

# 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 <i>Hector F.</i>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <i>"Tito" PALACIOS</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>P. O. Box 582 SAN JUAN, TEXAS 78589</i>	Date Received <i>Relat 4:40 P.M.</i>	
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(956) 787-1891</i>	Date Hand-delivered or Date Postmarked <b>RECEIVED FEB 03 2014</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MAURO A.</i>	Receipt #	Amount
	NICKNAME LAST SUFFIX <i>"Mando" TIREVINO</i>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>912 S. KING ROAD SAN JUAN, TEXAS 78585</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 781-5914</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>1 / 1 / 2014    1 / 31 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 04 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <i>Hidalgo County Commissioner Act #2</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. 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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Hector "TITO" PALACIOS 16 ACCOUNT # (Ethics Commission filers)

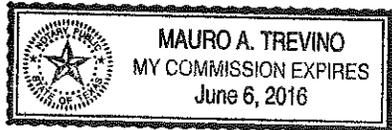
17 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 19,500 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,102.41
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 Hector "TITO" PALACIOS, this the 3rd day of Feb., 20 14, 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  
Treasurer 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

*Hector "Tito" PALACIOS*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12/11/13*

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

*Michael Sexton*

6 Contributor address; City; State; Zip Code

*11212 Real Quiet Dr.  
Austin, TEXAS 78748*

7 Amount of contribution (\$)

*\$1,000<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/19/13*

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

*IBC - IBC PAC State*

Contributor address; City; State; Zip Code

*One South Broadway  
McAllen, TEXAS 78501*

Amount of contribution (\$)

*\$1,000<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/30/13*

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

*Memorial Funeral Home*

Contributor address; City; State; Zip Code

*P.O. BOX 125  
San Juan, TEXAS 78589*

Amount of contribution (\$)

*\$500<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/30/13*

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

*Memorial Funeral Home*

Contributor address; City; State; Zip Code

*P.O BOX 1517  
Edinburg, TEXAS 78540-1517*

Amount of contribution (\$)

*\$500<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/13/14*

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

*Jose Chanin*

Contributor address; City; State; Zip Code

*One South Broadway  
McAllen, TEXAS 78501*

Amount of contribution (\$)

*\$500<sup>00</sup>*

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 # (Ethics Commission filers)

4 Date

1/13/14

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

AMANCIO CHAZO

Contributor address; City; State; Zip Code

One South Broadway  
McAllen, TEXAS 78501

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/13/14

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

Antonio Ortega

Contributor address; City; State; Zip Code

One South Broadway  
McAllen, TEXAS 78501

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/14

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

CARLOS GARZA

Contributor address; City; State; Zip Code

One South Broadway

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/9/14

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

JAMES A. BROADDUS

Contributor address; City; State; Zip Code

805 Rainbow Cove  
Austin, TEXAS 78746

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/14

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

RAMA TRANSPORT LLC

Contributor address; City; State; Zip Code

2701 SANTA ANA  
MISSION, TEXAS 78572

Amount of contribution (\$)

\$2,000<sup>00</sup>

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 # (Ethics Commission filers)

4 Date

4/13/14

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

DIANN M. BARTOK

6 Contributor address; City; State; Zip Code

112 E. PECAN STE. 1800  
SAN ANTONIO, TEXAS 78205

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/17/14

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

Jerry L. Abbott

Contributor address; City; State; Zip Code

P.O. Box 5780  
McAllen, Texas 78502-5780

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/14

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

J. Michael Moore Law Firm P.C.

Contributor address; City; State; Zip Code

4900 N. 10th St - Ste. E2  
McAllen, Texas 78504

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/14

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

GAZZA LONG INVESTMENTS LLC

Contributor address; City; State; Zip Code

1402 Woodland  
Weslaco, Texas 78596

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/14

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

David O. Rogers

Contributor address; City; State; Zip Code

P.O. Box 1097  
Edinburg, Texas 78539

Amount of contribution (\$)

\$2000<sup>00</sup>

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 # (Ethics Commission filers)

4 Date

1/15/14

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

Jesus SALINAS

6 Contributor address; City; State; Zip Code

1201 E. Expressway 83  
MISSION, TEXAS 78572-6026

7 Amount of contribution (\$)

\$1,000<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/12/14

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

Gumecindo Ybarra

Contributor address; City; State; Zip Code

2811 E. mile 9 1/2 N.  
DONNA, TEXAS 78537-9801

Amount of contribution (\$)

\$2,500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/14

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

Quality Ready Mix LTD-LLP

Contributor address; City; State; Zip Code

P.O. Box 10100  
CORPUS CHRISTI, TEXAS 78460

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/14

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

Alberto + ALMA TREVINO

Contributor address; City; State; Zip Code

819 N. Veterans Blvd.  
Pharr, TEXAS 78577-4307

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/14

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

Saeuz Brothers Construction

Contributor address; City; State; Zip Code

3226 North Victoria Rd  
DONNA, TEXAS 78537

Amount of contribution (\$)

\$1,500<sup>00</sup>

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.

# 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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Hector "TITO" Palacios*

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

not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

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

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

**If lender 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 *Hector "Tito" PALACIOS* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/18/13</i>	5 Payee name <i>Rio Grande Valley Heritage Center</i>	7 Amount (\$) <i>\$700<sup>00</sup></i>
6 Payee address; City, State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <i>Donation from RGV Literacy Fundraiser</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <i>12/13/13</i>	Payee name <i>Godinez Construction</i>	Amount (\$) <i>\$4,171<sup>00</sup></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>Field Operation - Sharp McAllen + SAN JUAN</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>12/17/13</i>	Payee name <i>Berta PALACIOS</i>	Amount (\$) <i>\$233.43</i>
Payee address; City, State; Zip Code <i>P.O Box 582 San Juan, Texas 78589</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Campaign reimbursement Expense</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>12/23/13</i>	Payee name <i>Donato Medina</i>	Amount (\$) <i>\$1,000<sup>00</sup></i>
Payee address; City, State; Zip Code <i>1701 Orchid Ave McAllen, Texas 78504</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Consulting Contract</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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" PALACIAS

3 ACCOUNT # (Ethics Commission files)

4 Date

12/17/10

5 Payee name

Paint Works

6 Payee address; City; State; Zip Code

1414 Pecan Blvd.  
McAllen, Texas 78501

7 Amount (\$)

\$7,607.81

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

Campaign Expense - Crown

Invoices 8046, 8034, + 8027

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/20/13

Payee name

ELIAS PEDRAZA

Payee address; City; State; Zip Code

Amount (\$)

\$400.00

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

Campaign Expense - Meeting  
Room rental

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1/14/14

Payee name

Verizon Wireless

Payee address; City; State; Zip Code

P O BOX 105378  
Atlanta, GA. 30348

Amount (\$)

\$146.18

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

cell phone

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1/22/14

Payee name

Beto's Screen Printing

Payee address; City; State; Zip Code

110 W. 4th St  
San Juan, Texas 78500

Amount (\$)

\$4,844.19

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

Campaign Expense -  
Campaign Political Sign

\*\* 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" 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.)		<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# 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.)	

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

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

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

Date	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	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 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