

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Hector "Ti To" Palacios

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

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

\$ 50,390.⁰⁰/₁₀₀

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,636.⁵⁸

CONTRIBUTION BALANCE

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

\$

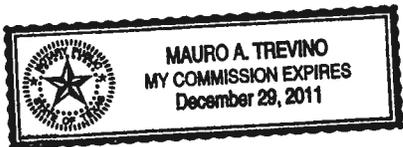
OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Hector Palacios

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 12th day of JANUARY, 2009, 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: <i>1 of 7</i>	
2 FILER NAME <i>Hector "Tito" PALacios</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/6/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matilde Y. Ruiz</i>	7 Amount of contribution (\$) <i>\$1,500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Mi. 9.5 N. Victoria Rd. DONNA, TEXAS 78537</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ELADIO GARZA</i>	Amount of contribution (\$) <i>1st Annual Golf Tournament Fundraiser \$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>26863 Baker Potts Rd. Hurlinger, Texas 78552</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIA E. BUCHANAN</i>	Amount of contribution (\$) <i>1st Annual Golf Tournament Fundraiser 1,000⁻</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2310 Northgate Cr. Weslaco, Texas 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hugo P. Gonzalez</i>	Amount of contribution (\$) <i>1st Annual Golf Tournament Fundraiser \$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6909 Windy Cove Cn Corpus Christi, Texas 78414</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Godfrey GARZA Jr.</i>	Amount of contribution (\$) <i>1st Annual Golf Tournament Fundraiser \$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4209 8-Mile Lane Edinburg, Texas 78541</i>		(If travel outside of Texas, complete Schedule T)	
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 of 7

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/14/08

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

ERIC C. YBARRA

6 Contributor address; City; State; Zip Code

P.O. Box 8337
Weslaco, Texas 78599

7 Amount of contribution (\$)
Not Annual Golf Tournament Fundraising
\$2,000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

10/20/08

JAMES DANNENBAUM

Contributor address; City; State; Zip Code

3100 W. ALABAMA ST.
HOUSTON, TEXAS 77098

Amount of contribution (\$)
Not Annual Golf Tournament Fundraising
\$5,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

10/14/08

JONATHAN GARZA

Contributor address; City; State; Zip Code

8380 EL MUNDO ST. APT. 523
HOUSTON, TEXAS 77054

Amount of contribution (\$)
Not Annual Golf Tournament Fundraising
\$1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

10/24/08

LEONEL GARZA III

Contributor address; City; State; Zip Code

1419 Dove Ave. Ste. #1
McAllen, Texas 78504

Amount of contribution (\$)
Not Annual Golf Tournament Fundraising
\$1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

10/21/08

JACINTO GARZA

Contributor address; City; State; Zip Code

27304 S. Bass Blvd.
Harlingen, Texas 78552

Amount of contribution (\$)
Not Annual Golf Tournament Fundraising
\$2,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

3 of 7

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/08

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

MARISela G. MARIN

6 Contributor address; City; State; Zip Code

1501 CARMELIAN DR
WESLACO, TEXAS 78596

7 Amount of contribution (\$)

for Annual Golf Tournament Fundraiser
\$1,500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/22/08

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

Mad Cow Media Production

Contributor address; City; State; Zip Code

9120 North 23rd St
McAllen, Texas 78504

Amount of contribution (\$)

for Annual Golf Tournament Fundraiser
\$1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/08

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

Reza Badiozzamani

Contributor address; City; State; Zip Code

2820 Royal Palm Cr.
McAllen, Texas 78501

Amount of contribution (\$)

for Annual Golf Tournament Fundraiser
\$1,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/08

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

Dereen Li

Contributor address; City; State; Zip Code

3000 Greenridge Dr. Apt. 1807
Houston, Texas 77057

Amount of contribution (\$)

for Annual Golf Tournament Fundraiser
\$1,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/6/08

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

Merry E. Pate

Contributor address; City; State; Zip Code

22 Las Encinas
MAGNOLIA, TEXAS 77354

Amount of contribution (\$)

for Annual Golf Tournament Fundraiser
\$2,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 7

2 FILER NAME

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/10/08

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

Ramirez Guerrero LLP

6 Contributor address; City; State; Zip Code

600 E. NOLANA - 2nd floor
McAllen, Texas 78504

7 Amount of contribution (\$)
 in-kind contribution
 to amount \$1,000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/12/08

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

Joe Salazar III

Contributor address; City; State; Zip Code

611 E. LOOP 499
Harlingen, Texas 78550

Amount of contribution (\$)
 in-kind contribution
 to amount \$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/08

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

Alamo Insurance Group Inc.

