

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	MS / MRS / MR <u> </u> FIRST <u>Hecton</u> MI <u>7</u> NICKNAME <u>"Tito"</u> LAST <u>PALACIOS</u> SUFFIX <u> </u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 582</u> APT / SUITE #: <u> </u> CITY: <u>SAN JUAN, Texas</u> STATE: <u> </u> ZIP CODE: <u>78589</u>	Date Received <u>2009 JUL 17 PM 3:14</u> Date Hand Delivered or Date Postmarked <u> </u> Receipt # <u> </u> Amount <u> </u> Date Processed <u> </u> Date Imaged <u> </u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(956)</u> PHONE NUMBER <u>787-1891</u> EXTENSION <u> </u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u> </u> FIRST <u>MAURO</u> MI <u>A.</u> NICKNAME <u>"Mando"</u> LAST <u>TREVINO</u> SUFFIX <u> </u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>912 S. King</u> APT / SUITE #: <u> </u> CITY: <u>SAN JUAN, TEXAS</u> STATE: <u> </u> ZIP CODE: <u>78589</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(956)</u> PHONE NUMBER <u>787-1891</u> EXTENSION <u>2016 - (956-451-1620 cell)</u>		
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month <u>1</u> Day <u>1</u> Year <u>2009</u> THROUGH Month <u>6</u> Day <u>30</u> Year <u>2009</u>		
11 ELECTION	ELECTION DATE Month <u> </u> Day <u> </u> Year <u> </u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Hidalgo County County Commissioner - Pet #2</u>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF 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 <u> </u> Address / PO Box: <u> </u> Apt. / Suite #: <u> </u> City: <u> </u> State: <u> </u> Zip Code <u> </u>		
<input type="checkbox"/> additional pages			

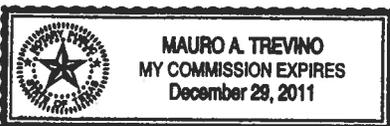
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

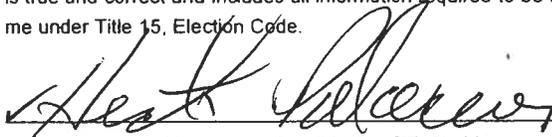
15 C/OH NAME		16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000. ⁰⁰	
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,570.49	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 6th day of June, 2009, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Mauro A. Trevino

 Printed name of officer administering oath


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

4 Date 1/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S + B PAC, Texas Contribution Acct	7 Amount of contribution (\$) \$5000⁰⁰	8 In-kind contribution description (if applicable) 1st Annual Golf Tournament Sponsor. (If travel outside of Texas, complete Schedule T)
6 Contributor address, City, State, Zip Code P.O. Box 266245 Houston, Texas 77207			

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) (If travel outside of Texas, complete Schedule T)
------	---	-----------------------------	---

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) (If travel outside of Texas, complete Schedule T)
------	---	-----------------------------	---

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) (If travel outside of Texas, complete Schedule T)
------	---	-----------------------------	---

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) (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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME	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#: _____)	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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		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 <i>Hector "Tito" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/19/09</i>	5 Payee name <i>ALLtel</i>	7 Amount (\$) <i>\$81.75</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i> (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>1/22/09</i>	Payee name <i>Pedro ZAPATA</i>	Amount (\$) <i>\$50.00</i>
Payee address; City; State; Zip Code <i>1109 E. Stobbs Edinburg, Texas 78539</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - BBQ Tickets</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>1/23/09</i>	Payee name <i>EX-Polotron Basketball</i>	Amount (\$) <i>\$50.00</i>
Payee address; City; State; Zip Code <i>Pharr, Texas 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Basketball fund</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>2/3/09</i>	Payee name <i>ALLtel</i>	Amount (\$) <i>\$110.73</i>
Payee address; City; State; Zip Code <i>P.O. Box 79033 Phoenix, AZ 85062</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Cell phone</i> (If travel outside of Texas, complete Schedule T)		.. 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

2/20/09

5 Payee name

McAllen Evening Lions Club

6 Payee address; City; State; Zip Code

205 N. 15th
McAllen, Texas 78501

7 Amount (\$)

\$245⁰⁰/₁₀₀

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

Donation - Spomer Children Variety Show (5)
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/5/09

Payee name

MAURO A. TREVIÑO

Payee address; City; State; Zip Code

912 S. King
San Juan, Texas 78589

Amount (\$)

\$13.79⁰⁰/₁₀₀

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

Reimbursement - Meeting Supplies, Copy, Colton, etc
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/6/09

Payee name

Alltel

Payee address; City; State; Zip Code

P.O. Box 79033
Phoenix, AZ 85062

Amount (\$)

\$88.42⁰⁰/₁₀₀

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

cell phone
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/27/09

Payee name

Beto's Signs

Payee address; City; State; Zip Code

San Juan, Texas

Amount (\$)

\$40⁰⁰/₁₀₀

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

Parade Signs
(If travel outside of Texas, complete Schedule T)

-- 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

5 Payee name

7 Amount (\$)

3/28/09

L.O.P.E.

6 Payee address; City; State; Zip Code

P.O. Box 188
San Juan, Texas 78589

\$300⁰⁰

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

Donation - Cesar Chavez Day March
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/4/09

ALLtel

Payee address; City; State; Zip Code

P.O. Box 79033
Phoenix - AZ 85062

\$85.⁹⁵/₁₀₀

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

Cell phone
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/21/09

@Ficina Legal

Payee address; City; State; Zip Code

P.O. Box 188
San Juan, Texas 78585

\$50⁰⁰

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

Donation BBQ Tickets - Foundation
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/23/09

Knights of Columbus - Post 9791

Payee address; City; State; Zip Code

MCSILLEN, TEXAS 78501

\$60⁰⁰

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

Donation - Foundation BBQ Tickets
(If travel outside of Texas, complete Schedule T)

.. 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

5 Payee name

7 Amount (\$)

4/23/09

Proyecto Arise

\$100⁰⁰/₂

6 Payee address; City; State; Zip Code

Alamo, Texas

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

DONATION

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/29/09

South Texas Chariots Wheelchair Basketball

\$155.⁰⁰

Payee address; City; State; Zip Code

*205 N. 15th
McAllen, Texas 78501*

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

DONATION

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/6/09

ALLtel

\$121.¹⁰

Payee address; City; State; Zip Code

*P.O. Box 79033
Phoenix, AZ 85062*

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

Cell phone

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/1/09

McCoy's Lumber Co

\$21.²⁹/₂

Payee address; City; State; Zip Code

Phan, Texas 78577

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

Pipe Supplies

(If travel outside of Texas, complete Schedule T)

.. 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

6/3/09

5 Payee name

ALLtel

6 Payee address; City; State; Zip Code

*P.O. Box 79033
Phoenix, AZ 85062*

7 Amount (\$)

\$73.96

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

cell phone

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

6/3/09

Payee name

MARIO A. TREVINO

Payee address; City; State; Zip Code

*912 S. KING
SAN JUAN, TEXAS 78589*

Amount (\$)

\$13.55

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

Reimbursement - 2 cans coffee & cups

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

6/9/09

Payee name

GOLF SKOR LLC

Payee address; City; State; Zip Code

*P.O. Box 9502
Asheville, NC 28815*

Amount (\$)

\$395.00

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

Adv. Tierra del Sol Golf Score Cards

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

6/9/09

Payee name

Publishing Billing Exchange

Payee address; City; State; Zip Code

*P.O. Box 7004
La Habra, Ca. 90632*

Amount (\$)

\$27.95

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

Due - Subscription - Hispanic Magazine

(If travel outside of Texas, complete Schedule T)

.. 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

6/9/09

5 Payee name

Postmaster

7 Amount (\$)

\$44.00

6 Payee address; City; State; Zip Code

N. Raul Longoria St.
San Juan, Texas

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

Stamps

(If travel outside of Texas, complete Schedule T)

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

Date

6/16/09

Payee name

South Texas Chariots

Amount (\$)

\$99.00

Payee address; City; State; Zip Code

205 N. 15th
McAllen, Texas 78501

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

Donation - Wheelchair Basketball

(If travel outside of Texas, complete Schedule T)

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

Date

6/19/09

Payee name

Postmaster

Amount (\$)

\$44.00

Payee address; City; State; Zip Code

Phan, Texas

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

(If travel outside of Texas, complete Schedule T)

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

Date

6/19/09

Payee name

ADVANCE Publishing Co

Amount (\$)

\$300.00

Payee address; City; State; Zip Code

Twin Palm Plaza
1101 N. Cage Blvd. Suite C-1
Phan, Texas 78587

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

Monthly Column

(If travel outside of Texas, complete Schedule T)

-- 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:

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

4 Date 5 Payee name 6 Payee address: City: State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)

8	Amount (\$)	<input type="checkbox"/>	Reimbursement from political contributions intended	
---	-------------	--------------------------	---	--

Amount (\$)	<input type="checkbox"/>	Reimbursement from political contributions intended	
-------------	--------------------------	---	--

Amount (\$)	<input type="checkbox"/>	Reimbursement from political contributions intended	
-------------	--------------------------	---	--

Amount (\$)	<input type="checkbox"/>	Reimbursement from political contributions intended	
-------------	--------------------------	---	--

Amount (\$)	<input type="checkbox"/>	Reimbursement from political contributions intended	
-------------	--------------------------	---	--

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		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.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** 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		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 3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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