

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: Commissioner
FIRST: Hector
MI: F.
NICKNAME: "TITO"
LAST: PALACIOS
SUFFIX:

OFFICE USE ONLY

Date Received: 2007 JUL 16 4:02 PM
Date Hand-delivered or Date Postmarked:
Receipt # _____ Amount _____
Date Processed _____
Date Imaged _____

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: P. O. BOX 582
APT / SUITE #:
CITY: SAN JUAN, TEXAS
STATE: TEXAS
ZIP CODE: 78589

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Treasurer
FIRST: MAURO
MI: A.
NICKNAME: "MANDO"
LAST: TREVINO
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 912 South King St.
APT / SUITE #:
CITY: SAN JUAN, TEXAS
STATE: TEXAS
ZIP CODE: 78589

7 CAMPAIGN TREASURER PHONE

AREA CODE: (956)
PHONE NUMBER: 781-5916
EXTENSION:

8 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)

July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: JAN / 1 / 2007
THROUGH
Month Day Year: JUNE / 30 / 2007

10 ELECTION

ELECTION DATE: / /
ELECTION TYPE:
 Primary
 Runoff
 General
 Special

11 OFFICE

OFFICE HELD (if any): Hidalgo County
Commissioner - pct # 2

12 OFFICE SOUGHT (if known):

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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:

additional pages

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 filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 500⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,949.76

OUTSTANDING LOAN TOTALS

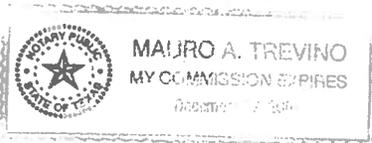
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 _____, this the 30th day of June, 20 07, to certify which, witness my hand and seal of office.

Mauro A. Trevino
Signature of officer administering oath

Mauro A. Trevino
Printed name of officer administering oath

Treasurer
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/4/07

5 Full name of contributor

Richard Cortez

out of state PAC

7 Amount of contribution (\$)

\$100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. BOX 2948
McAllen, Texas 78502

9 Principal occupation

10 Employer (optional)

Date

1/23/07

Full name of contributor

L. HOLLMANN

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

327 W. Charles
Brownsville, Texas 78520

Principal occupation

Employer (optional)

Date

1/22/07

Full name of contributor

Richard L. Burton

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10 Calle Chachalaca
Brownsville, Texas 78520

Principal occupation

Employer (optional)

Date

1/24/07

Full name of contributor

Ricky M. Longoria

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2002 Fair Oaks Dr.
Mission, Texas 78574

Principal occupation

Employer (optional)

Date

1/24/07

Full name of contributor

Clare Bereot

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

908 Hill Country Rd.
Edinburg, Texas 78539

Principal occupation

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 Schedule B:	
2 FILER NAME <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		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 <input type="checkbox"/> out-of-state PAC	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 <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation 18 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC	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 <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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>1/5/07</i>	5 Payee name <i>Uncle Roy's BBQ</i> 6 Payee address; City: State: Zip Code <i>602 E. Business 83 Phan, Texas 78577</i>	7 Amount (\$) <i>\$100⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation After Funeral Meal - for The Serda Farm.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/9/07</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>P.O Box 8004 Little Rock, AR. 72203</i>	Amount (\$) <i>\$121.84</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>cell phone</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/15/07</i>	Payee name <i>Uncle Roy's BBQ</i> Payee address; City: State: Zip Code <i>602 E. Business 83 Phan, TEXAS 78577</i>	Amount (\$) <i>\$75⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - After Funeral Meal.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/16/07</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>PO Box 8004 Little Rock, Ar. 72203</i>	Amount (\$) <i>\$121.61</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>cell phone</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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

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

4 Date <i>2/6/07</i>	5 Payee name <i>Gloria Reyes - USDA Rural Dev.</i> 6 Payee address; City: State: Zip Code <i>1516 E. Expressway 83 MISSION, TX</i>	7 Amount (\$) <i>\$26.⁰⁰</i>
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8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Banquet Tickets - fundraiser (2)</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>3/5/07</i>	Payee name <i>Delta Specialty Sisus</i> Payee address; City: State: Zip Code <i>Rt 1, Box 276 Edinburg, TEXAS 78539</i>	Amount (\$) <i>\$138.¹²</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>Sisus for special event, (parade, ect)</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>3/8/07</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>P.O. Box 8004 Little Rock, Ar. 72203</i>	Amount (\$) <i>\$121.84</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>cell phone</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>3/16/07</i>	Payee name <i>McAllen Evening Lions Club</i> Payee address; City: State: Zip Code <i>205 N. 15th St. McAllen, Texas 78501</i>	Amount (\$) <i>\$235.⁰⁰</i>
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Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Adv. - Children's Festival</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 <i>Hector "Ti To" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4-5-07</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$121.84</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 8004 Little Rock, AR. 72203</i>		
8 Purpose of expenditure (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 / held
Date <i>4/10/07</i>	Payee name <i>Edinburg North High School</i>	Amount (\$) <i>\$50⁰⁰</i>
Payee address; City; State; Zip Code <i>North Business 281 Edinburg, Texas 78540</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Cheerleaders Squad.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>4/10/07</i>	Payee name <i>Hector "Ti To" Palacios</i>	Amount (\$) <i>\$50⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O. Box 582 San Juan, Texas 78579</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - After funeral meal for family of Mr. Leo Saldaña</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>4/10/07</i>	Payee name <i>St. John The Baptist Catholic Church</i>	Amount (\$) <i>\$500⁰⁰</i>
Payee address; City; State; Zip Code <i>w. 1st Street San Juan, Texas 78589</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Fundraiser Golf Tournament.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/10/07</i>	5 Payee name <i>OFICINA Legal</i> ----- 6 Payee address; City; State; Zip Code <i>E. Highway 83 San Juan, TEXAS 78589</i>	7 Amount (\$) <i>\$50⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Raffle Tickets</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>4/20/07</i>	Payee name <i>Circuit City</i> ----- Payee address; City; State; Zip Code <i>507 Expressway 83 McAllen, TEXAS 78502</i>	Amount (\$) <i>\$270.60</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Cam. Video Camera - For Projects</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>4/25/07</i>	Payee name <i>Nancy's Flower Shop</i> ----- Payee address; City; State; Zip Code <i>P.O. Box 142 Phan, Texas 78577</i>	Amount (\$) <i>\$136⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Funeral wreath's for Mr. Gilbert Cabrea and Mr. Rogelio Velasquez</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>4/26/07</i>	Payee name <i>Uncle Ray's BBQ</i> ----- Payee address; City; State; Zip Code <i>602 E. Business 83 Phan, TEXAS 78577</i>	Amount (\$) <i>\$200⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - After funeral meal for family of Mr. Rogelio Velasquez</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/28/07</i>	5 Payee name <i>Excellence IN Education</i> 6 Payee address; City: State: Zip Code <i>San Juan, Texas 78589</i>	7 Amount (\$) <i>\$50⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Fundraising - BBQ plates</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/3/07</i>	Payee name <i>Ricardo Trevino</i> Payee address; City: State: Zip Code <i>212 E. 16th St. San Juan, Texas</i>	Amount (\$) <i>\$50⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Travel Expense for Basketball Team</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/11/07</i>	Payee name <i>Powerhouse Gymnastics + cheerleading</i> Payee address; City: State: Zip Code <i>302 N. I-120 San Juan, Texas 78589</i>	Amount (\$) <i>\$50⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Contribution for VAShti Gloria Flores</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/11/07</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>P.O. BOX 8004 Little Rock, AR. 72203</i>	Amount (\$) <i>\$122.62</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Cell phone</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/21/07</i>	5 Payee name <i>National Geographic Society</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 63001 Tampa, Florida 33663</i>	7 Amount (\$) <i>\$15⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Membership dues</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/22/07</i>	Payee name <i>South Texas Chariots</i> Payee address; City; State; Zip Code <i>205 N. 15th St. McAllen, Texas 78501</i>	Amount (\$) <i>\$155⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation for wheel chairs</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/25/07</i>	Payee name <i>Best Western Motel</i> Payee address; City; State; Zip Code <i>N. Padre Island Dr. Padre Island, TX.</i>	Amount (\$) <i>\$66.67</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Conference at Padre Island (Urban County)</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/6/07</i>	Payee name <i>ALLtel</i> Payee address; City; State; Zip Code <i>P.O. Box 8004 Little Rock, AR. 72203</i>	Amount (\$) <i>\$122.62</i>
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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 <i>Hector "TITO" PALacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
--------	--	---------------

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

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

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

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

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 <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are 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

elections

From: Justin Woodruff [justinwoodruff@gmail.com]
Sent: 2009-05-07 09:32
To: elections@co.hidalgo.tx.us
Subject: Re: Hidalgo County Commisioner

Dear Election Officer,

Could you please confirm receipt of the message below, and give me an aproximate estimate of when I may expect a reply. Thank you and I look forward to hearing from you.

Sincerely,

Justin Woodruff

On Mon, May 4, 2009 at 4:12 PM, Justin Woodruff <justinwoodruff@gmail.com> wrote:
Dear Elections Officer,

Could you please tell me:

1. What is required to run for the office of County Commissioner in Hidalgo County?
2. What steps must be taken to do so?
3. If you have a standard election calendar/ timeline for County Commissioner elections?

I look forward to hearing from you.

Sincerely,

Justin Woodruff

pd. Cash. 68.50

Rec.# 1777

Date 5/14/09.



HIDALGO COUNTY
ELECTIONS DEPARTMENT

COPY

YVONNE RAMON
ELECTIONS ADMINISTRATOR

REQUEST FORM

DATE: 9/14/09

I, Miguel Carrera, am requesting,

General Information

Original Voter Registration Application

Other Information

Information Needed: I need all contribution reports on record for
All county court @ law courts, all county commissioners,
and District clerk, County clerk and County Judge
and JP's in Hidalgo County.

Information Requested:

of Copies requested: 2
(\$.10 per copy)

Contact Information:

Name: Miguel Carrera

Phone: 956-221-0084

[Signature]
Signature

Approved by

JUL 14 2009
Date Approved

Elections Department has up to ten (10) business days to fulfill requests.