

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 <input checked="" type="checkbox"/> FIRST MI F NICKNAME LAST SUFFIX "TITO" PALACIOS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:70%;">Date Received</td> <td style="width:30%; text-align: center;">2010 JUL 5 PM 12:12</td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td style="text-align: center;">5 PM 12:12</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	2010 JUL 5 PM 12:12	Date Hand-delivered or Date Postmarked	5 PM 12:12	Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	2010 JUL 5 PM 12:12														
Date Hand-delivered or Date Postmarked	5 PM 12:12														
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 582 SAN JUAN, TEXAS 78589														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 787-1891														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI A. NICKNAME LAST SUFFIX "Mando" TREVIÑO														
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 912 South King Rd SAN JUAN, TEXAS 78589														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 451-1620 (cell)														
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 Day Year THROUGH Month Day Year 1 / 1 / 2010 THROUGH 6 / 30 / 2010														
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) Hidalgo County Commissioner - Pet. #2 OFFICE SOUGHT (if known)														
14 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]

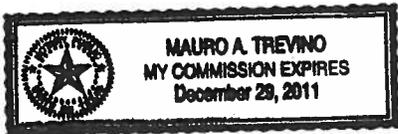
17 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,245. ⁵⁸
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 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 1st day of July, 2010, 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:

1 of 1

2 FILER NAME

Hector "Tito" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/21/10

5 Full name of contributor out-of-state PAC (ID#: _____)

Ramirez + Guerrero LLP

6 Contributor address; City; State; Zip Code

600 E. NOLANA - Suite 200
McAllen, Texas 78504

7 Amount of contribution (\$)

\$1,500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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:

1

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

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

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

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

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

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: 1
2 FILER NAME Hector "Ti To" 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 (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>1/6/10</i>	5 Payee name <i>Texas Border Business</i>	7 Amount (\$) <i>\$600.00</i>
6 Payee address; City; State; Zip Code <i>614 South 12th Street McAllen, Texas 78501</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>1/4 pp. Adv.</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>1/7/10</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$101.55</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta, GA. 30348</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
Date <i>1/12/10</i>	Payee name <i>Advance Publishing Co</i>	Amount (\$) <i>\$340.00</i>
Payee address; City; State; Zip Code <i>Twin Palm Plaza - 1101 N. Cape Blvd Suite C-1 Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Adv. Monthly Column</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>1/25/10</i>	Payee name <i>Sacred Heart Catholic Church</i>	Amount (\$) <i>\$448.00</i>
Payee address; City; State; Zip Code <i>2nd Esperanza Street Hidalgo, Texas 78557</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation Refrigerator</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 1/12/10	5 Payee name PALACIOS LAW FIRM PLLC 6 Payee address; City; State; Zip Code 1900 South Jackson - Suite 5 McAllen, Texas 78503	7 Amount (\$) \$1000⁰⁰/_{xx}
8 Purpose of payment (See instructions regarding type of information required.) Reimbursing CORA. FURVAUER Check - (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 2/2/10	Payee name Lions Club Payee address; City; State; Zip Code 205 N. 5th McAllen, Texas 78501	Amount (\$) \$235⁰⁰/_{xx}
Purpose of payment (See instructions regarding type of information required.) Sponsor 5 children for children camp (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/4/10	Payee name The Ballot Payee address; City; State; Zip Code 614 South 12th Street McAllen, Texas 78501	Amount (\$) \$500⁰⁰
Purpose of payment (See instructions regarding type of information required.) Adv. (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/10/10	Payee name Texas Border Business Payee address; City; State; Zip Code 614 South 12th Street McAllen, Texas 78501	Amount (\$) \$600⁰⁰/_{xx}
Purpose of payment (See instructions regarding type of information required.) Adv. (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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/12/10</i>	5 Payee name <i>St. Margaret Mary Church</i>	7 Amount (\$) <i>\$65.00</i>
6 Payee address; City; State; Zip Code <i>122 West Hawk St Pharr, Texas 78577</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - BBQ Tickets Fundraiser</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>2/16/10</i>	Payee name <i>Verison Wireless</i>	Amount (\$) <i>\$115.52</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 ATLANTA, GA. 30348</i>		
Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>3/1/10</i>	Payee name <i>Advance Publishing Company</i>	Amount (\$) <i>\$300.00</i>
Payee address; City; State; Zip Code <i>Two Palm Plaza - 1101 N. Case Blvd Suite C-1 Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Adv. Monthly Column</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>3/8/10</i>	Payee name <i>Verison Wireless</i>	Amount (\$) <i>\$101.89</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 ATLANTA, GA. 30348</i>		
Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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>3/10/10</i>	5 Payee name <i>PSJA Beef Syndicate</i>	7 Amount (\$) <i>\$30⁰⁰/₁₀₀</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 1254 SAN JOAN, TEXAS 78589</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation - Fundraiser BBQ Tickets</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/29/10</i>	Payee name <i>The Monitor</i>	Amount (\$) <i>\$250⁰⁰/₁₀₀</i>
Payee address; City; State; Zip Code <i>1400 E. Nolana McAllen, Texas 78504</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - N.I.E. Sponsorship</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/6/10</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$98.48</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 ATLANTA, GA. 30348</i>		
Purpose of payment (See instructions regarding type of information required.) <i>cell phone</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/9/10</i>	Payee name <i>Nancy's Flower Shop</i>	Amount (\$) <i>\$85.36</i>
Payee address; City; State; Zip Code <i>700 E. Sam Houston - P.O. Box 142 Phan, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation Belia Chavez Fournier Wreath</i> <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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>4/12/10</i>	5 Payee name <i>ADVANCE PUBLISHING CO</i>	7 Amount (\$) <i>\$300⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Twin Palm Plaza - 1101 N. CASE BLVD SUITE C-1 PHARR, TEXAS 78577</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>ADV. - Monthly column</i>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date <i>4/26/10</i>	Payee name <i>South Texas Chariots</i>	Amount (\$) <i>\$235⁰⁰</i>
Payee address; City; State; Zip Code <i>1711 Kristi Lane Mission, Texas</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Adv. wheelchair Basketball</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date <i>4/27/10</i>	Payee name <i>Project Arise</i>	Amount (\$) <i>\$100⁰⁰</i>
Payee address; City; State; Zip Code <i>Cesar Chavez + Business Hwy 83 San Juan, Texas 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - In Dia de los Niños</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date <i>4/28/10</i>	Payee name <i>Nancy's Flower Shop</i>	Amount (\$) <i>\$87.19</i>
Payee address; City; State; Zip Code <i>P.O. Box 142 Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
<i>Mr. Arnaldo Cantu funeral wreath</i>		
(If travel outside of Texas, complete Schedule T)		

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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 "Ti To" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/30/10</i>	5 Payee name <i>NANCY'S Flower SHOP</i>	7 Amount (\$) <i>\$186.19</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 142 Phan, Texas 78577</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <i>Mr. Pedro Contreras Funeral Wreath</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>4/30/10</i>	Payee name <i>UNCLE Roy's BBQ</i>	Amount (\$) <i>\$190⁰⁰</i>
Payee address; City; State; Zip Code <i>602 E. Hiway 83 Phan, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <i>After Funeral meal</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>5/3/10</i>	Payee name <i>Jose Alvarez</i>	Amount (\$) <i>\$750⁰⁰</i>
Payee address; City; State; Zip Code <i>1311 Ironwood Phan, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Cance Victim</i> <i>BBQ Fundraiser</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>5/7/10</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$100.95</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta, GA. 30348</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 <i>Hector "T.TO" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/17/10</i>	5 Payee name <i>END-ZONE Athletics</i>	7 Amount (\$) <i>\$237.50</i>
6 Payee address; City; State; Zip Code <i>P.O. BOX 530898 GRAND PRAIRIE, TEXAS 75053</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>DONATION - BASKETBALL GAME Throw Towels - North Riders</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>5/20/10</i>	Payee name <i>Enizelda MORUA</i>	Amount (\$) <i>\$100⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O BOX 2658 SAN JUAN, TEXAS 78589</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DONATION - ELECTRICAL BILL</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>5/20/10</i>	Payee name <i>NANCY'S Flower Shop</i>	Amount (\$) <i>\$83.00</i>
Payee address; City; State; Zip Code <i>P O BOX 142 Phan, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i> <i>MS. Ester FRANZ RODRIGUEZ Funeral/wrath</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>5/25/10</i>	Payee name <i>CALVARY BAPTIST Church</i>	Amount (\$) <i>\$200⁰⁰</i>
Payee address; City; State; Zip Code <i>1600 HARVEY DR. McAllen, TEXAS 78501</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i> <i>Fundraiser</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> 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>6/7/10</i>	5 Payee name <i>GOLF SKORE, LLC</i>	7 Amount (\$) <i>\$395⁰⁰</i>
6 Payee address; City; State; Zip Code <i>21 OAK HOLLOW DRIVE ASHEVILLE, NC 28805</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Contribution Adv. Golf Score Card</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>6/9/10</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$100.95</i>
Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta, GA. 30348</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Cell phone</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date <i>6/15/10</i>	Payee name <i>Nancy's Flower Shop</i>	Amount (\$) <i>\$109.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 142 Pharr, Texas 78577</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Funeral Wreath for MRS J. B SALINAS (donation)</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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.)		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
<small>(If travel outside of Texas, complete Schedule T)</small>		

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:

1

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	
7 Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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

1

2 FILER NAME

Hector "Ti To" 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:

1

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

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

Hector "Tito" Palacios

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

