

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>Commissioner Hecton</i> <i>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</i> <i>SAN JUAN, TEXAS 78589</i>	Date Received <i>2013 JAN 15 PM 5:00</i> Date Hand-delivered or Date Postmarked <i>Hand-delivered</i> Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>MAURO</i> <i>A.</i> NICKNAME LAST SUFFIX <i>"MANDO" TREVIÑO</i>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>912 S. King Rd</i> <i>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 / 2012</i> <i>THROUGH</i> <i>12 / 31 / 2012</i>		
10 ELECTION	ELECTION DATE Month Day Year / /	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 Pet # 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

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 34,180 ⁰⁰/₂₁

EXPENDITURE TOTALS

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

\$ 5,720. ⁷⁶/₂₂

4. TOTAL POLITICAL EXPENDITURES

\$ 5,720. ⁷⁶/₂₂

CONTRIBUTION BALANCE

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

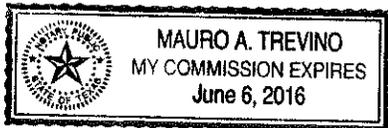
\$

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 16, 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 11th day of JAN, 20 13, to certify which, witness my hand and seal of office.

Mauro A. Trevino
Signature of officer administering oath

Mauro A. TREVINO
Printed name of officer administering oath

Treasurer
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS COH, COH-SS, SC-COH,
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 files)	
4 Date <i>9/7/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reba Kisten PAC INC.</i>	7 Amount of contribution (\$) <i>\$1000⁰⁰/_{██}</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. BOX 690287 SAN ANTONIO, TEXAS 78269</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>9/13/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAUL IGLESIAS</i>	Amount of contribution (\$) <i>\$500⁰⁰/_{██}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2113 Pecos St. MISSION, TEXAS 78572</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/13/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S & B PAC - Texas Contribution Acct.</i>	Amount of contribution (\$) <i>\$2,500⁰⁰/_{██}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 266245 HOUSTON, TEXAS 77207</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/18/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ATLAS + HALL RODRIGUEZ LLP</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Drawer 3725 McAllen, TEXAS 78502</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JESUS & LESVIA SALINAS</i>	Amount of contribution (\$) <i>\$2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 E. Expresway 83 MISSION, TEXAS 78572</i>			
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
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 files)	
4 Date <i>9/24/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lincharter, GOGGAN, Blair + SAMMON LLP</i>	7 Amount of contribution (\$) <i>\$2,500⁰⁰/₂₄</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. BOX 17428 Austin, Texas 78760</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B & A Investments</i>	Amount of contribution (\$) <i>\$1,000⁰⁰/₂₄</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16360 Park Ten PL STE 230 HOUSTON, TEXAS 77084-5095</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vintage Transportation</i>	Amount of contribution (\$) <i>\$40⁰⁰/₂₄</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 4020 MCALLEN, TEXAS 78502</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kittleman, Thomas + Bonzake LLP</i>	Amount of contribution (\$) <i>\$1,000⁰⁰/₂₄</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 1416 MCALLEN, TEXAS 78505</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto + Alma Treviño</i>	Amount of contribution (\$) <i>\$1,000⁰⁰/₂₄</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>819 N. I-12d Pharr, Texas 78577</i>			
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS COH, COH-SS, SC-COH,
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 <i>9/26/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo HINOJOSA</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>307 E. 27th St. Mission, Texas 78572</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>9/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis H. Jones</i>	Amount of contribution (\$) <i>\$2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>3100 W. ALABAMA Houston, Texas 77099-2004</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. C. Cuellar</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>1700 E. 28th St. Weslaco, Texas 78596</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Palma</i>	Amount of contribution (\$) <i>\$2,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>705 Dawson Dr. Edinburg, Texas 78539</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/28/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Saul Ortega</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>1220 Castle Crt. Edinburg, Texas 78539</i>			
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS COH, COH-SS, SC-COH,
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 files)	
4 Date <i>9/29/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leonel GARZA Jr. & Associates</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>1419 Dove Ave - Ste-1 McAllen, Texas 78504</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>9/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERIK C. YBARRA</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>24114 - 7m 2556 Santa Rosa, Texas 78593</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OSCAR CANCINO</i>	Amount of contribution (\$) <i>\$60.00⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>628 N. 9th St - Box 8252 Alamo, Texas 78516</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Pawelek</i>	Amount of contribution (\$) <i>\$80⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>2805 Hawk Ave McAllen, Texas 78504</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Godfrey GARZA Jr.</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>4209 Mile 8-Rd Edinburg, Texas 78541</i>			
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS COH, COH-SS, SC-COH,
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 <i>9/29/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramiro Gutierrez</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰/_{xx}</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>1203 S. Gumwood Pharr, Texas 78577</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERO International LLP</i>	Amount of contribution (\$) <i>\$1,000⁰⁰/_{xx}</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>300 S. 8th St. McAllen, Texas 78501</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/4/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramirez + Guerrero LLP</i>	Amount of contribution (\$) <i>\$1,500⁰⁰/_{xx}</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>700 N. Veterans Blvd. Ste. B San Juan, Texas 78589</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>11/1/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Michael Moore Law Firm P.C.</i>	Amount of contribution (\$) <i>\$1,500⁰⁰/_{xx}</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>4900 N. 10th St. - Ste. E-3 McAllen, Texas 78504</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Phillips Special Acct.</i>	Amount of contribution (\$) <i>\$1,000⁰⁰/_{xx}</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>P.O. Box 1810 McAllen, Texas 78505</i>			
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS COH, COH-SS, SC-COH,
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 <i>10/26/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.F. Lopez</i>	7 Amount of contribution (\$) <i>\$1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>206 S. MAGNOLIA Pharr, TEXAS 78577</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>11/1/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HALFF ASSOCIATES - STATE PAC</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 N. Bowser Road Richardson, TEXAS 75081</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LOS TESOROS INV. LTD</i>	Amount of contribution (\$) <i>\$2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>810 W. Ferguson Pharr, TEXAS 78577</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Hinogosa</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1308 Escudo Blvd. Mission, TEXAS 78574</i>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor 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 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 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 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.

