

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: <i>Commissioner</i> FIRST: <i>Hector</i> MI: <i>F.</i> NICKNAME: <i>"Ti To"</i> LAST: <i>PALACIOS</i> SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>P.O. Box 582</i> APT / SUITE #: CITY: <i>SAN JUAN, TEXAS</i> STATE: ZIP CODE: <i>78589</i>	Date Received: <i>2012 JAN 1</i> Date Hand-delivered or Date Postmarked: <i>AM 10:38</i>	
5 CAMPAIGN TREASURER NAME	TITLE: <i>Mr.</i> FIRST: <i>MANDO</i> MI: <i>A.</i> NICKNAME: <i>"MANDO"</i> LAST: <i>TREVINO</i> SUFFIX:	Receipt #	Amount: <i>8</i>
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>912 S. KING RD.</i> APT / SUITE #: CITY: <i>SAN JUAN, TEXAS</i> STATE: ZIP CODE: <i>78589</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: <i>(956) 781-5916</i> EXTENSION: <i>or 787-1891-944. 2016</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 / 2011</i> <i>12 / 31 / 2011</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</i> <i>Commissioner pct # 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

Hector "TITO" PALACIOS

15 ACCOUNT # (Ethics Commission files)

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. --

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

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 6,197.¹⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 6,197.¹⁰

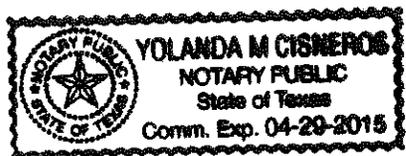
OUTSTANDING LOAN TOTALS

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 Palacios*, this the *11th* day of *January*, 20 *012*, to certify which, witness my hand and seal of office.

Yolanda M. Cisneros
Signature of officer administering oath

Yolanda M. Cisneros
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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)	

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:
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2 FILER NAME <i>Hector "Tito" PALACIOS</i>	3 ACCOUNT # (Ethics Commission files)
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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		

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation (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 <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 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
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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:

6

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/5/2011

5 Payee name

Verizon Wireless

6 Payee address; City, State; Zip Code

P.O. Box 105378
ATLANTA, GA. 30348

7 Amount (\$)

\$106.09

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

Cell phone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/13/2011

Payee name

Plinio Garcia

Payee address; City, State; Zip Code

1303 W. TEXAS
SAN JOAN, TEXAS 78589

Amount (\$)

\$65.00

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

Donation - BBQ Ticket.
Fund Raiser for Antonio Garcia - cancer
ILLNESS9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/14/2011

Payee name

LIONS Club

Payee address; City, State; Zip Code

P.O. Box 720811
McAllen, Texas 78504

Amount (\$)

\$237.50

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

Donation - sponsor 5 children
for eye glasses9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/10/2011

Payee name

PSJA Alamo High School - Quarterback Club

Payee address; City, State; Zip Code

P.O. Box 2806
San Juan, Texas 78589

Amount (\$)

\$150.00

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

Adv. Football Program
Adv.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

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/10/2011

5 Payee name

PSJA Hi Quarterback Club

6 Payee address; City, State; Zip Code

P.O. Box 2806
San Juan, Texas 78589

7 Amount (\$)

\$175⁰⁰/_x

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

Adv. PSJA Bears Football Program

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/6/2011

Payee name

Parks Advisory Board

Payee address; City, State; Zip Code

709 S. Nebraska St
San Juan, Texas 78589

Amount (\$)

\$60⁰⁰

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

Donation - BBQ Ticket for Monica Trevino - Cancer Patient

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/6/2011

Payee name

Nancy's Flower Shop

Payee address; City, State; Zip Code

P.O. Box 142
Phan, Texas, 78577

Amount (\$)

\$100⁰⁰

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

Donation - Funeral with cemetery for Mrs. Imelda H. Lozano

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/6/2011

Payee name

Verizon Wireless

Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta GA. 30348

Amount (\$)

\$111.48

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:

2 FILER NAME

Hector "Tito" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/2011

5 Payee name

JOSE DIAZ

7 Amount (\$)

\$60⁰⁰

6 Payee address; City, State; Zip Code

*EAST EARLING ROAD
DONNA, TEXAS 78537*

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

Donation - BBQ tickets for Church Projects

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

Candidate / Officeholder name Office sought Office held

Date

10/11/2011

Payee name

Concern Citizens Committee of Hidalgo

Amount (\$)

\$1000⁰⁰

Payee address; City, State; Zip Code

*P.O. Box 96
Hidalgo, Texas 78557*

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

Contribution - Sponsor for the Hidalgo Golf Tournament.

