

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 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

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

\$ 3,859.61

4. TOTAL POLITICAL EXPENDITURES

\$ 3,859.61

CONTRIBUTION BALANCE

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

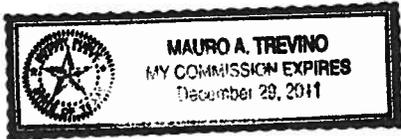
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

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 15th day of July, 2008, 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

Trevino
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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ending Contributor Name)	
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 / Job title (See Instructions)		10 Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / 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.

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 (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 #	
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		18 Amount Guaranteed (\$)
		17 Guarantor address; City; State; Zip Code	
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		Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	

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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 filer's)

4 Date

5 Payee name

7 Amount (\$)

1/11/08

ALLtel

6 Payee address; City; State; Zip Code

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

\$121.93

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

Payee name

Amount (\$)

2/1/08

McAllen Evening News Club

Payee address; City; State; Zip Code

205 N. 15th
McAllen, Texas 78501

\$235⁰⁰

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

Donation

"Childrens Variety Show"

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/8/08

ALLtel

Payee address; City; State; Zip Code

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

\$121.57

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

Payee name

Amount (\$)

2/19/08

Texas Wildscaper

Payee address; City; State; Zip Code

4200 Smith School Road
Austin, Texas 78744

\$30⁰⁰

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

DONATION - signs for

North San Juan Park

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "TITO" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/26/08</i>	5 Payee name <i>Artemio Palacios</i> 6 Payee address; City: State: Zip Code <i>1302 South Athol Phan, Texas 78577</i>	7 Amount (\$) <i>\$42⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - BBQ Tickets for Kidney & Heart Patient</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/27/08</i>	Payee name <i>Griselda Moroa</i> Payee address; City: State: Zip Code <i>231 E. 3rd Street San Juan, TEXAS</i>	Amount (\$) <i>\$150⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation To Assist with Travel Expenses to Visit son in Mexico</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>3/5/08</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062-9033</i>	Amount (\$) <i>\$121.57</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>4/16/08</i>	Payee name <i>ALLtel</i> Payee address; City: State: Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062-9033</i>	Amount (\$) <i>\$121.57</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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hector "TITO" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/24/08

Beto's Screen Printing

6 Payee address; City; State; Zip Code

110 W. 4th Street
San Juan, Texas 78589

\$433⁰⁰

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

Signs for on-going projects

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

Office sought / held

Date

Payee name

Amount (\$)

4/30/08

Nancy's Flower Shop

Payee address; City; State; Zip Code

P.O. Box 142
Pharr, Texas 78577

\$82⁰⁰

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

Donation

Funeral flower for Mr. Huerta Gramson

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

Office sought / held

Date

Payee name

Amount (\$)

5/2/08

Kenneth R. Bailey

Payee address; City; State; Zip Code

Cesar Chavez + Business 83
San Juan, Texas 78589

\$90⁰⁰

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

Donation - Project Arise

DIA DE LOS NIÑOS Event

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

Office sought / held

Date

Payee name

Amount (\$)

5/2/08

ALLTel

Payee address; City; State; Zip Code

PO Box 79033
Phoenix, AZ 85062-9033

\$68.17

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

Cell phone

-- 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>5/6/08</i>	5 Payee name <i>St. John Lutheran Church</i> ----- 6 Payee address; City: State: Zip Code <i>North Nebraska St. San Juan, TEXAS 78589</i>	7 Amount (\$) <i>\$100⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - BBQ Ticket Lutheran Men's Organization</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/16/08</i>	Payee name <i>ALLtel</i> ----- Payee address; City: State: Zip Code <i>P.O-Box 79033 Phoenix, AZ. 85062-9033</i>	Amount (\$) <i>\$122⁰⁰</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>5-21/08</i>	Payee name <i>Sports Associates</i> ----- Payee address; City: State: Zip Code <i>3817 South Alameda, Suite "A" Corpus Christi, Texas 78411</i>	Amount (\$) <i>\$995⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Contribution GOLF TOURNNEY #9-MARKER</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/21/08</i>	Payee name <i>South Texas Chariots</i> ----- Payee address; City: State: Zip Code <i>205 N. 15th McAllen, Texas 78501</i>	Amount (\$) <i>\$155⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation Purchase of wheel chair</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>5/21/08</i>	5 Payee name <i>JASON BARTIMES</i> 6 Payee address; City: State: Zip Code <i>502 W. 74th San JOAN, TEXAS 78589</i>	7 Amount (\$) <i>\$100⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - BBQ Ticket Orley's Gift</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>5/22/08</i>	Payee name <i>Children's Heaven Interventions</i> Payee address; City: State: Zip Code <i>400 E. Minnesota RD Alamo, TEXAS 78516</i>	Amount (\$) <i>\$245⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/9/08</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>\$87⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation Funeral Wreath - Noe Gonzalez</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/9/08</i>	Payee name <i>Alltel</i> Payee address; City: State: Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062-9033</i>	Amount (\$) <i>\$128⁴⁹</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

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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>6/16/08</i>	5 Payee name <i>Phan Parks & Recreation Dept</i> ----- 6 Payee address; City; State; Zip Code <i>3000 N. CAPE BLVD Phan, TEXAS 78577</i>	7 Amount (\$) <i>\$50⁰⁰</i>
8 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/16/08</i>	Payee name <i>Phan Boys & Girls Club</i> ----- Payee address; City; State; Zip Code <i>413 E. Clark Phan, TEXAS 78577</i>	Amount (\$) <i>\$100⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>DONATION - BBQ TICKETS Boys & Girls Summer Program</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/24/08</i>	Payee name <i>MAURO A. TRUJILLO</i> ----- Payee address; City; State; Zip Code <i>912 S. KING San Juan, Texas 78589</i>	Amount (\$) <i>109.22</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Re-embursement for A.C. Cuellar Funeral Floral arrangement + Digital camera chip</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>6/27/08</i>	Payee name <i>HEB</i> ----- Payee address; City; State; Zip Code <i>1300 EAST Hwy. 83 Phan, Texas 78577</i>	Amount (\$) <i>\$51.09</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Donation - Luncheon, coffee, chips for Nadia St. parking crew.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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