

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Hector "Tito" Palacios

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

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

\$ 28,260

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 56,541

CONTRIBUTION BALANCE

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

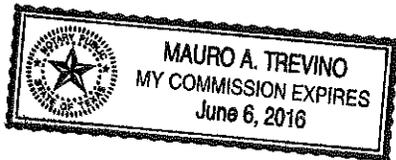
\$

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Hector Palacios
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 24th day

of Feb, 20 2014, to certify which, witness my hand and seal of office.

Mauro A. Trevino
Signature of officer administering oath

Mauro A. Trevino
Printed name of officer administering oath

Trevino
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Setting Commission Start)	
4 Date <i>2/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jose finab Mircks</i>	7 Amount of contribution (\$) <i>\$ 500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7403 N. 16th Ln. McAllen, Texas 78504</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Josefina B. Mircks & Richard Walker</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7403 N. 16th St. McAllen, Texas 78504</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert LOZANO</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3002 Lakeshore Dr Edinburg, Texas 78539</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard A. GARZA</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3910 W. Freddy Gonzalez Dr. Edinburg, Texas 78539</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barrera, Sanchez & Associates P.C.</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10113 N. 10th St. Ste. A. McAllen, Texas 78504</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

Hector "TiTo" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/5/14

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

Gonzalez Castillo LLP

6 Contributor address; City; State; Zip Code

1317 E. Quebec Ave
McAllen, Texas 78503

7 Amount of contribution (\$)

\$1,500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/5/14

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

Louis H. Jones Jr.

Contributor address; City; State; Zip Code

3100 W. Alabama St.
Houston, Texas 77098-2004

Amount of contribution (\$)

\$2,500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/14

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

SAUL DANIEL MADONADO

Contributor address; City; State; Zip Code

801 E. FERGUSON STE B
PHARR, TEXAS 78577

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/14

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

Jorge D. Perez - Regular Acct

Contributor address; City; State; Zip Code

317 East Ave
McAllen, Texas 78504

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/14

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

Rogelio or Ruth GARZA

Contributor address; City; State; Zip Code

424 YUCCA ST
McAllen, Texas 78504

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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

Hector "Tito" Palacios

3 ACCOUNT # (Election Committee file#)

4 Date

2/5/14

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

HCA TEXAS Good Government Fund

6 Contributor address; City; State; Zip Code

6565 N. McArthur Blvd. Ste 350
Irving, Texas 75039-2478

7 Amount of contribution (\$)

\$2000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/11/14

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

ENCINO Construction, Inc

Contributor address; City; State; Zip Code

1811 W. Kuhn #1
Edinburg, Texas

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/14

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

Roselio or Ruth Garza

Contributor address; City; State; Zip Code

424 YUCCA
McAllen, Texas 78504

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/14

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

Noel Muñoz Jr

Contributor address; City; State; Zip Code

1901 Camelia
McAllen, TX 78501

Amount of contribution (\$)

\$2,500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/14

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

HAFF Associates PAC

Contributor address; City; State; Zip Code

1201 N Bowers Rd
Richardson, Texas 75081

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 Hector "TITO" PALACIOS		3 ACCOUNT # (beginning Commission start)	
4 Date 2/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godinez Law Firm PC	7 Amount of contribution (\$) \$3000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Operating Acct. 2415 N. 104th. McAllen, Texas 78501			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Ramirez DBA	Amount of contribution (\$) \$1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code J Ramirez Law Firm 700 N. VETERANS BLVD. STE B SAN JUAN, TEXAS 78585			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR LEE LONGORIA Jr Campaign	Amount of contribution (\$) \$600⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 4224 MISSION, TEXAS 78573			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The law office of F. Blake Dietzmann	Amount of contribution (\$) \$1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2317 N. MAIN SAN ANTONIO, TEXAS 78212			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph F. Phillips	Amount of contribution (\$) \$1,500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O Box 1810 McAllen, TX 78501			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Election Commission Staff)	
4 Date <i>2/6/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eugene Palacios</i>	7 Amount of contribution (\$) <i>\$1,160⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7404 N-12th St McAllen, TX. 78504</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leonel Garza III</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1419 Dove Ave Ste 1 McAllen, TX. 78504</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raba Kistner PAC INC</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O Box 690287 San Antonio, Texas 78269</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>000103903</i>) <i>HBR INC - Political Action Committee</i>	Amount of contribution (\$) <i>\$1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8404 Indian Hills Dr. Omaha, NE 68114 - FEC ID# 000103903</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rio Grande Estates</i>	Amount of contribution (\$) <i>\$1,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 3609 McAllen, Texas 78502</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission Staff)

4 Date

2/6/14

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

Rio Largo Development LP

6 Contributor address; City; State; Zip Code

*P.O. Box 3609
McAllen, Texas 78502*

7 Amount of contribution (\$)

\$ 1000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

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

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

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/5/14</i>	5 Payee name <i>Godinez Communications</i>	7 Amount (\$) <i>\$13,837.58</i>
6 Payee address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Field operation and social media</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>2/7/14</i>	Payee name <i>Godinez Communications</i>	Amount (\$) <i>\$18,703.58</i>
Payee address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Social media & field operations</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>2/13/14</i>	Payee name <i>Godinez Communications</i>	Amount (\$) <i>\$7,000.00</i>
Payee address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Social Media and TV-Commercial</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>2/9/14</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$141.02</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta, GA. 30348</i>		
Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Hector "Tito" Palacios* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/18/14</i>	5 Payee name <i>Godinez Communication</i>	7 Amount (\$) <i>\$12,000⁰⁰</i>
6 Payee address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Field operation & social media</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>2/23/14</i>	Payee name <i>Printworks</i>	Amount (\$) <i>\$5,000⁰⁰</i>
Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, Texas 78501</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Direct mail</i>	-- Complete 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 payment (See instructions regarding type of information required.)	-- Complete 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 payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Hector "Tito" Alarcón

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete 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 payment (See instructions regarding type of information required.)

** Complete 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 payment (See instructions regarding type of information required.)

** Complete 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 payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

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

ATTACH ADDITIONAL COPIES OF THIS FORM 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

Hector "Tito" Palacios

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder