



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

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

15 C/OH NAME

*Hector "TITO" PALACIOS*

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> 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)

\$ *79,376.17*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *32,222.78*

CONTRIBUTION BALANCE

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

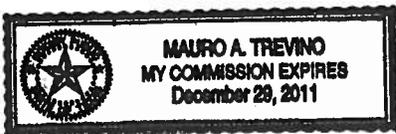
\$

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.

*Hector Palacios*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 13<sup>th</sup> day of JANUARY, 2010, to certify which, witness my hand and seal of office.

*Mauro A. Trevino*  
Signature of officer administering oath

MAURO A. TREVIÑO  
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 <b>1-09-12</b>	
2 FILER NAME <b>Hector "Ti To" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/24/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ATLAS + HALL LLP</b>	7 Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>P.O. Drawer 3725 McAllen, Texas 78502</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Saul Ortega</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>1220 Castle Cant. Edinburg, Texas 78539 -</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr. &amp; Mrs. Michael V. McCarthy</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O Box 542 Edinburg, Texas 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Javier Hinojosa Eng.</b>	Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>416 E. Dove Ave McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David O. Rogers</b>	Amount of contribution (\$) <b>\$3,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O. Box 1077 Edinburg, Texas 78540</b>		(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 <b>2 of 12</b>	
2 FILER NAME <b>Hector "Tito" PALACIOS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/25/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jose R. &amp; Irma B Guerrero</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>914 E. ALAN Pharr, Texas 78577</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Aida Ramirez</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>Ebony Park Estates Apts. 700 N. I-RD - SAN JOAN, TEXAS 78589</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ANA L. + Ricardo Canales</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>336 ROYAL LN. Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Saul Daniel Maldonado</b>	Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>801 E. Ferguson Pharr, Texas 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Deren LI</b>	Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>3000 Greenridge Dr. Apt. 1807 Houston, Texas 77057</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>3 of 12</b>	
2 FILER NAME <b>Hector "TITO" PALACIOS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/26/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JACINTO GARZA</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
	6 Contributor address, City, State, Zip Code <b>27304 S. BASS BLVD. HARLINGEN, TEXAS 78552</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ramirez + Guerrero LLP</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code <b>600 E NOLANA STE. 200 MCALLEN, TEXAS 78504</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/28/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MEDSS</b>	Amount of contribution (\$) <b>\$2,000<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code <b>RR 1, BOX 1381 DONNA, TEXAS 78537</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/28/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gustavo + Sandra CASAS</b>	Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code <b>1314 CASTILLE CT. EDINBURG, TEXAS 78539</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>PABLO GARZA Jr.</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code <b>2100 W. EXPRESS HWY 83 MERCEDOS, TEXAS 78570</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>4 of 12</b>	
2 FILER NAME <b>Hector "TITO" PALACIOS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/29/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARISELA B. MORIN</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>419 RIO GRANDE CIRCLE MISSION, TEXAS 78572</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Reza Badozzamani</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>2820 ROYAL PALM CIRCLE MCALLEN, TEXAS 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Armando J. SANDOVAL</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>2100 W. EXPRESSWAY 83 MERCEDAS, TEXAS 78570</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>S+B PAC Contribution Acct</b>	Amount of contribution (\$) <b>\$5,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O. BOX 266245 HOUSTON, TEXAS 77207</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES D. DANNEBAUM</b>	Amount of contribution (\$) <b>\$2,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>3100 W. ALABAMA ST. HOUSTON, TEXAS 77098</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>5 of 12</b>	
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/6/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LINEBARGER, GOGGAN, BLAIR + SIMPSON LLP</b>	7 Amount of contribution (\$) <b>\$5,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>P.O. BOX 17428 AUSTIN, TEXAS 78760</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TERRACON PAC</b>	Amount of contribution (\$) <b>\$750.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>6911 BLANCO ROAD SAN ANTONIO, TEXAS 78216</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BORDER HEALTH PAC</b>	Amount of contribution (\$) <b>\$5,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>612 W. NOLANA MCALLEN, TEXAS 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/22/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DIANA L IZAQUIRRE</b>	Amount of contribution (\$) <b>\$2,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>500 SOLAR DR MISSION, TEXAS 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RABA KISTNER PAC</b>	Amount of contribution (\$) <b>\$1,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O BOX 690287 SAN ANTONIO, TEXAS 78269</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>6 OF 12</b>	
2 FILER NAME <b>Hector "TiTo" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/30/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ramiro Gutierrez</b>	7 Amount of contribution (\$) <b>\$3,750<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>1203 Gumwood St. Pharr, Texas 78577</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Angel Senda</b>	Amount of contribution (\$) <b>\$350<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O Box 720391 McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jaime Ortiz</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>216 S. Francis Mercedes, Texas 78570</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jesús Salinas</b>	Amount of contribution (\$) <b>\$2,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>2108 Count Lane Mission, Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Law office of Laura Martinez Colunga</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>600 S. Closter Blvd. Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>7 of 12</b>	
2 FILER NAME <b>Hector "TiTo" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/4/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pat Townsend</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>1603 VINTAGE LN. MISSION, TEXAS 78572</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Perales &amp; FRANZ LLP</b>	Amount of contribution (\$) <b>\$1750<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>1416 DOVE AVE McALLEN, TEXAS 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/28/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Memorial Funeral Home</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>311 E EXA. 83 - P.O. BOX 125 SAN JUAN, TEXAS 78589</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/28/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Memorial Funeral Home</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>208 E CANTON, P.O. BOX 1517 EDINBURG, TEXAS 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Godfrey GARZA</b>	Amount of contribution (\$) <b>\$2000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>RL-13, BOX 714 EDINBURG, TEXAS 78541</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>8 of 12</b>	
2 FILER NAME <b>Hector "TITO" PALACIOS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/3/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ARMANDO J. SANDOVAL</b>	7 Amount of contribution (\$) <b>\$2,300<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code <b>2100 W EXPRESSWAY 83 Mercedes, Texas 78570</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>South Texas Health Care</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>1900 South Jackson McAllen, Texas 78503</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Senator Juan Chuy Hinojosa</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>612 Nolana Ste # 410 McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Willetto + Guerra LLP</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>10213 N-10th St. McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Raymond Thomas</b>	Amount of contribution (\$) <b>\$2,500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O. Box 4103 McAllen, Texas 78502</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <b>9 of 12</b>	
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/8/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Leonel Garza III</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable) <b>GOLF TOURNAMENT SPONSOR</b>
6 Contributor address, City, State, Zip Code <b>1419 Dove Ave. STE #1 McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Perdue Brandon Fielder Collins + Mott LLP</b>	Amount of contribution (\$) <b>\$2,500.00</b>	In-kind contribution description (if applicable) <b>GOLF TOURNAMENT SPONSOR</b>
Contributor address, City, State, Zip Code <b>400 N. McColl, Suite A McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fernando Torres</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable) <b>GOLF TOURNAMENT SPONSOR</b>
Contributor address, City, State, Zip Code <b>812 E. MAURER Phan, Texas 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>OSCAR GONZALEZ CPA</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable) <b>GOLF TOURNAMENT SPONSOR</b>
Contributor address, City, State, Zip Code <b>208 W. Ferguson Phan, Texas 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Raul a Carolina Palma</b>	Amount of contribution (\$) <b>\$1,500.00</b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>705 Dawson Drive Edinburg, Texas 78539</b>		(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:  
*10 of 12*

2 FILER NAME

*Hector "TITO" PALACIOS*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12/9/09*

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

*Reynaldo Vargas Architect*

6 Contributor address; City; State; Zip Code

*2029 Industrial Dr.  
McAllen, Texas 78504*

7 Amount of contribution (\$)

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

*GOLF TOURNAMENT  
SPONSOR*

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/9/09*

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

*Alberto + Alma Treviño*

Contributor address; City; State; Zip Code

*819 N. E Rd  
Phan, Texas 78577*

Amount of contribution (\$)

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

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/10/09*

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

*Jaime J. Muñoz*

Contributor address; City; State; Zip Code

*1308 Presidente  
San Juan, Texas 78589*

Amount of contribution (\$)

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

*GOLF TOURNAMENT  
SPONSOR*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/10/09*

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

*Ramon Montalvo*

Contributor address; City; State; Zip Code

*P.O. Box 2  
Weslaco, Texas 78599*

Amount of contribution (\$)

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

*GOLF TOURNAMENT  
SPONSOR*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/10/09*

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

*Law Office of Sergio J. Valdez*

Contributor address; City; State; Zip Code

*CrossPointe Centre - 4415 N. McCall Rd  
McAllen, Texas 78504*

Amount of contribution (\$)

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

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <i>11 of 12</i>	
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/11/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Miguel Angel Pena</i>	7 Amount of contribution (\$) <i>\$20<sup>00</sup>/<sub>FR</sub></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>909 South 5th Ln. McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/11/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gonzalez-Palacios LLP</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1317 Quebec Ave McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bobby Rodriguez</i>	Amount of contribution (\$) <i>\$40<sup>00</sup>/<sub>n</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1307 South Standard Ave San Juan, Texas 78589</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/10/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Guerra + Moore LTP-LLP</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4201 N. McCall McAllen, Texas</i>		<i>Golf Tournament Sponsor</i> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/14/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cruz Canter III</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>810 W. Ferguson Phan, Texas 78577</i>		<i>Golf Tournament Sponsor</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  
12 of 12

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/11/09

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

Ramiro Gutierrez

6 Contributor address, City, State, Zip Code

1230 Gumwood St.  
Pharr, Texas 78577

7 Amount of contribution (\$)

\$2,716<sup>17</sup>

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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages this Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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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		(If travel outside of Texas, complete Schedule T)	

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		(If travel outside of Texas, complete Schedule T)	

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		(If travel outside of Texas, complete Schedule T)	

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		(If travel outside of Texas, complete Schedule T)	

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		(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.

<b>LOANS</b>	<b>SCHEDULE E</b>
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<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule E:
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<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)
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<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
--	----

<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y            N	<b>8</b> Lender address;    City;    State;    Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date

<b>12</b> Principal occupation / Job title (See Instructions)	<b>13</b> Employer (See Instructions)
---	---------------------------------------

<b>14</b> Description of Collateral <input type="checkbox"/> none
--

<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
--	---	----------------------------------

<b>19</b> Principal Occupation	<b>20</b> 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)
---	-----------------------------

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

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

Principal Occupation	Employer
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<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></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 - 15

2 FILER NAME

Hector "Ti To" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/1/09

5 Payee name

Griselda Morua Navarrette

7 Amount (\$)

\$190<sup>00</sup>

6 Payee address; City; State; Zip Code

P.O. Box 2658  
San Juan, Texas 78589

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

Donation - help with electrical hookup

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

Candidate / Officeholder name Office sought Office held

Date

7/6/09

Payee name

ALLtel

Amount (\$)

\$78.69

Payee address; City; State; Zip Code

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

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

7/27/09

Payee name

McAllen Evening hours Club

Amount (\$)

\$237.50

Payee address; City; State; Zip Code

205 N. 15th Street  
McAllen, Texas 78501

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

Donation - sponsor 5 kids for eye exams

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

Candidate / Officeholder name Office sought Office held

Date

7/29/09

Payee name

Nancy's Flower Shop

Amount (\$)

\$83.00

Payee address; City; State; Zip Code

700 E. Sam Houston  
Pharr, Texas 78577

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

Funeral wreath for Mr. Palacios from Edmunks.