Contributor address; City; State; Zip Code

3201 Cherry Ridge Dr Suite 405-D
San Antonio, Texas 78230

Amount of contribution (\$)
 in-kind contribution
 to amount \$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/08

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

Paul & Carolinas Palms

Contributor address; City; State; Zip Code

705 Dawson Drive
Edinburg, Texas 78539

Amount of contribution (\$)
 in-kind contribution
 to amount \$1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Alfonso & Norma Quintanilla

Contributor address; City; State; Zip Code

100 E. Emory Dr
McAllen, Texas 78504

Amount of contribution (\$)
 in-kind contribution
 to amount \$1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS 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:
5 of 7

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/12/08

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

Javier Hinojosa

6 Contributor address; City; State; Zip Code

**1308 Encanto Blvd.
Mission, Texas 78574**

7 Amount of contribution (\$) **\$1,000⁰⁰**
int annual golf tournament fundraiser

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

11/12/08

Jose Eduardo Saez

Contributor address; City; State; Zip Code

**3113 Las Cruces
Edinburg, Texas 78539**

Amount of contribution (\$) **\$1,000⁰⁰**
int annual golf tournament fundraiser

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/12/08

RABA-Kistner PAC Inc.

Contributor address; City; State; Zip Code

**P.O. Box 690287
San Antonio, Texas 78269**

Amount of contribution (\$) **\$1,000⁰⁰**
int annual golf tournament fundraiser

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/13/08

EARL & Associates P.C.

Contributor address; City; State; Zip Code

**15303 Huebner Blvd.
San Antonio, Texas 78248**

Amount of contribution (\$) **\$2,500⁰⁰**
int annual golf tournament fundraiser

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/18/08

Ricardo - Brandy Ceballos Jr

Contributor address; City; State; Zip Code

**6301 N. 20th St.
McAllen, Texas 78504**

Amount of contribution (\$) **\$250⁰⁰**
int annual golf tournament fundraiser

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS 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:
6 of 7

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/14/08

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

Atlas + Hall LLP

6 Contributor address; City; State; Zip Code

P.O. Drawer 3725
McAllen, Texas 78502

7 Amount of contribution (\$)
Net Annual Golf
Tournament Fundraising
\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

11/15/08

Miguel Angel Peña

Contributor address; City; State; Zip Code

909 South 5th St
McAllen, Texas 78501

Amount of contribution (\$)
Net Annual Golf
Tournament Fundraising
\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/15/08

ISAIAH (IKE) Flores

Contributor address; City; State; Zip Code

1230 South Hulsache St
Pharr, Texas 78577

Amount of contribution (\$)
Net Annual Golf
Tournament Fundraising
\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/15/08

Ricardo Gonzalez

Contributor address; City; State; Zip Code

2704 N. 27th St.
McAllen, Texas 78501

Amount of contribution (\$)
Net Annual Golf
Tournament Fundraising
\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

11/15/08

Rebecca NANA GAIZZI

Contributor address; City; State; Zip Code

1210 E. PINE
Pharr, Texas 78577

Amount of contribution (\$)
Net Annual Golf
Tournament Fundraising
\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7 of 7

2 FILER NAME
Hector "Tito" Palacio

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/15/08

5 Full name of contributor out-of-state PAC (ID#: _____)
J. Benito Rodriguez

6 Contributor address; City; State; Zip Code
1302 E. Rancho Blanco
Pharr, Texas 78577

7 Amount of contribution (\$) In-kind contribution description (if applicable)
for Annual golf tournament fundraiser
\$40.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/15/08

