

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 / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;"> Hecton F </div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;"> "TITO" PALACIOS </div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="font-size: 0.8em;"> Date Received: <u>2008 JAN 15 PM 3:21</u> Date Hand-Delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> P. O. Box 582 SAN JUAN, TEXAS 78589 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> (956) 787-1891 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;"> MAURO A </div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;"> "Mando" TREVINO </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> 912 S. King Rd. SAN JUAN, TEXAS 78589 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> (956) 781-5916 </div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;"> 7 / 01 / 2007 THROUGH 12 / 31 / 2007 </div>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em;"> / / / </div>										
12 OFFICE	OFFICE HELD (if any) <u>Hidalgo County</u> <u>Commissioner Pct. # 2</u>	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 files)**

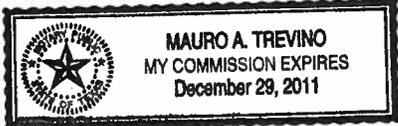
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,603.94</u>
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 15th day of JANUARY, 2008, 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

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 "Ti To" PALACIOS</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 files)

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)
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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)
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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)
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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
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME <i>Hector "TiTo" PALacios</i>	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 (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)
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14 Description of Collateral <input type="checkbox"/> none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> 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)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/18/07

5 Payee name

ALLtel

6 Payee address; City; State; Zip Code

P.O. Box 79033
PHOENIX, AZ. 85062-9033

7 Amount (\$)

\$122.62

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

cell phone

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

Candidate / Officeholder name Office sought Office held

Date

7/18/07

Payee name

MAURO A. TRIVINO

Payee address; City; State; Zip Code

912 S. KING
SAN JUAN, TEXAS 78589

Amount (\$)

\$39.33

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

LJ PARK GRANDOPENINGS -
Reimbursement for. Cokes, Ice, cups, ect

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

Candidate / Officeholder name Office sought Office held

Date

7/30/07

Payee name

O'NEILL School + Office Supply

Payee address; City; State; Zip Code

South Case Blvd.
PHARO, TEXAS 78577

Amount (\$)

\$144.60

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

Donation - South Tower Night out
(School Supplies)

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

Candidate / Officeholder name Office sought Office held

Date

8/3/07

Payee name

McAllen Evening Lions Club

Payee address; City; State; Zip Code

205 N. 15th
MCALEN, TEXAS 78501

Amount (\$)

\$237.50

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

Donation

** 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 filers)
4 Date <i>8/10/07</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$122.06</i>
6 Payee address: City: State: Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062-9033</i>		
8 Purpose of expenditure <i>cell phone</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>8/11/07</i>	Payee name <i>HEB</i>	Amount (\$) <i>\$51.58</i>
Payee address: City: State: Zip Code <i>901 W. Expressway 83 San Juan, TEXAS</i>		
Purpose of expenditure <i>Donation - Employee retirement party</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>8/17/07</i>	Payee name <i>PSTA Quarterback Club</i>	Amount (\$) <i>\$150.00</i>
Payee address: City: State: Zip Code <i>I-10 & Ridge Rd Phan, TEXAS 78577</i>		
Purpose of expenditure <i>Donation - Football program adv.</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>8/22/07</i>	Payee name <i>Hidalgo Chamber of Commerce</i>	Amount (\$) <i>\$160.00</i>
Payee address: City: State: Zip Code <i>611 East COMA Ave Hidalgo, TEXAS 78557</i>		
Purpose of expenditure <i>Dues.</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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

5 Payee name

7

Amount
(\$)

8/31/07

U.S. News & World Report

6 Payee address; City; State; Zip Code

P.O. Box 2004

LA Habra, Ca. 90632

\$49.75

8 Purpose of expenditure

Does

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

8/31/07

MENS HEALTH

Payee address; City; State; Zip Code

1819 POLK ST. #345

San Francisco, Ca. 94109

\$24.94

Purpose of expenditure

Does

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

8/31/07

HISPANIC MAGAZINE

Payee address; City; State; Zip Code

PO Box 7172158

Staten Island, Nev. 89449

\$36⁰⁰

Purpose of expenditure

Does

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

8/31/07

HISPANIC BUSINESS

Payee address; City; State; Zip Code

PO Box 498

Mt. Morris, IL. 61054

\$24.00

Purpose of expenditure

Does

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

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

5 Payee name

7

Amount
(\$)

9/13/07

ALLTEL

6 Payee address; City; State; Zip Code

P.O. Box 79033

Phoenix, AZ. 85062-9033

\$122.06

8 Purpose of expenditure

Cell phone

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/4/07

CAAP

Payee address; City; State; Zip Code

205 N. 15th

McAllen, Texas 78503

\$425⁰⁰

Purpose of expenditure

Donation

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/4/07

ALLTEL

Payee address; City; State; Zip Code

P.O. Box 79033

Phoenix, AZ. 85062-9033

\$122.06

Purpose of expenditure

Cell phone

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

11/3/07

Arnoldo Palacios

Payee address; City; State; Zip Code

4616 W. Monte Cristo

Edinburg, Texas 78539

\$100⁰⁰

Purpose of expenditure

Donation - BBQ Tickets

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

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

5 Payee name

7

Amount
(\$)