\*\* 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: <b>2 of 15</b>
2 FILER NAME <b>Hector "Ti To" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/3/09</b>	5 Payee name <b>Advance Publishing Company</b> ----- 6 Payee address; City: State: Zip Code <b>1101 N. Cage Blvd - Suite C-1 Phan, Texas 78577</b>	7 Amount (\$) <b>\$300<sup>00</sup></b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Monthly Column</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>8/10/09</b>	Payee name <b>Verizon Wireless</b> ----- Payee address; City: State: Zip Code <b>P O Box 660108 Dallas, Texas 75266</b>	Amount (\$) <b>\$90.45</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>cell phone</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>8/12/09</b>	Payee name <b>Verizon Wireless</b> ----- Payee address; City: State: Zip Code <b>P.O. Box 660108 DALLAS, Texas 75266</b>	Amount (\$) <b>\$183.99</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Cell phone. 1yr. Update plan and New phone</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>8/17/09</b>	Payee name <b>P.S.J.A. Quarterback Club</b> ----- Payee address; City: State: Zip Code <b>P.O Box 2806 San Juan, Texas 78589</b>	Amount (\$) <b>\$175<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Football program Adv.</b>		-- 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: <b>3 - 08 - 15</b>
2 FILER NAME <b>Hector "TITO" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8/21/09</b>	5 Payee name <b>Concern Citizens Committee</b> ----- 6 Payee address; City: State: Zip Code <b>704 E TEXAS DR. Hidalgo, Texas 78557</b>	7 Amount (\$) <b>\$1,150<sup>00</sup> <u>KA</u></b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>3rd ANNUAL J.D. Franz Golf Tournament</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>8/28/09</b>	Payee name <b>Griselda Moroa Navarrete</b> ----- Payee address; City: State: Zip Code <b>P.O. Box 2658 San Juan, Texas 78589</b>	Amount (\$) <b>\$50<sup>00</sup> <u>KA</u></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation. Electric Hook-up</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>8/31/09</b>	Payee name <b>Hidalgo Chamber of Commerce</b> ----- Payee address; City: State: Zip Code <b>671 East Coma Hidalgo, Texas 78577</b>	Amount (\$) <b>\$160<sup>00</sup> <u>KA</u></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Memberships 2009-2010 dues</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>9/4/09</b>	Payee name <b>End-Zone Athletics</b> ----- Payee address; City: State: Zip Code <b>P O Box 53098 Grand Prairie, Texas 75053</b>	Amount (\$) <b>\$237.<sup>50</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation 50 Basketball Throw Towels.</b>		-- 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: <b>4 - of - 15</b>
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/4/09</b>	5 Payee name <b>Verizon Wireless</b> 6 Payee address; City: State: Zip Code <b>P.O. Box 660108 DALLAS, TEXAS 75266</b>	7 Amount (\$) <b>\$99.14</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Cell phone</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name  Office sought / held
Date <b>9/10/09</b>	Payee name <b>McAllen Evening Lions Club</b> Payee address; City: State: Zip Code <b>205 N. 15th Street McAllen, Texas 78501</b>	Amount (\$) <b>\$146.50</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation sponsor 3 kids for classes</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name  Office sought / held
Date <b>9/10/09</b>	Payee name <b>Advance Publishing Company</b> Payee address; City: State: Zip Code <b>1101 N. Cage Blvd, suite C-1 Pharr, Texas 78577</b>	Amount (\$) <b>\$300.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>July Monthly Column</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name  Office sought / held
Date <b>9/21/09</b>	Payee name <b>Cynthia T. Peña</b> Payee address; City: State: Zip Code <b>502 W. 7th St. San Juan, Texas 78589</b>	Amount (\$) <b>\$100.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation BBQ Tickets fundraiser</b>		-- 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: <i>5 - of 15</i>
2 FILER NAME <i>Hector "Ti To" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/2/09</i>	5 Payee name <i>Nancy's Flower Shop</i> 6 Payee address; City: State: Zip Code <i>700 E. Sam Houston Phan, Texas 78577</i>	7 Amount (\$) <i>\$81.<sup>00</sup>/<sub>2</sub></i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Wreath for Mr. Rogelio Rodriguez</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/5/09</i>	Payee name <i>Verizon Wireless</i> Payee address; City: State: Zip Code <i>P.O Box 660108 Dallas, Texas 75266</i>	Amount (\$) <i>\$100.<sup>30</sup></i>
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/6/09</i>	Payee name <i>Advance Publishing Company</i> Payee address; City: State: Zip Code <i>1101 N. Cage Blvd. - Suite C-1 Phan, Texas 78577</i>	Amount (\$) <i>\$300.<sup>00</sup></i>