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 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--	--------------------------------

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

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

19 Principal Occupation	20 Employer
-------------------------	-------------

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/12

5 Payee name

Verizon Wireless

7 Amount (\$)

\$109.01
~~xx~~

6 Payee address; City, State; Zip Code

*P.O. BOX 105378
ATLANTA, GA. 30348*

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

7/26/12

Payee name

Nancy's Flower Shop

Amount (\$)

\$122.50
~~xx~~

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
MRS. MARIA A. SILVERO*

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

Date

8/2/12

Payee name

The Lions Club

Amount (\$)

\$237.50
~~xx~~

Payee address; City, State; Zip Code

*P.O. BOX 720811
MCALLEN, TEXAS 78504*

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

*Donation for Eyeglasses for
Children*

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

Date

8/9/12

Payee name

Hidalgo Chamber of Commerce

Amount (\$)

\$160.00
~~xx~~

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

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

8/16/12

5 Payee name

PSJA Quarterback Club

6 Payee address; City, State; Zip Code

P.O. Box 2806
San Juan, TX 78589

7 Amount (\$)

\$175⁰⁰/_{xx}

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

2012 Football Program
Adv.

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

Candidate / Officeholder name

Office sought

Office held

Date

8/6/2012

Payee name

Verizon Wireless

Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta, GA. 30348

Amount (\$)

\$106.40⁰⁰/_{xx}

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

8/27/12

Payee name

Casey Myers

Payee address; City, State; Zip Code

2301 Summer Breeze
Mission, Texas 78572

Amount (\$)

\$50⁰⁰/_{xx}

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

Donation
BBQ Tickets - Fundraiser

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

Candidate / Officeholder name

Office sought

Office held

Date

9/14/2012

Payee name

Verizon Wireless

Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta, GA. 30348

Amount (\$)

\$111.05⁰⁰/_{xx}

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

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
9/10/12

5 Payee name

MAURO A. TREVIÑO

6 Payee address; City, State; Zip Code

*912 S. KING RD
SAN JUAN, TEXAS 78589*

7 Amount (\$)

\$31.10

8 Purpose of payment (See instructions regarding type of information required.)
*Re-imbursment for Meeting Supplies
Ice, Pastries, Cokes, CUPS, PLATES.*

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

Date

Payee name

9/12/12

LORENZO GALLEGAS

Payee address; City, State; Zip Code

*4410 E. Richardson Rd.
EDINBURG, TEXAS 78542*

Amount (\$)

\$60.00

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

*DONATION, Fundraiser BBQ
Tickets for Ill-Patient*

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

Date

Payee name

9/18/12

Beto's Screen Printing

Payee address; City, State; Zip Code

*110 W. 4th St.
SAN JUAN, TEXAS 78589*

Amount (\$)

\$373.46

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

*Project SIGNS -
8-4x8 signs
25-24x24 blanks*

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

Date

Payee name

10/5/12

Heriberto Campos

Payee address; City, State; Zip Code

*1211 E. Kathy
EDINBURG, TX 78540*

Amount (\$)

\$50.00

Purpose of payment (See instructions regarding type of information required.)
*Donation Fundraiser BBQ Ticket
for cancer patient*

** 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 <i>9/13/12</i>	5 Payee name <i>Mauro A. Trevino</i> 6 Payee address; City, State; Zip Code <i>912 S. Kings Rd SAN JUAN, TEXAS 7858</i>	7 Amount (\$) <i>\$150⁰⁰00</i>
--------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursment for various Breakfast + Luncheon meetings -</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>10/8/12</i>	Payee name <i>Verizon Wireless</i> Payee address; City, State; Zip Code <i>P.O. Box 105378 ATLANTA, GA 30348</i>	Amount (\$) <i>\$108.76</i>
------------------------	---	--------------------------------

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>10/16/12</i>	Payee name <i>Golfscore LLC</i> Payee address; City, State; Zip Code <i>21 Oak Hollow Dr. Asheville, NC 28805</i>	Amount (\$) <i>\$395⁰⁰00</i>
-------------------------	--	---

Purpose of payment (See instructions regarding type of information required.) <i>Golf-Tournament Fundraiser, Score Cards.</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <i>10/17/12</i>	Payee name <i>South Texas Chariots</i> Payee address; City, State; Zip Code <i>1711 Kristi Lane Mission, Texas 78574</i>	Amount (\$) <i>\$235⁰⁰00</i>
-------------------------	---	---

Purpose of payment (See instructions regarding type of information required.) <i>DONATION - Thanksgiving Food Basket Drive</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

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/12

5 Payee name

NANCY'S FLOWER SHOP

6 Payee address; City, State; Zip Code

700 E SAM HOUSTON
PHARR, TEXAS 78577

7 Amount (\$)

\$81.00

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

Funeral wreath for former
Act #2 Employee Mr. Toribio Jimenez

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

Candidate / Officeholder name Office sought Office held

Date

10/25/12

Payee name

South Texas School

Payee address; City, State; Zip Code

510 South Susa Rd
Edinburg, Texas 78539

Amount (\$)

\$170.00

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

Donation - Scholarship Fund -
raiser

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

Candidate / Officeholder name Office sought Office held

Date

11/1/12

Payee name

HEB

Payee address; City, State; Zip Code

Expressway 83 & Veterans Blvd
Pharr, Texas 78577

Amount (\$)

\$39.98

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

Golf - Tournament, Thank
you cards

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

Candidate / Officeholder name Office sought Office held

Date

11/8/12

Payee name

Verizon Wireless

Payee address; City, State; Zip Code

P.O. BOX 105378
ATLANTA, GA. 30348

Amount (\$)

\$106.76

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 "Ti To" Palacios* 3 **ACCOUNT #** (Ethics Commission filers)

4 Date <i>11/30/12</i>	5 Payee name <i>Texas Valley Community Foundation</i>	7 Amount (\$) <i>\$ 2,000⁰⁰</i>
6 Payee address; City, State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Christmas Party for County Employees</i>	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	---

Date <i>12/1/2012</i>	Payee name <i>Walgreen Pharmacy</i>	Amount (\$) <i>\$ 59.42</i>
Payee address; City, State; Zip Code <i>Gasline + 14. Veterans San Juan, Texas 78589</i>		

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

Date <i>12/5/12</i>	Payee name <i>South Texas Chariots</i>	Amount (\$) <i>\$ 235⁰⁰</i>
Payee address; City, State; Zip Code <i>1711 Kristi Lane Mission, Texas 78574</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Contribution - 5 Food Baskets for Christmas</i>	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date <i>12/6/12</i>	Payee name <i>Jaime Escobarte Middle School</i>	Amount (\$) <i>\$ 65⁰⁰</i>
Payee address; City, State; Zip Code <i>6123 South Cage Blvd Phan, Texas 78577</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Donation - BBQ Tickets for Cheerleading Fundraiser</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:

2 FILER NAME

Hector "Tito" Palacio

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/12

5 Payee name

Griselda Morua

7 Amount (\$)

\$100.00

6 Payee address; City, State; Zip Code

*1800 N. TEXAS Blvd. Apt. 205
Weslaco, Texas 78596*

8 Purpose of payment (See instructions regarding type of information required.) *Donation - to Buy Bus Ticket TO GO SEE HER SON MARIO NAVARRETE*

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

Date

12/11/12

Payee name

Postmaster

Amount (\$)

\$90.00

Payee address; City, State; Zip Code

Pharr, Texas

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

Stamps

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

Date

12/11/12

Payee name

Verizon Wireless

Amount (\$)

\$109.08

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

12/21/12

Payee name

Corey's Calce

Amount (\$)

\$60.00

Payee address; City, State; Zip Code

*P.O. Box 363
Alamo, Texas 78516*

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

Aske For Employee Christmas Luncheon 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 <i>12/21/12</i>	5 Payee name <i>De LIAS TAMARAS</i>	7 Amount (\$) <i>\$175.64</i>
	6 Payee address; City, State; Zip Code <i>800 W. Ferguson Phau, Texas 78577</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Tamaras for Employee Christmas Luncheon Party</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>12/21/12</i>	Payee name <i>H.E.B.</i>	Amount (\$) <i>\$54.10</i>
	Payee address; City, State; Zip Code <i>1300 S. Cage Blvd Phau, Texas 78577</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Supplies for Employee Christmas Party - 3-party trays.</i>	9 ** 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.)	9 ** 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.)	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 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	B 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

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission 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

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

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
---	---------------------------

2 FILER NAME <i>Hector "TITO" PALACIOS</i>	3 ACCOUNT # (Ethics Commission filers)
--	--

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)
----------------------------	--

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)
-------------------------	---

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)
-------------------------	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED