

# 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

TITLE	FIRST	MI
Comm.	Hector	F
NICKNAME	LAST	SUFFIX
"Tito"	PALACIOS	

OFFICE USE ONLY

Date Received

*2007 JAN 12 PM 1:51*

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
P.O. BOX 582		SAN JUAN, TEXAS		78589

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
Treasurer	MAURO	A.
NICKNAME	LAST	SUFFIX
"Mando"	TREVIÑO	

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
912 South King St.		SAN JUAN, TEXAS		78589

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	781-5916	

8 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
7	1	06		12	31	06

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
/ /	

11 OFFICE

OFFICE HELD (if any) Hidalgo County Commissioner - Pct #2

12 OFFICE SOUGHT (if known)

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Hector "Tito" PALACIOS

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,829.14

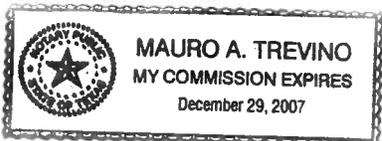
OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

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



*Hector Palacios*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 8<sup>th</sup> day of JANUARY, 2007, 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			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code				
9 Principal occupation			10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation			Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation			Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation			Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code				
Principal occupation			Employer (optional)	

**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		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;      City; State; Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code			
Principal occupation		Employer (optional)	

**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:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:                   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
--	----

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC	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 Description of Collateral <input type="checkbox"/> none
---

13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address;   City;   State;   Zip Code	

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC	Loan Amount (\$)
Is lender a financial institution?  Y           N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date

Description of Collateral <input type="checkbox"/> none
--

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;   City;   State;   Zip Code	

Principal Occupation	Employer
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**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 <i>Hector "TiTo" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/16/06</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$163.49</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 8004 Little Rock, ARK. 72203</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Cell phone.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>8/1/06</i>	Payee name <i>P.S.J.A. Quarterback Club</i>	Amount (\$) <i>\$150<sup>00</sup></i>
Payee address; City; State; Zip Code <i>1229 South E. Rd San Juan, TEXAS 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Contributions Adv. in Football Program for PSJA Bears</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>8/3/06</i>	Payee name <i>MARIA M. PALACIOS</i>	Amount (\$) <i>\$65<sup>00</sup></i>
Payee address; City; State; Zip Code <i>602 E. Bus. 83 Highway Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation for Saldivan Farm. Expenses For funeral</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>8/4/06</i>	Payee name <i>Pharr Police Department</i>	Amount (\$) <i>\$200<sup>00</sup></i>
Payee address; City; State; Zip Code <i>1900 S. Case Blvd. Pharr, TEXAS 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - National Nite out</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 <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission files) _____
4 Date <i>8/6/06</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$141.12</i>
6 Payee address; City, State; Zip Code <i>P.O. Box 8004 Little Rock, Ark. 72203</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Cell Phone</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>8/7/06</i>	Payee name <i>Pham Boys &amp; Girls Club</i>	Amount (\$) <i>\$100.00</i>
Payee address; City, State; Zip Code <i>413 E. Clark St. Pham, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - fundraiser - BBA Tickets</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>9/12/06</i>	Payee name <i>Cristina Guajardo</i>	Amount (\$) <i>\$100.00</i>
Payee address; City, State; Zip Code <i>P.O. Box 128 San Juan, Texas 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Cristina Guajardo Fam. Expense</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>9/15/06</i>	Payee name <i>2006 Mayor's Cup Golf Tournament</i>	Amount (\$) <i>\$100.00</i>
Payee address; City, State; Zip Code <i>South Moore Rd. Pham, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Golf Tourney</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____