Purpose of expenditure (See instructions regarding type of information required.) <i>September Monthly Column</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/20/09</i>	Payee name <i>Beto's Screen Printing</i> Payee address; City: State: Zip Code <i>110 West 4th Street San Juan, Texas 78589</i>	Amount (\$) <i>\$270.<sup>62</sup>/<sub>2</sub></i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Magnetic Signs &amp; Bumper Stickers</i>		-- 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: <i>6 - of - 15</i>
2 FILER NAME <i>Hector "TiTo" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/20/09</i>	5 Payee name <i>South Texas Chariots</i> 6 Payee address; City: State: Zip Code <i>205 N. 15th St. McAllen, Texas 78501</i>	7 Amount (\$) <i>\$235<sup>00</sup>/<sub>100</sub></i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Sponsor 5 Families for Traditional Turkey Dinner</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/27/09</i>	Payee name <i>The Monitor</i> Payee address; City: State: Zip Code <i>1400 E Nolana McAllen, Texas 78504</i>	Amount (\$) <i>\$1,929.<sup>57</sup></i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Adv. for Sunday Edition</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/29/09</i>	Payee name <i>Fast Signs</i> Payee address; City: State: Zip Code <i>4117 N. 10th Street McAllen, Texas 78504</i>	Amount (\$) <i>\$352.<sup>62</sup></i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Kick-off Campaign Signs</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>10/30/09</i>	Payee name <i>Embassy Suites</i> Payee address; City: State: Zip Code <i>1800 South Second Street McAllen, Texas 78503</i>	Amount (\$) <i>\$3,750<sup>00</sup></i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Re-Election Kick-off Campaign Ballroom Rental</i>		-- 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: <b>7 - of - 15</b>
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/3/09</b>	5 Payee name <b>Party Universe</b> 6 Payee address; City: State: Zip Code <b>3422 N. 10th St. McAllen, Texas 78501</b>	7 Amount (\$) <b>\$256.76</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Re-Election Campaign Kick-off Supplies</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/4/09</b>	Payee name <b>Staples</b> Payee address; City: State: Zip Code <b>405 N. Jackson Pharr, Texas 78577</b>	Amount (\$) <b>\$31.11</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Re-Election Kick-off Campaign Supplies</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/5/09</b>	Payee name <b>Valley View Highschool Valley View Mariachi</b> Payee address; City: State: Zip Code <b>9701 South Jackson Nidalgo, Texas 78557</b>	Amount (\$) <b>\$200<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Re-Election Kick-off Campaign Music</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/6/09</b>	Payee name <b>Nancy's Flower Shop</b> Payee address; City: State: Zip Code <b>700 E. Sam Houston, Pharr, Texas 78577</b>	Amount (\$) <b>\$185<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>wreath for sister Gerrie funeral and for Mr. OSCAR GARZA Sr.</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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: <b>8 - of - 15</b>
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/9/09</b>	5 Payee name <b>Verizon Wireless</b> ----- 6 Payee address; City: State: Zip Code <b>P.O. Box 660108 Dallas, Texas 75266</b>	7 Amount (\$) <b>\$98.15</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>cell phone</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/12/09</b>	Payee name <b>H E B</b> ----- Payee address; City: State: Zip Code <b>1300 EAST HWY 83 Phan, Texas 78577</b>	Amount (\$) <b>\$27.01</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Thank you cards + Christmas cards</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/13/09</b>	Payee name <b>Paulino Riveras</b> ----- Payee address; City: State: Zip Code <b>204 Gardenia Ave Hidalgo, Texas 78557</b>	Amount (\$) <b>\$500.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation - Help with funeral expense for grandaunt</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>11/16/09</b>	Payee name <b>Luby's</b> ----- Payee address; City: State: Zip Code <b>1215 South 10th St McAllen, Texas 78501</b>	Amount (\$) <b>\$432.94</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation. 5 Turkey Dinners</b>		-- 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: 9 - of - 15
2 FILER NAME Hector "Tito" PALACIOS		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/16/09	5 Payee name Uncle Roy's BBQ 6 Payee address; City: State: Zip Code 602 E. US Highway 83 Phan, Texas 78577	7 Amount (\$) \$100 <sup>00</sup>
8 Purpose of expenditure (See instructions regarding type of information required.) Meal for Paulino Rivera family Donation - After funeral		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/16/09	Payee name H E B Payee address; City: State: Zip Code 1300 East Highway 83 Phan, Texas	Amount (\$) \$12.99
Purpose of expenditure (See instructions regarding type of information required.) After funeral meal - photos, coke, cups. Donation for Paulino Rivera		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/18/09	Payee name Luby's Payee address; City: State: Zip Code 1215 South 10th St McAllen, Texas 78501	Amount (\$) \$146. <sup>08</sup>
Purpose of expenditure (See instructions regarding type of information required.) Treatments for 5 families Donation - Turkey dinner		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/18/09	Payee name Copy Zone Payee address; City: State: Zip Code 4131 North 10th St. McAllen, Texas 78504	Amount (\$) \$151.47
Purpose of expenditure (See instructions regarding type of information required.) Re-Election Brochures		-- 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: 10-0F-15
2 FILER NAME Hector "Ti To PALACIOS		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/25/09	5 Payee name Turrs Cafeteria 6 Payee address; City: State: Zip Code 901 West Expressway 83 McAllen, Texas 78503	7 Amount (\$) \$835. <sup>60</sup>
8 Purpose of expenditure (See instructions regarding type of information required.) Donation - Employees Turkey meal (Thanksgiving Day)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12/1/09	Payee name Postmaster Payee address; City: State: Zip Code 301 West Park St. Pharr, Texas 78577	Amount (\$) \$88. <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Stamps for Thank you Notes and Christmas Cards		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/5/09	Payee name Embassy Suites Payee address; City: State: Zip Code 1800 South 2nd Street McAllen, Texas 78503	Amount (\$) \$2,000. <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Re-Election Campaign Ballroom + Meal Expense		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/5/09	Payee name Embassy Suites Payee address; City: State: Zip Code 1800 South 2nd Street McAllen, Texas 78503	Amount (\$) \$2,300. <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Re-Election Campaign Meal, and Ice tea Drinks, etc		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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: <b>11 - of - 15</b>
2 FILER NAME <b>Hector "Tito" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/9/09</b>	5 Payee name <b>Texas Border Business</b> 6 Payee address; City: State: Zip Code <b>614 South 12th St McAllen, Texas 78501</b>	7 Amount (\$) <b>\$600<sup>00</sup></b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Political Adv. - Christmas Greetings</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/10/09</b>	Payee name <b>B.L. GARZA Middle School</b> Payee address; City: State: Zip Code <b>1202 N. Mon Mack Edinburg, Texas 78541</b>	Amount (\$) <b>\$50<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Donation Cheerleader Sponsor - uniforms and Competition Expense</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/11/09</b>	Payee name <b>Verizon Wireless</b> Payee address; City: State: Zip Code <b>P.O BOX 660108 DALLAS, TEXAS 75266</b>	Amount (\$) <b>\$104.94</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>cellphone</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/11/09</b>	Payee name <b>FRANKS GRAPHIX INC.</b> Payee address; City: State: Zip Code <b>230 West Park Pharr, Texas 78577</b>	Amount (\$) <b>\$165<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Re-Election Campaign 4x8 Vinyl Banner for 2nd Annual GOLF Tournament</b>		-- 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: 12-0F-15
2 FILER NAME Hector "TITO" Palacios		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/11/09	5 Payee name The Perfect 10 6 Payee address; City: State: Zip Code 2300 South Cape Phan, Texas 78577	7 Amount (\$) \$384.75
8 Purpose of expenditure (See instructions regarding type of information required.) Hector "TITO" Palacios 2nd Annual GOLF Tournament Caps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12/11/09	Payee name Fast Signs Payee address; City: State: Zip Code 4117 N. 10th St McAllen, Texas 78504	Amount (\$) \$634.13
Purpose of expenditure (See instructions regarding type of information required.) Hector "TITO" Palacios 2nd Annual GOLF Tournament Signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12/12/09	Payee name Tierra Del Sol Golf Club Payee address; City: State: Zip Code P.O. Box B Phan, Texas 78577	Amount (\$) \$5,730 <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Hector "TITO" Palacios 2nd Annual Re-Election Campaign Expense - 2nd Annual GOLF Tournament		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12/14/09	Payee name Hidalgo County Democratic Party Payee address; City: State: Zip Code 305 B - N. Sharry Road Mission, Texas 78572	Amount (\$) \$1,250 <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Hector "TITO" Palacios Re-Election Filing Fee		-- 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:  
13-0F-15

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

4 Date <i>12/12/09</i>	5 Payee name <i>Humberto GARZA</i> ----- 6 Payee address; City: State: Zip Code <i>877 Quail Hollow Dr. Westaco, Texas 78596</i>	7 Amount (\$) <i>\$182.11</i>
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8 Purpose of expenditure (See instructions regarding type of information required.) <i>Re-imbursment for Christmas party supplies</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

Date <i>12/13/09</i>	Payee name <i>H E B</i> ----- Payee address; City: State: Zip Code <i>1300 East Niway 83 Phau, Texas 78577</i>	Amount (\$) <i>\$23.82</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>Christmas cards</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date <i>12/18/09</i>	Payee name <i>Taline Trimes</i> ----- Payee address; City: State: Zip Code <i>130 E. PARK Ave Phau, Texas 78577</i>	Amount (\$) <i>\$294.55</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>Re-imbursment for Tamales for Christmas Party</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
---	---

Date <i>12/17/09</i>	Payee name <i>Yolanda Cisneras</i> ----- Payee address; City: State: Zip Code <i>1104 Washentoviam Palm San Juan, Texas 78589</i>	Amount (\$) <i>\$134.00</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>Christmas Employee Party Re-imbursment for Party Supplies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>14-0F-15</b>
2 FILER NAME <b>Hector "TiTo" Palacios</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/18/09</b>	5 Payee name <b>Wal-Mart</b> 6 Payee address; City: State: Zip Code <b>421 W. Frontage Rd. Alamo, Texas 78516</b>	7 Amount (\$) <b>\$181.<sup>12</sup></b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Donation Employee Christmas Gifts.</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/18/09</b>	Payee name <b>Harold's Country Kitchen</b> Payee address; City: State: Zip Code <b>2111 E Hiway Donna, Texas 78539</b>	Amount (\$) <b>\$1,288.<sup>18</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Employee Christmas Party meal</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/18/09</b>	Payee name <b>Rosa Rodriguez</b> Payee address; City: State: Zip Code <b>2111 East Hiway Donna, Texas 78537</b>	Amount (\$) <b>\$128.<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Tip for Christmas Party meal servers</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/23/09</b>	Payee name <b>South Texas Chariots</b> Payee address; City: State: Zip Code <b>205 N. 15th St. McAllen, Texas 78501</b>	Amount (\$) <b>\$235.<sup>00</sup></b>
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION -</b>		-- 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:  
**15 of 15**

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

4 Date <b>12/4/2009</b>	5 Payee name <b>Target Stores</b>	7 Amount (\$) <b>\$64.92</b>
6 Payee address; City; State; Zip Code <b>LAS Tiendas - W. Exp. 83 McAllen, TEXAS</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Thank you cards</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <b>12/14/2009</b>	Payee name <b>Nancy's Flower Shop</b>	Amount (\$) <b>\$90<sup>00</sup>-</b>
Payee address; City; State; Zip Code <b>700 E. Sam Houston, Phan, Texas 78577</b>		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <b>12/11/09</b>	Payee name <b>Academy Sports Store</b>	Amount (\$) <b>\$1,463.<sup>09</sup></b>
Payee address; City; State; Zip Code <b>McAllen, TEXAS</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Christmas gifts for pct # 2 Employee + fam.</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <b>12/11/09</b>	Payee name <b>Sam's Club</b>	Amount (\$) <b>\$1,113.19</b>
Payee address; City; State; Zip Code <b>Jackson + Sam Houston Ave McAllen, TEXAS</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Cola, water, Christmas Gift for pct 2 Employee Christmas Party</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

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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

12/12/09

5 Payee name

Wal-Mart

7 Amount (\$)

\$ 139.89

6 Payee address; City; State; Zip Code

McAllen, Texas 78504

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

Cokes, drinks for Employee Christmas party

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (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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# 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)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address; City; State; Zip Code	<b>8</b> Amount (\$)
	<b>7</b> 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 ..... Payee address; City; State; Zip Code	Amount (\$)
	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 ..... Payee address; City; State; Zip Code	Amount (\$)
	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 ..... Payee address; City; State; Zip Code	Amount (\$)
	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 ..... Payee address; City; State; Zip Code	Amount (\$)
	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		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 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.		<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;      City; State; Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name ..... Payee address;      City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;      City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;      City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;      City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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

**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