11/5/07

Concerns Citizen Committee of Hidalgo

6 Payee address; City: State: Zip Code

P.O. Box 96

Hidalgo, Texas 78557

\$1000⁰⁰

8 Purpose of expenditure

Donation. Sponsor Golf Tournament.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/24/07

Best Buy

Payee address; City: State: Zip Code

700 South Jackson

McAllen, Texas 78503

\$60.05

Purpose of expenditure

Firewire card for camera

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/26/07

LEO GARZA

Payee address; City: State: Zip Code

LA JOYA, TEXAS

\$60.00

Purpose of expenditure

Donation - (Cancer Patient) BBQ Tickets

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/31/07

Mauricio A. Trevino

Payee address; City: State: Zip Code

912 S. KINGS

San Juan, Texas 78589

\$40.04

Purpose of expenditure

Reimbursement for 2nd Firewire card.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

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

5 Payee name

7 Amount (\$)

11/5/07

Sacred Heart Church - Hidalgo

6 Payee address; City; State; Zip Code

2nd + Camelia St.

Hidalgo, Texas 78557

\$ 599.00

8 Purpose of expenditure

Donation - benefit Raffle

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

11/7/07

M. D. A.

Payee address; City; State; Zip Code

222 E. VAN BUREN

Harlingen, Texas 78550

\$ 500.00

Purpose of expenditure

Donation

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

11/13/07

Alltel

Payee address; City; State; Zip Code

P.O. Box 79033

Phoenix, AZ. 85062-9033

\$ 121.93

Purpose of expenditure

cell phone

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

11/14/07

Governing

Payee address; City; State; Zip Code

\$ 16.00

Purpose of expenditure

Dues

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

Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES.

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME <i>Hector "TITO" PALACIOS</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>11/14/07</i>	5 Payee name <i>P D Q Printing</i> 6 Payee address: City: State: Zip Code <i>909 West Dove McAllen, Texas 78504</i>	7 Amount (\$) <i>\$840.72</i>
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8 Purpose of expenditure <i>Comm. Letterhead + Envelopes</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date <i>11/21/07</i>	Payee name <i>Forns Cateria</i> Payee address: City: State: Zip Code <i>901 W. Expressway McAllen, Texas 78501</i>	Amount (\$) <i>\$448.13</i>
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Purpose of expenditure <i>Donation Employee Thanksgiving Luncheon</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date <i>12/6/07</i>	Payee name <i>Alltel</i> Payee address: City: State: Zip Code <i>P.O Box 79033 Phoenix, AZ 85062-9033</i>	Amount (\$) <i>\$121.93</i>
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Purpose of expenditure <i>Cell Phon</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date <i>12/12/07</i>	Payee name <i>CAAP</i> Payee address: City: State: Zip Code <i>205 N. 15th McAllen, Texas 78503</i>	Amount (\$) <i>\$225⁰⁰</i>
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Purpose of expenditure <i>Donation</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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

5 Payee name

7

Amount
(\$)

12/12/07

Mauro A. Trevino

6 Payee address; City; State; Zip Code

912 S. KING

San Juan, Texas 78589

\$ 21.75

8 Purpose of expenditure

Contribution - (HEB) Pastries for Insurance
Personal9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12/13/07

Beto's Screen Printing

Payee address; City; State; Zip Code

110 W. 4th Street

San Juan, Texas 78589

\$ 433.00

Purpose of expenditure

Comm. Project Signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12/14/07

Postmaster

Payee address; City; State; Zip Code

West State Park Street

Pharr, Texas 78577

\$ 41.00

Purpose of expenditure

Contribution - postage stamps

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12/17/07

HEB

Payee address; City; State; Zip Code

1300 East J-120

San Juan, Texas

\$ 13.40

Purpose of expenditure

Christmas Card for Comm.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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 files)

4 Date <i>12/17/07</i>	5 Payee name <i>JULIA JACKSON</i> 6 Payee address; City, State; Zip Code <i>South Banner St. Phan, Texas 78577</i>	7 Amount (\$) <i>\$19.47</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Christmas Cards (HEB)</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>12/18/07</i>	Payee name <i>McCoys Building Supply</i> Payee address; City, State; Zip Code <i>1120 West Highway 83 Phan, Texas 78577</i>	Amount (\$) <i>\$111.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Plywood for project signs</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
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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
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Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
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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
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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	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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 "Ti To" 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 .. Complete if direct expenditure to benefit C/OH .. 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.)		.. Complete if direct expenditure to benefit C/OH .. 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.)		.. Complete if direct expenditure to benefit C/OH .. 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.)		.. 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 <i>Hector "TITO" PALACIOS</i>	3 ACCOUNT # (Ethics Commission filers)

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.)	

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 files)

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

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