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**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 files) _____
4 Date <i>9/10/06</i>	5 Payee name <i>MAURO A. TREVIÑO</i>	7 Amount (\$) <i>\$84.75</i>
6 Payee address; City, State; Zip Code <i>912 S. KING SAN JUAN, TEXAS 78589</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursment for coffee, cups, cream, sugar (sams)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>9/20/06</i>	Payee name <i>ALTEL</i>	Amount (\$) <i>\$122.23</i>
Payee address; City, State; Zip Code <i>P.O. BOX 8004 LITTLE ROCK, ARK. 72203</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 _____
Date <i>10/06/06</i>	Payee name <i>Wings As. Eagles Church</i>	Amount (\$) <i>\$100<sup>00</sup></i>
Payee address; City, State; Zip Code <i>806 South I. RD. Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>donation - BBQ tickets</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>10/11/06</i>	Payee name <i>MAURO A. TREVIÑO</i>	Amount (\$) <i>\$119.56</i>
Payee address; City, State; Zip Code <i>912 S. KING SAN JUAN, TEXAS 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - After Funeral Meal for Longoria Fam,</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" Palacio</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>10/17/06</i>	5 Payee name <i>Valley Christian Heritage School</i>	7 Amount (\$) <i>\$140<sup>00</sup></i>
6 Payee address; City, State; Zip Code <i>North 7th 907 Alamo, Texas 78516</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Fundraiser BBQ Tickets</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/18/06</i>	Payee name <i>Light of Hope</i>	Amount (\$) <i>\$100<sup>00</sup></i>
Payee address; City, State; Zip Code <i>P.O. Box 5441 McAllen, Texas 78502</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation BBQ Tickets (Fundraiser)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/19/06</i>	Payee name <i>Delta Specialty Signs</i>	Amount (\$) <i>\$127.50</i>
Payee address; City, State; Zip Code <i>RR1, Box 276 Edinburg, Texas 78539</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - 1957 Homecoming Miss for Class of 57</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/20/06</i>	Payee name <i>Aritel</i>	Amount (\$) <i>\$122.<sup>23</sup></i>
Payee address; City, State; Zip Code <i>P.O. Box 8004 Little Rock, Ark. 72203</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

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**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 <b>10/26/06</b>	5 Payee name <b>MDA</b> 6 Payee address; City, State; Zip Code <b>222 E. VAN BUREN WAXLUGEN, TEXAS 78550</b>	7 Amount (\$) <b>\$ 250<sup>00</sup></b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Donation - Lock-up Computer - Fundraiser</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>11/6/06</b>	Payee name <b>HEB</b> Payee address; City, State; Zip Code <b>Bus. 83 &amp; I-37 Phan, Texas</b>	Amount (\$) <b>\$ 91.84</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Donation - Turkey for meals for Colonia from served by Community Resource Center</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>11/9/06</b>	Payee name <b>J. J. Rentals</b> Payee address; City, State; Zip Code <b>201 N. Bicentennial Blvd McAllen, Texas 78501</b>	Amount (\$) <b>\$ 250<sup>00</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>Donation - PSJA High Student Council Veterans Day Activities</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>11/3/06</b>	Payee name <b>Petty Cash</b> Payee address; City, State; Zip Code <b>912 S. King San Juan, Texas 78589</b>	Amount (\$) <b>\$ 243.<sup>30</sup>/<sub>100</sub></b>
------------------------	---	---

Purpose of payment (See instructions regarding type of information required.) <b>Petty Cash for Misc Expense 200<sup>00</sup> Reimbursement for gas mileage - <math>\frac{43.30}{243.30}</math></b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**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 files) _____
4 Date <i>11/20/06</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$ 121.61</i>
6 Payee address; City, State; Zip Code <i>P.O. Box 8004 Little Rock, Ark. 72203</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>11/20/06</i>	Payee name <i>Athletic World Advertisin;</i>	Amount (\$) <i>\$ 519.<sup>98</sup>/<sub>2</sub></i>
Payee address; City, State; Zip Code <i>P.O. Box 8730 Jayotville, AR. 72703</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <i>PSJA - High</i> <i>PSJA - Normal</i> } <i>Full Program Sport Posters</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>11/20/06</i>	Payee name <i>Newsweek Magazine</i>	Amount (\$) <i>\$ 31.86</i>
Payee address; City, State; Zip Code <i>P.O. Box 5551 HARLAN, IA. 57593</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Subscription</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>11/22/06</i>	Payee name <i>H.E.B.</i>	Amount (\$) <i>\$ 18.<sup>89</sup></i>
Payee address; City, State; Zip Code <i>1300 E. Hiway 83 Pham, Texas 79577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Employee Thank you meal</i> <i>Bowl, Cakes, Ice Tea.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**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 files)
4 Date <i>11/22/06</i>	5 Payee name <i>Unde Roys BBQ</i> 6 Payee address; City, State; Zip Code <i>602 E. Business 83 Phan, Texas 78577</i>	7 Amount (\$) <i>\$441<sup>00</sup>/<sub>2</sub></i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Employee Thanksgiving meal</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/8/06</i>	Payee name <i>J. Hugo Ruiz</i> Payee address; City, State; Zip Code <i>519 East Hawk Phan, Texas 78577</i>	Amount (\$) <i>\$50<sup>00</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>DONATION - Christmas Gift for kids by Hugo Ruiz</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/7/08</i>	Payee name <i>ALLTEL</i> Payee address; City, State; Zip Code <i>P.O. Box 8004 Little Rock, Ark. 72203</i>	Amount (\$) <i>\$126.61</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
Date <i>12/11/08</i>	Payee name <i>Lorena Day Care</i> Payee address; City, State; Zip Code <i>E. Wright St Phan, Texas</i>	Amount (\$) <i>\$50<sup>00</sup></i>
Purpose of payment (See instructions regarding type of information required.) <i>DONATION - fundraiser - BBQ plates</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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>12/11/06</i>	5 Payee name <i>DeLi'a's Tamales</i> 6 Payee address; City, State; Zip Code <i>825 W. Ferguson St. Pharr, Texas 78577</i>	7 Amount (\$) <i>\$215.<sup>15</sup>/<sub>100</sub></i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Tamales for employee Christmas Party.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/01/06</i>	Payee name <i>Harold County Kitchen</i> Payee address; City, State; Zip Code <i>2111 E. Hwy 83 Donna, Texas 78537</i>	Amount (\$) <i>\$1568.<sup>00</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation Catholic Christmas meal for employee meal + tip</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/14/06</i>	Payee name <i>Postmaster</i> Payee address; City, State; Zip Code <i>301 W. Park St. Pharr, Texas 78577</i>	Amount (\$) <i>\$39.<sup>40</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>Stamps for Christmas cards mail out</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/14/06</i>	Payee name <i>O'Neills Specialty</i> Payee address; City, State; Zip Code <i>200 S. Cage Blvd. Pharr, Texas 78577</i>	Amount (\$) <i>\$134.<sup>62</sup>/<sub>100</sub></i>
Purpose of payment (See instructions regarding type of information required.) <i>Red &amp; Green Table Top Paper Company (Employee Christmas party)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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**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>12/15/06</i>	5 Payee name <i>End-Zone Athletic</i>	7 Amount (\$) <i>\$200<sup>00</sup></i>
6 Payee address; City, State; Zip Code <i>P.O. Box 530898 Grand Prairie, TEXAS 75053</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation PSJA North Rally Towel</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought _____ Office held _____
Date <i>12/18/06</i>	Payee name <i>Mauro A. Trevino</i>	Amount (\$) <i>\$541.<sup>00</sup></i>
Payee address; City, State; Zip Code <i>912 S. Ilius San Juan, TX 78581</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Christmas party 2006 prices printed at Wal-Mart - (Walmart PM, cookware coffee pot, ect)</i>		9 -- 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.)		9 -- 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.)		9 -- 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	3 ACCOUNT # (Ethics Commission filers)
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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

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# 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		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 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# 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	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name ..... 6 Payee address;      City; State; Zip Code	8 Amount (\$)
	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.)	

Date	Payee name ..... Payee address;      City; State; Zip Code	Amount (\$)
	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.)	

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

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address; City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> 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**

**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 a candidate \*\***

**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.

\_\_\_\_\_  
Signature of Officeholder