

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>MR. Hector F.</i> NICKNAME LAST SUFFIX <i>"Tito" Palacios</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 582 SAN JUAN, TEXAS 78589</i>	Date Received Date Hand-delivered or Date Postmarked <div style="text-align: right; font-size: small;"> Receipt # Amount Date Processed Date Imaged </div>	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>MR. MAURO A</i> NICKNAME LAST SUFFIX <i>"Mando" TREVIÑO</i>	<div style="text-align: right; font-size: small;"> 2011 JAN 14 PM 1:49 <i>[Signature]</i> </div>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>912 South King Rd SAN JUAN, TEXAS 78589</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 781-5916</i>		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 2010 12 / 31 / 2010</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Hidalgo County Commissioner Pot. # 2</i>	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Hector "TITO" PALACIOS</i>	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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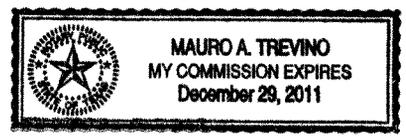
additional pages

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,126. ⁵³
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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

Hector Palacios
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hector "TITO" PALACIOS, this the 14th day of JANUARY, 2011, to certify which, witness my hand and seal of office.

<i>Mauro A. Trevino</i> Signature of officer administering oath	MAURO A. TREVINO Printed name of officer administering oath	<i>Treasurer</i> Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/19/10</i>	5 Payee name <i>Verizon Wireless</i>	7 Amount (\$) <i>\$100.⁶⁶</i>
6 Payee address; City; State; Zip Code <i>P.O. BOX 105378 ATLANTA GA. 30348</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/21/10</i>	Payee name <i>Lions Club</i>	Amount (\$) <i>\$237.⁵⁰</i>
Payee address; City; State; Zip Code <i>P.O. BOX 720811 McAllen, Texas 78504</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Adv. Mag. world festival of magic</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/21/10</i>	Payee name <i>P.S.J.A. Postcard Club</i>	Amount (\$) <i>\$150.⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O BOX 2806 San Juan, Texas 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Contribution - Adv. in wolverine football program</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/29/10</i>	Payee name <i>Antonia Garcia</i>	Amount (\$) <i>\$60.⁰⁰</i>
Payee address; City; State; Zip Code <i>1303 W. Texas San Juan, Texas 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - fundraiser - cancer patient BBQ Tickets</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/9/10</i>	5 Payee name <i>Verizon Wireless</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 105378 ATLANTA GA. 30348</i>	7 Amount (\$) <i>\$100.⁶²</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Cell phone</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/21/10</i>	Payee name <i>P.S.J.A. Quarterback Club</i> Payee address; City; State; Zip Code <i>P.O. Box 2806 San Juan, Texas 78589</i>	Amount (\$) <i>\$175.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Adv. PSTA-Bear Football Program</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/21/10</i>	Payee name <i>Nancy's Flower Shop</i> Payee address; City; State; Zip Code <i>P.O. Box 142 Pharr, Texas 78577</i>	Amount (\$) <i>\$81.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Wreath for Massimo Villanum funeral</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>End Zone Athletics</i> Payee address; City; State; Zip Code <i>P.O. Box 530898 Grand Prairie, TX 75053</i>	Amount (\$) <i>\$300.⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Adv. Throw Towels for PSTA North Basketball Program</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>3 of</i>
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/3/10</i>	5 Payee name <i>Verizon Wireless</i> 6 Payee address; City; State; Zip Code <i>P.O. BOX 105378 ATLANTA GA. 30348</i>	7 Amount (\$) <i>\$100.69</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/22/10</i>	Payee name <i>Lions Club</i> Payee address; City; State; Zip Code <i>P.O BOX 720811 MCAllen, Texas 78504</i>	Amount (\$) <i>\$98.50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Children Eye Glasses</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/17/10</i>	Payee name <i>Beto's Screen Printing</i> Payee address; City; State; Zip Code <i>110w 4th Street San Juan Texas 78589</i>	Amount (\$) <i>\$151.55</i>
Purpose of payment (See instructions regarding type of information required.) <i>Adv. Parade Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/12/10</i>	Payee name <i>Edinburg Chamber of Commerce</i> Payee address; City; State; Zip Code <i>P.O Box 85 Edinburg, Texas 78540</i>	Amount (\$) <i>\$70.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Installation of Board member</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 - of -

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20/10

5 Payee name

Things Remembered

7 Amount (\$)

\$ 85.53

6 Payee address; City; State; Zip Code

2200 South 104th St
McAllen, Texas 78503

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

Donation - plaque for Mr Paulino Rivera retirement

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

Candidate / Officeholder name Office sought Office held

Date

10/21/10

Payee name

Wal-Mart

Amount (\$)

