

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Hector</i> FIRST MI <i>F.</i> NICKNAME LAST SUFFIX <i>"TITO" PALACIOS</i>	OFFICE USE ONLY Date Received <i>9:34 a.m.</i> <i>Pa Qui</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. BOX 582 SAN JUAN, TEXAS 78589</i>	RECEIVED JUL 15 2014	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>MURRO A.</i> NICKNAME LAST SUFFIX <i>"MANDO" TREVIÑO</i>	RECEIVED JUL 15 2014	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>912 S. KING RD. SAN JUAN, TEXAS 78589</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 781-5914</i>		
8 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>2 / 25 / 14    .    6 / 30 / 2014</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Hidalgo County Commission pct #2</i>	12 OFFICE SOUGHT (if known)	
13 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

14 C/OH NAME

*Hector "Tito" Palacios*

15 ACCOUNT # (Ethics Commission Form)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *64,000<sup>00</sup>*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *43,158.19*

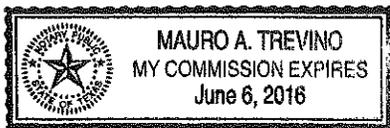
OUTSTANDING LOAN TOTALS

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

\$ *10,000<sup>00</sup>*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Hector Palacios*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_ this the 14<sup>th</sup> day of July, 20 14, 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

*Mauro*  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

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

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

4 Date <i>2/28/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard N. Rupert</i>	7 Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>383 Hobbs St. Edinburg, Texas 78539</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>2/29/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>C00103903 - 250#</i> ) <i>HDR INC. Political Action Committee</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8404 Indian Hills Dr. Nebraska 68114</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>5/5/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel O. Vela or Alejandra Vela</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Household acct. McAllen, Texas 78501</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>6/27/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacob Fuller</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>617 N. McCall Rd McAllen, Texas 78501</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>6/27/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacob Fuller or Martha Fuller</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>617 N. McCall Rd McAllen, Texas 78501</i>			

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

2/28/14

5 Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Raul Palma

6 Contributor address; City; State; Zip Code

705 Dawson Dr.  
Edwburg, Texas 78539

7 Amount of contribution (\$)

\$1,500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/28/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Ramiro Gutierrez

Contributor address; City; State; Zip Code

1203 Gumwood  
Phau, Texas 78577

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Eduardo O. Ramirez

Contributor address; City; State; Zip Code

900 S. 1st St.  
McAllen, Texas 78501

Amount of contribution (\$)

\$250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Collins Family Living Trust

Contributor address; City; State; Zip Code

900 E Lakewood Dr  
McAllen, Texas 78502

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Nowell Willis Borden

Contributor address; City; State; Zip Code

P.O. Box 299  
Hargill, Texas 78549

Amount of contribution (\$)

\$2,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Hector "Ti To" PALACIOS</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/22/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherry Fay Damberton</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>101 Redwood Boerne, TX 78006</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/29/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger, Goggin, Blair &amp; Sampson LLP</i>	Amount of contribution (\$) <i>\$5,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, Texas 78760</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. John A. Gerling</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4420 North 7th St. McAllen, Texas 78504</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IRMA L. GARZA</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 Chula Vista St McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos I. GARZA</i>	Amount of contribution (\$) <i>\$1,500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 6105 McAllen, Texas 78502</i>			
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

4/24/14

5 Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

PALACIOS &amp; ASSOCIATES

6 Contributor address; City; State; Zip Code

N. Cage Blvd  
Phan, Texas 78572

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Purdue, Brandon, Fielder, Collins &amp; Mott LLP

Contributor address; City; State; Zip Code

P.O. Box 2916  
McAllen, Texas 78502

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Ero International LLP

Contributor address; City; State; Zip Code

300 South 8th St.  
McAllen, Texas 78504

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Quality Ready Mix LTD. LLP

Contributor address; City; State; Zip Code

P.O. Box 10100  
Corpus Christi, Texas 78460

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/14

Full name of contributor

 out-of-state PAC (ID#: \_\_\_\_\_)

Jesus Ramirez DBA J. Ramirez Law Firm

Contributor address; City; State; Zip Code

700 W. Veterans Blvd. Ste B  
San Juan, Texas 78589

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# 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

4/24/14

5 Full name of contributor

out-of-state PAC (ID#)

Memorial Funeral Home

6 Contributor address; City; State; Zip Code

208 E. Canton  
Edinburg, Tex. 78539

7 Amount of contribution (\$)

\$250<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/14

Full name of contributor

out-of-state PAC (ID#)

Reba - Kistner PAC INC.

Contributor address; City; State; Zip Code

P.O. Box 890289  
San Antonio, Texas 78269

Amount of contribution (\$)

\$250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/14

Full name of contributor

out-of-state PAC (ID#)

Eduardo O. Cantu

Contributor address; City; State; Zip Code

2101 Angelina Marie Dr  
Pharr, Texas 78577

Amount of contribution (\$)

\$2,500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

Full name of contributor

out-of-state PAC (ID#)

Sharlotta Teague

Contributor address; City; State; Zip Code

McAllen, Texas 78501

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/14

Full name of contributor

out-of-state PAC (ID#)

Robert D. Cardenas

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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# 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

4/25/14

5 Full name of contributor

out-of-state PAC (ID#)

Ovidio N. Alanis

6 Contributor address; City; State; Zip Code

2711 Silent Spring Wells  
Katy, Texas 77450

7 Amount of contribution (\$)

\$1,250<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/14

Full name of contributor

out-of-state PAC (ID#)

Modfrey Garza Jr.