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

Contributor address; City; State; Zip Code
2108 Scott Ln.
Mission, Texas 78572

Amount of contribution (\$) In-kind contribution description (if applicable)
for Annual golf tournament fundraiser
\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/24/08

Full name of contributor out-of-state PAC (ID#: _____)
Lindberger, Goggan, Blair, & Simpson LLP

Contributor address; City; State; Zip Code
P.O. Box 17428
Austin, Texas 78760

Amount of contribution (\$) In-kind contribution description (if applicable)
for Annual golf tournament fundraiser
\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/10/08

Full name of contributor out-of-state PAC (ID#: _____)
Perdue Brandon Fielder Collins & MOTT LLP

Contributor address; City; State; Zip Code
IN Association with law office of John David Franz
400 N. McCall Rd - suite A
McAllen, Texas 78501

Amount of contribution (\$) In-kind contribution description (if applicable)
for Annual golf tournament fundraiser
\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$) In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS 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 this Schedule B:	
2 FILER NAME <i>Hector "TITO" PALACIOS</i>		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#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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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
--------------------------------	--------------------

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
--

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 6
2 FILER NAME Hector "Tito" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/2/08	5 Payee name NORMA GARZA 6 Payee address; City; State; Zip Code 163 N. INDIANA Mercedes, Texas 78570	7 Amount (\$) \$50⁰⁰/₁₀₀
8 Purpose of payment (See instructions regarding type of information required.) Donation - BBQ Tickets		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/08/08	Payee name ALLtel Payee address; City; State; Zip Code P.O. Box 79033 Phoenix, AZ 85062	Amount (\$) \$74.57
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 8/7/08	Payee name ALLtel Payee address; City; State; Zip Code P.O. Box 79033 Phoenix, AZ 85062	Amount (\$) \$163.87
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 8/13/08	Payee name Lions Club Payee address; City; State; Zip Code 205 N. 15th St McAllen, Texas 78501	Amount (\$) \$237.⁵⁰/₁₀₀
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 of 6
2 FILER NAME Hector "Ti To" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/22/08	5 Payee name P.S.-J. A. Quarterback Club	7 Amount (\$) \$175⁰⁰/₁₀₀
6 Payee address; City; State; Zip Code Ridge n I-Rd. San Juan, Texas 78589		
8 Purpose of payment (See instructions regarding type of information required.) Contribution - Football Program Adv.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/3/08	Payee name Yolanda Jackson	Amount (\$) \$19.49₀₀
Payee address; City; State; Zip Code Phan, Texas 78577		
Purpose of payment (See instructions regarding type of information required.) Re-imbursment for cards n Envelope		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/4/08	Payee name ALLtel	Amount (\$) \$395.95
Payee address; City; State; Zip Code P.O. Box 79033 Phoenix, AZ. 85062		
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 10/12/08	Payee name ALLtel	Amount (\$) \$132.77
Payee address; City; State; Zip Code P.O. box 79033 Phoenix, AZ. 85062		
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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 6
2 FILER NAME Hector "Ti To" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/20/08	5 Payee name Sacred Heart Catholic Church 6 Payee address; City; State; Zip Code P.O. Box 742 Hidalgo, Texas 78557	7 Amount (\$) \$428⁰⁰/₁₀₀
8 Purpose of payment (See instructions regarding type of information required.) Donation - 17 ct Retolpator. (Lew's)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/3/08	Payee name ALLtel Payee address; City; State; Zip Code P.O. Box 79033 Phoenix, AZ 85062	Amount (\$) \$76.27
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 11/6/08	Payee name Postmaster Payee address; City; State; Zip Code E. Park St. Plain, Texas 78577	Amount (\$) \$42.00⁰⁰/₁₀₀
Purpose of payment (See instructions regarding type of information required.) Stamps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/08	Payee name (CAAP) Creative Academic Achievement pro-learning Center Payee address; City; State; Zip Code 205 N. 15th St McAllen, Texas 78501	Amount (\$) \$234.00⁰⁰/₁₀₀
Purpose of payment (See instructions regarding type of information required.) Donation - Help to feed 10 families		** 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: 4 of 6
2 FILER NAME Hector "Tito" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/18/08	5 Payee name Tierra del Sol 6 Payee address; City; State; Zip Code Phan, Texas 78577	7 Amount (\$) \$5,425.⁸⁶/₁₀₀