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

Candidate / Officeholder name Office sought Office held

Date

10/21/2011

Payee name

Beto's Screen Printing

Amount (\$)

\$150⁰⁰

Payee address; City, State; Zip Code

*110 W. 4th Street
San Jose, Texas*

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

Contribution - T-shirts and signs for Homecoming Parade

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

Candidate / Officeholder name Office sought Office held

Date

10/9/2011

Payee name

NANCY'S Flower Shop

Amount (\$)

\$108⁰⁰

Payee address; City, State; Zip Code

*P.O. Box 142
Pharr, Texas 78577*

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

Donation - Floral wreath for Esperanza Trevino wake

** 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

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/10/2011

5 Payee name

Uncle Roy's

7 Amount (\$)

\$ 80.00

6 Payee address; City; State; Zip Code

602 E. US HWY 83
Pharm, Texas 78579

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

Donation - After funeral meal for the family of Esperanza Trevino

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

Candidate / Officeholder name Office sought Office held

Date

11/14/2011

Payee name

GOLF SKON LLC

Amount (\$)

\$ 395.00

Payee address; City; State; Zip Code

21 OAK HOLLOW DRIVE
Asheville, N.C. 28805

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

Adv. Advertising on Scorecard.

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

Candidate / Officeholder name Office sought Office held

Date

11/16/2011

Payee name

Verizon Wireless

Amount (\$)

\$ 111.62

Payee address; City; State; Zip Code

P.O. Box 105378
ATLANTA, GA. 30348

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

11/23/2011

Payee name

Furrs Cafeteria

Amount (\$)

\$ 502.69

Payee address; City; State; Zip Code

901 W. Expressway 83
McAllen, Texas 78501

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

Donation - Thankssivings luncheon for pct #2 Employees

** 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

Hector "TITO" ALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/9/2011

5 Payee name

South Texas Chariots

7 Amount (\$)

\$ 235.⁰⁰/₁₀₀

6 Payee address; City, State; Zip Code

1711 Kristi Lane
Mission, Texas 78574

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

Donation - Food Basket Drive

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/9/11

Payee name

Verizon Wireless

Amount (\$)

\$ 106.¹⁰/₁₀₀

Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta, MA 30348

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

12/10/2011

Payee name

Dollar General

Amount (\$)

\$ 55.²¹/₁₀₀

Payee address; City, State; Zip Code

Business Highway 83
San Juan, Texas

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

Christmas Cards

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/4/2011

Payee name

RATIA GARCIA

Amount (\$)

\$ 41.¹⁴/₁₀₀

Payee address; City, State; Zip Code

3301 Cornell Ave
McAllen, Texas 78504

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

Re-imbusement for Christmas decorations for pct-2 employer Christmas party

** 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

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/22/11

5 Payee name

Dolias Tamasles

7 Amount (\$)

\$365.33

6 Payee address; City; State; Zip Code

W. 1 Raul Gonzales Rd on NOLANA
SAN JUAN, TEXAS 78589

8 Purpose of payment (See instructions regarding type of information required.)
Donation - Tamasles for Pet #2 Employees Christmas Party

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

12/22/2011

Harolds Country Kitchen

Amount (\$)

\$1,671.22

Payee address; City; State; Zip Code

2111 E Hiway 83
DONNA, TEXAS 78537

Purpose of payment (See instructions regarding type of information required.)
Donation - Pet #2 Employees Christmas Party meal

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

12/15/11

Postmaster

Amount (\$)

\$88.00

Payee address; City; State; Zip Code

301 W. Park
Pharr, Texas 78577

Purpose of payment (See instructions regarding type of information required.)
Stamps for Christmas Cards

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

12/19/2011

Valley Trophy

Amount (\$)

\$222.72

Payee address; City; State; Zip Code

529 S. Texas Blvd
Westaco, Texas 78596

Purpose of payment (See instructions regarding type of information required.)
Donation - 3 - Retirement Recognition Plaques - (Ambrosio Cruz) (Cilberto Mendola + FRANCISCO DELSIDO)

** 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME <i>Hector "Ti To" PALACIOS</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

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

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	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name 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

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:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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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)
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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