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount ($)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(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: 1

2 FILER NAME JOSEPH PALACIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	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:

2 FILER NAME JOSEPH PALACIOS

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