8 Purpose of payment (See instructions regarding type of information required.) 1st Annual Hector "Tito" Palacios Golf Tournament Fundraiser - Expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/25/08	Payee name Furns Cafeteria Payee address; City; State; Zip Code McAllen, Texas 785	Amount (\$) \$630.⁷³/₁₀₀
Purpose of payment (See instructions regarding type of information required.) Employee Thanksgiving Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/8/08	Payee name Childrens Haven International Payee address; City; State; Zip Code 205 N. 15th Street McAllen, Texas 78501	Amount (\$) \$245.⁰⁰/₁₀₀
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
Date 12.1.08	Payee name Knights of Columbus. Payee address; City; State; Zip Code Phan, Texas 78577	Amount (\$) \$30.⁰⁰/₁₀₀
Purpose of payment (See instructions regarding type of information required.) Contribution		** 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: 5 of 6
2 FILER NAME Hector "Tito" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/12/08	5 Payee name ALLtel 6 Payee address; City; State; Zip Code P.O. Box 79033 Phoenix, AZ- 85062	7 Amount (\$) \$ 91.14
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 12/18/08	Payee name H. E. B Payee address; City; State; Zip Code I-Rd - Bus. 83 Phan, Texas 78577	Amount (\$) \$ 28.16
Purpose of payment (See instructions regarding type of information required.) Donation - Christmas Secretin + Thank you cards		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/18/03	Payee name HEB Payee address; City; State; Zip Code I-Rd + Bus. 83 Phan, Texas 78577	Amount (\$) \$ 40.43
Purpose of payment (See instructions regarding type of information required.) Donation - Christmas Secretin for Employee Christmas Party		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 12/18/08	Payee name Family Solla store Payee address; City; State; Zip Code Business 83 + coil bl. San Juan, Texas 78585	Amount (\$) \$ 37.35
Purpose of payment (See instructions regarding type of information required.) Contribution - Secretin for Employee Christmas Party		.. 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: 6 of 6
2 FILER NAME Hector "Tito" PALACIOS		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/19/08	5 Payee name De Lia's	7 Amount (\$) \$351.28 XX
6 Payee address; City; State; Zip Code 825 W. Ferguson Pharr, Texas 78577		
8 Purpose of payment (See instructions regarding type of information required.) Tamale for pct-2 employees Christmas meal.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/08	Payee name HEB	Amount (\$) \$108.21 XX
Payee address; City; State; Zip Code 901 W. Expressway 83 San Juan, Texas 78589		
Purpose of payment (See instructions regarding type of information required.) Supplies for Employee Christmas Party. (Napkins, Colles, chips, ect.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/08	Payee name Harolds Country Kitchen	Amount (\$) \$1,472.00 XX
Payee address; City; State; Zip Code 2111 East Business Hiway 83 DONNA, Texas 78537		
Purpose of payment (See instructions regarding type of information required.) Donation - Christmas meal for Pct-2 employees.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/08	Payee name Rosa Rodriguez	Amount (\$) \$150.00 XX
Payee address; City; State; Zip Code 2111 East Business Hiway 83 DONNA, Texas 78537		
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

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**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.) (If travel outside of Texas, complete Schedule T)	
		<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.) (If travel outside of Texas, complete Schedule T)	
		<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.) (If travel outside of Texas, complete Schedule T)	
		<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.) (If travel outside of Texas, complete Schedule T)	
		<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.) (If travel outside of Texas, complete Schedule T)	
		<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 <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.) (If travel outside of Texas, complete Schedule T)		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.) (If travel outside of Texas, complete Schedule T)		-- 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.) (If travel outside of Texas, complete Schedule T)		-- 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.) (If travel outside of Texas, complete Schedule T)		-- 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.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office 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:
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2 FILER NAME <i>Hector "Tito" PALACIO</i>	3 ACCOUNT # (Ethics Commission files)
--	---------------------------------------

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.)	

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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	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Hector "Ti To" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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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