\$ 100.00

Payee address; City; State; Zip Code

Cesar Chavez - Expressway 83
Alamo, Texas 78516

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

Donation - Gift card for Mr. Paulino Rivera

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

Candidate / Officeholder name Office sought Office held

Date

10/21/10

Payee name

Verizon Wireless

Amount (\$)

\$ 100.63

Payee address; City; State; Zip Code

P.O. Box 105378
Atlanta, GA. 30348

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

10/21/10

Payee name

Sacred Heart Catholic Church

Amount (\$)

\$ 389.00

Payee address; City; State; Zip Code

P.O. Box 742
Hidalgo, Texas 78557

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

Donation - Refrigerator for church function

** 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:
5-09-

2 FILER NAME

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/3/10

5 Payee name

Postmaster

7 Amount (\$)

\$44.00

6 Payee address; City; State; Zip Code

301 W. Park
Pharr, Texas 78577

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

Stamps

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

Candidate / Officeholder name Office sought Office held

Date

11/3/10

Payee name

Michelle Escobar

Amount (\$)

\$60.00

Payee address; City; State; Zip Code

SAN JUAN, TEXAS 78589

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

Junction BBQ Tickets - for
Cancer Patient Michelle Escobar

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

Candidate / Officeholder name Office sought Office held

Date

11/8/10

Payee name

Hidalgo Chamber of Commerce

Amount (\$)

\$160.00

Payee address; City; State; Zip Code

611 E. COMA
Hidalgo, Texas 78557

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

membership dues

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

Candidate / Officeholder name Office sought Office held

Date

11/8/10

Payee name

Verizon Wireless

Amount (\$)

\$98.23

Payee address; City; State; Zip Code

P.O. Box 105378
Atlanta GA, 30348

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

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:
6-0F-

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

4 Date <i>11/24/10</i>	5 Payee name <i>Forns Catereria</i> 6 Payee address; City; State; Zip Code <i>901 W. Expressway McAllen, Texas 78501</i>	7 Amount (\$) <i>\$723.85</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Donation Thanksgiving Luncheon for Pct-2 Employees</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/3/10</i>	Payee name <i>Griselda Mora A</i> Payee address; City; State; Zip Code <i>421 E. Thomas Dr. - Apt 1217 Pharr, Texas 78577</i>	Amount (\$) <i>\$212.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Contribution - donation 5 - Food Baskets - Holiday Packing</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/6/10</i>	Payee name <i>South Texas Charities</i> Payee address; City; State; Zip Code <i>1711 Kristi Lane Mission, Texas 78574</i>	Amount (\$) <i>\$235.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Donation Food Baskets - for 5 families</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/9/10</i>	Payee name <i>Staples</i> Payee address; City; State; Zip Code <i>405 N Jackson Pharr, Texas 78577</i>	Amount (\$) <i>\$60.54</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Christmas Cards</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F:

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

4 Date	5 Payee name	7 Amount (\$)
<i>12/10/10</i>	<i>Premier Awards</i>	<i>\$39.00</i>
	6 Payee address; City; State; Zip Code	
	<i>2301 North 10th McAllen, Texas 78504</i>	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<i>Retirement Plaque for Mr. Carlos Madrigal - part-time employee</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>12/13/10</i>	<i>Verizon Wireless</i>	<i>\$98.69</i>
	Payee address; City; State; Zip Code	
	<i>P.O. Box 105378 ATLANTA, GA 30348</i>	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
<i>cell phone</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>12/15/10</i>	<i>Catholic Charities</i>	<i>\$225.00</i>
	Payee address; City; State; Zip Code	
	<i>P O Box 742 Hidalgo, Texas 78557</i>	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
<i>Donation Christmas Toy Drive</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>12/17/10</i>	<i>Harold's Country Kitchen</i>	<i>\$1,571.25</i>
	Payee address; City; State; Zip Code	
	<i>2111 E Hiway 83 DOWNA, TEXAS</i>	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
<i>part-time employee Christmas Party - supper</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hector "Ti To" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/21/10

5 Payee name

Uncle Roy's BBQ

7 Amount (\$)

\$64.00

6 Payee address; City; State; Zip Code

602 E. U.S. Highway 83
Pharr, Texas 78577

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

Donation
BBQ Supper for After wake for Mr. Arnoldo Williamson

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

Candidate / Officeholder name Office sought Office held

Date

12/22/10

Payee name

Wal-Mart

Amount (\$)

\$201.82

Payee address; City; State; Zip Code

421 W. Frontage Rd
Alamo, Texas 78516

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

Christmas Gifts for Pct #2 employees

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

Candidate / Officeholder name Office sought Office held

Date

12/20/10

Payee name

Humberto GARZA

Amount (\$)

\$32.44

Payee address; City; State; Zip Code

877 Quail Hollow Dr
Weslaco, Texas 78596

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

Reimbursement for Christmas Supplies for Pct #2 employees father

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule H:

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

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder