

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. Hecton NICKNAME LAST SUFFIX "TITO" PALACIOS	OFFICE USE ONLY Date Received 2013 JUL 12 PM 3 25 Date Hand-delivered or Date Postmarked 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. MAURO NICKNAME LAST SUFFIX "MAURO" TREVINO		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 912 S. King Rd SAN JUAN, TEXAS 78589		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 781-5916		
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 / 2013 THROUGH 6 / 30 / 2013		
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	13 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 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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)

\$ *27,750⁰⁰*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *4,974.30*

CONTRIBUTION BALANCE

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

\$

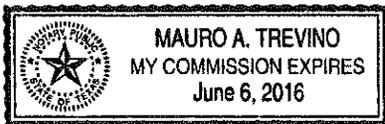
OUTSTANDING LOAN TOTALS

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 12th day

of July, 20 13, to certify which, witness my hand and seal of office.

Mauro A. Trevino
Signature of officer administering oath

Mauro A. Trevino
Printed name of officer administering oath

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

Hector "Ti To" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/13

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

Louise H. Jones Jr

6 Contributor address; City; State; Zip Code

3100 ALABAMA ST.
HOUSTON, TEXAS 77098

7 Amount of contribution (\$)

\$2,500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/13

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

Forrest N. Rownels

Contributor address; City; State; Zip Code

P.O. Box 3264
McAllen, Texas 78502

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/13

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

David O. Rogers

Contributor address; City; State; Zip Code

P.O. Box 1077
Edinburg, Texas 78539

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/13

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

Tuggey Fernandez LLP

Contributor address; City; State; Zip Code

6115 Congress Ave - 340
Austin, Texas 78704

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/7/13

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

Lincberger, Grossman, Blair + Sampson LLP

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, Texas 78760

Amount of contribution (\$)

\$5,000⁰⁰

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.

**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

5/8/13

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

Hidalgo County Property Tax Service

6 Contributor address; City; State; Zip Code

612 NOLANA Ste #570
McAllen, TX, 78504

7 Amount of contribution (\$)

\$250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/8/13

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

Ero International LLP

Contributor address; City; State; Zip Code

DBA As Ero Architects
McAllen, Texas 78501

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Godfrey GARZA Jr.

Contributor address; City; State; Zip Code

4209 mile 8 RD
Edinburg, Texas 78541

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Ramiro Gutierrez

Contributor address; City; State; Zip Code

1203 S. Comwood
Pharr, Texas 78577

Amount of contribution (\$)

\$5,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Craig F. Stong

Contributor address; City; State; Zip Code

15420 Texas Ridge
Helo Tex, TX 78023

Amount of contribution (\$)

\$5,000⁰⁰

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.

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

5/9/13

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

Somecinda Ybarra

6 Contributor address; City; State; Zip Code

2811 E. mile 9 1/2 N.
DONNA, TEXAS 78537

7 Amount of contribution (\$)

\$2,500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/9/13

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

Elynn D. Graham

Contributor address; City; State; Zip Code

9811 Cornell Path Ct.
HOUSTON, TEXAS 77064

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Fernando Castillo

Contributor address; City; State; Zip Code

P.O. BOX 903
SAN JUAN, TEXAS 78589

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Ovidio N. Alvarez

Contributor address; City; State; Zip Code

2711 Silent Spring Dr.
Katy, TX 77450

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/13

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

Ovidio N. Alvarez

Contributor address; City; State; Zip Code

2711 Silent Springs Dr.
Katy, Texas 77450

Amount of contribution (\$)

\$1,000⁰⁰

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.

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

6/3/13

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

ATLAS HALL, RODRIGUEZ LLP

6 Contributor address; City; State; Zip Code

*P.O. Drawer 3725
McAllen, Texas 78502*

7 Amount of contribution (\$)

\$1,000⁰⁰

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:
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2 FILER NAME	3 ACCOUNT # (Filing Commission filers)
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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			

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			

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			

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			

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			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 # _____	
4 TOTAL OF UNITEMIZED LOANS: ⅈ ⅈ ⅈ ⅈ ⅈ ⅈ			\$ _____
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	
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:

1 of

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/7/13

5 Payee name

Verizon Wireless

6 Payee address; City, State; Zip Code

P.O. BOX 105378
ATLANTA, GA, 30348

7 Amount (\$)

\$116.05

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

1/11/13

Payee name

Nancy's Flower Shop

Payee address; City, State; Zip Code

700 EAST SAM HOUSTON
PHARR, TEXAS 78577

Amount (\$)

\$87.19

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

Funeral wreath for
Beatriz CUD

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

Candidate / Officeholder name Office sought Office held

Date

1/14/13

Payee name

Nancy's Flower Shop

Payee address; City, State; Zip Code

700 EAST SAM HOUSTON
PHARR, TEXAS 78577

Amount (\$)

\$108.00

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

Funeral Floral wreath for
MRS TILLY BELL FLORES

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

Candidate / Officeholder name Office sought Office held

Date

1/24/13

Payee name

GOLFSTOR LLC

Payee address; City, State; Zip Code

21 OAK HOLLOW DR.
ASHEVILLE, NC 28805

Amount (\$)

\$350.00

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

Adv. - Golf score Cards

** 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

2/5/13

5 Payee name

Verizon Wireless

7 Amount (\$)

\$116.17

6 Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta GA. 30348

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

cell phone

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

Candidate / Officeholder name Office sought Office held

Date

2/6/13

Payee name

NANCY'S Flower Shop

Amount (\$)

\$108.00

Payee address; City, State; Zip Code

700 East Sam Houston
Phan, Texas 78577

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

Funeral Floral Wreath for
MRS. Hilda Gomez

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

Candidate / Officeholder name Office sought Office held

Date

2/14/13

Payee name

McAllen Evening Lions Club

Amount (\$)

\$235.00

Payee address; City, State; Zip Code

4307 N. 10th. Ste. B
McAllen, Texas 78504

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

Donation - Children Fun Day

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

Candidate / Officeholder name Office sought Office held

Date

3/8/13

Payee name

Verizon Wireless

Amount (\$)

\$108.84

Payee address; City, State; Zip Code

P.O. Box 105378
Atlanta, GA. 30348

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

Cell phone

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

Candidate / Officeholder name Office sought Office held

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
3/13/13

5 Payee name
PSJA Memorial High School Fine Arts Dept.
6 Payee address; City, State; Zip Code
800 South ALAMO ROAD
ALAMO, TEXAS 78516

7 Amount (\$)
\$52.00

8 Purpose of payment (See instructions regarding type of information required.)
Donation for poster
(Heather Cisneros)

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

Date
3/20/13

Payee name
Nancy's Flower Shop
Payee address; City, State; Zip Code
700 East Sam Houston
Pharr, Texas 78577

Amount (\$)
\$216.00

Purpose of payment (See instructions regarding type of information required.)
2- Funeril flower wreath for
Mrs. GARZA +
Mrs. Chavez

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

Date
3/27/13

Payee name
Agency for Higher Education
Payee address; City, State; Zip Code
3508 DATE PALM
McAllen, Texas 78501

Amount (\$)
\$300.00

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

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

Date
4/8/13

Payee name
Verizon Wireless
Payee address; City, State; Zip Code
P.O. Box 105378
Atlanta, GA. 30348

Amount (\$)
\$100.73

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Hector "Tito" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/9/13</i>	5 Payee name <i>South Texas Chariots</i>	7 Amount (\$) <i>\$255⁰⁰/₂</i>
6 Payee address; City, State, Zip Code <i>1711 Kristi Lane MISSION, TEXAS 78574</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/17/13</i>	Payee name <i>Project Arize</i>	Amount (\$) <i>\$200⁰⁰/₂₅</i>
Payee address; City, State, Zip Code <i>330 San Bernardino ALAMO, TEXAS 78512</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation for Dia de los Niños Festival</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4/17/13</i>	Payee name <i>Sharyland Booster Club</i>	Amount (\$) <i>\$100⁰⁰/₂</i>
Payee address; City, State, Zip Code <i>Sharyland, TX.</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation, Fondaiser</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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

2 FILER NAME *Hector "TITO" PALACIO* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/6/13</i>	5 Payee name <i>Verizon Wireless</i>	7 Amount (\$) <i>\$108.²⁹/₁₀₀</i>
	6 Payee address; City, State; Zip Code <i>P.O. BOX 105378 ATLANTA, GA 30348</i>	

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

Date <i>5/8/13</i>	Payee name <i>NANCY'S Flower SHOP</i>	Amount (\$) <i>\$83.⁰⁰/₁₀₀</i>
	Payee address; City, State; Zip Code <i>700 EAST SAM HOUSTON PHOENIX, TEXAS 78577</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Funeral Floral Wreath for Mr. Alfredo Ochoa Rodriguez</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>5/16/13</i>	Payee name <i>Beto's Screen Printing</i>	Amount (\$) <i>\$173.²⁰/₁₀₀</i>
	Payee address; City, State; Zip Code <i>110 W. 44th ST. SAN JUAN, TEXAS 78589</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Project Signs</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>5/20/13</i>	Payee name <i>NANCY'S Flower SHOP</i>	Amount (\$) <i>\$183.⁰⁰/₁₀₀</i>
	Payee address; City, State; Zip Code <i>700 East Sam Houston Pho, Texas 78577</i>	

Purpose of payment (See instructions regarding type of information required.) <i>2 - Funeral Flower Wreaths for MRS. Hernandez - MR. Shorty Rodriguez</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hector "TITO" Palacios

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/21/13

5 Payee name
Church's Fried Chicken
6 Payee address; City, State; Zip Code
*Corner of B.O. Sr- 83 + Cage Blvd.
Pharr, Texas 78577*

7 Amount (\$)
\$27.03

8 Purpose of payment (See instructions regarding type of information required.)
*Employee Luncheon at
Minnesota Project*

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

Date
5/22/13

Payee name
Dr. William Long Elementary School
Payee address; City, State; Zip Code
*3700 N. Raiders Drive
Pharr, Texas 78577*

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
*Donation - End of School Year
celebration*

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

Date
5/31/13

Payee name
Nancy's Flower Shop
Payee address; City, State; Zip Code
*700 East Sam Houston
Pharr, Texas 78577*

Amount (\$)
\$106.00

Purpose of payment (See instructions regarding type of information required.)
*Funeral Flower Wreath for
MR. DANIEL HERNANDEZ*

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

Date
5/31/13

Payee name
HSB Stores
Payee address; City, State; Zip Code
*West Expressway 83
SAN JUAN, TEXAS 78589*

Amount (\$)
\$34.20

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

** 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

6/3/13

5 Payee name

Mauro A. Trevino

6 Payee address; City; State; Zip Code

912 S. KING Rd
SAN JUAN, TEXAS 78589

7 Amount (\$)

\$21.62

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Cokes, chips, ect for Saturday Employee Luncheon

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

Candidate / Officeholder name

Office sought

Office held

Date

6/6/13

Payee name

Verizon Wireless

Payee address; City; State; Zip Code

P.O. Box 105378
ATLANTA, GA. 30348

Amount (\$)

\$105.98

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

6/12/13

Payee name

Nancy's Home Shop

Payee address; City; State; Zip Code

700 East Sam Houston
Phan, Texas 78577

Amount (\$)

\$103.00

Purpose of payment (See instructions regarding type of information required.) Funeral Flower Wreath for

MR. Beto Aguirre

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

Candidate / Officeholder name

Office sought

Office held

Date

6/13/13

Payee name

Tose Lopez

Payee address; City; State; Zip Code

3801 Charlott Dr.
Phan, Texas 78577

Amount (\$)

\$40.00

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

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hector "TITO" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/14/13

5 Payee name

Marco A. Trevino

6 Payee address; City, State; Zip Code

912 S. Kings Road
SAN JUAN, TEXAS 78589

7 Amount (\$)

\$88.⁰⁰/₁₀₀

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

Re-imbursment for Employer
requirements -

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

South Texas Toros % Rosic Ivaniz

Payee address; City, State; Zip Code

402 S. Ironwood
Pharr, Texas 78577

Amount (\$)

\$50.⁰⁰/₁₀₀

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

Donation - Fund Raiser with
(Tel # 457-7178)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

High School Sports Magazine

Payee address; City, State; Zip Code

801 East Fern - Suite 131
McAllen, Texas 78501

Amount (\$)

\$1,200.⁰⁰/₁₀₀

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

Adv. Posters for Football
Basketball, Baseball + Softball

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Nancy's Home Shop

Payee address; City, State; Zip Code

700 East Sam Houston
Pharr, Texas 78577

Amount (\$)

\$108.⁰⁰/₁₀₀

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

Fornal flower wreath for
Mr. Celestino Guayardo

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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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:

2 FILER NAME

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

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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 (\$)

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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 file):

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 ACCOUNT # (ETHICS COMMISSION ONLY)

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