Contributor address; City; State; Zip Code

4209 Mile 8 Rd  
Edinburg, Texas 78541

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/14

Full name of contributor

out-of-state PAC (ID#)

Ramiro Gutierrez

Contributor address; City; State; Zip Code

1203 Gumwood  
Pharr, Texas 78577

Amount of contribution (\$)

\$2,500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

Full name of contributor

out-of-state PAC (ID#)

Leonel Garza III

Contributor address; City; State; Zip Code

1419 Dove, Ste 1  
McAllen, Texas 78504

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

Full name of contributor

out-of-state PAC (ID#)

Memorial Funeral Home

Contributor address; City; State; Zip Code

P.O. Box 128  
SAN JUAN, Texas 78589

Amount of contribution (\$)

\$250<sup>00</sup>

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

4/24/14

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

ELOY L. TREVINO JR.

6 Contributor address; City; State; Zip Code

722 W. HACKBERRY  
MCALLEN, TEXAS 78501

7 Amount of contribution (\$)

\$250<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/14

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

RAMON GARCIA

Contributor address; City; State; Zip Code

222 W. UNIVERSITY DR.  
EDINBURG, TEXAS 78539

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

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

JOHN PHILLIPS

Contributor address; City; State; Zip Code

P.O. BOX 5848  
MCALLEN, TEXAS 78502

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

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

A.C. CUELLAR JR.

Contributor address; City; State; Zip Code

231 LION LAKE DR.  
SOUTH PROGRESSO LAKES, TEXAS 78596

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

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

Tony Melecio or Angelina Melecio

Contributor address; City; State; Zip Code

19510 N. COMAL RIVER BR.  
CYPRESS, TX 77433

Amount of contribution (\$)

\$1,250<sup>00</sup>

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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (State Commission Grant)	
4 Date <i>4/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael H. Cano</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>426 W. Calhoun Pharr, Texas 78577</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LAURA NASSINI WARREN</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1801 S. 2nd St. Ste 330 McAllen, Texas 78503</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John David FRANZ</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 N. McCall 12d. Ste B McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raul Palma</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>705 Dawson Dr. Edinburg, Texas 78539</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eduardo O. Cantu</i>	Amount of contribution (\$) <i>\$2,500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2101 Angelina Marie Dr. Pharr, Texas 78577</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Hector "Ti To" Palacios</i>		3 ACCOUNT # (Using Commission Staff)	
4 Date <i>2/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eumeoindo Ybarra</i>	7 Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2811 E. Mile 9 1/2 N. Downa, Texas 78537</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JESUS SALINAS</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 E. Expressway 83 Mission, Texas 78572</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jacob C. Fuller</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>617 N. McCall Cir McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LOUIS H. JONES SR.</i>	Amount of contribution (\$) <i>\$2,500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3100 W. Alabama St. Houston, Texas 77098</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Javier Hinojosa</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>308 Encanto Blvd. Mission, Texas 78574</i>			
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 <i>Hector "TITO" PALACIOS</i>		3 ACCOUNT # (Being Completed)	
4 Date <i>2/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Palma</i>	7 Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>705 Dawson Drive Edwmburg, Texas 78535</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/27/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY PALMEN</i>	Amount of contribution (\$) <i>\$4000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>404 Ubalde McAllen, Texas 78503</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Godinez Law Firm</i>	Amount of contribution (\$) <i>\$1500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cris S. Uela</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1305 S. Ebony St Pharm. Texas 78577</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERO INT LLP</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 South 8th St McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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

2/25/14

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

Jeffrey Noel Torres

7 Amount of contribution (\$)

\$1,000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

805 South Linden Cir  
Pharm, Texas 78577

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/25/14

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

Deren LI

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3000 Greenridge Dr. Apt. 1807  
Houston, Texas 77057-6035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

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

Forrest N. RUNNELS

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 3264  
McAllen, Texas 78502-3284

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

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

Daniel O. Rios

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

104 E. LAMAR AVE  
McAllen, Texas 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

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

Law office of L. Keno Flores

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3525 W. Freddy Gonzalez Dr. Ste e  
Edinburg, Texas 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (State Commission Use)	
4 Date <i>2/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Noe L. Perez</i>	7 Amount of contribution (\$) <i>\$1,000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>302 E. MAHL Edinburg, Texas 78539</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>The Law Office of Michael R. DeLeon</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 N. Main St. Ste 1 McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Perez Franz LLP</i>	Amount of contribution (\$) <i>\$1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1414 Dove Ave McAllen, Texas 78504</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>D'Netta C. Moore</i>	Amount of contribution (\$) <i>\$250<sup>00</sup>/<sub>7</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>216 W. Retama - P.O. Box 40044 South Padre Island, Texas 78597</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JUAN R. ALVAREZ</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>324 W. University Edinburg, Texas 78539</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUCAS E. AHLMAN Law Firm</i>	7 Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>301 N. MAIN St. Ste 1 McAllen, Texas 78501</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Darling Campaign</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 6105 McAllen, Texas 78502</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KITTLEMAN THOMAS CONSULTANTS PLLC</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 1416 McAllen, Texas 78505</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adolfo Martinez</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>one South Broadway McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miguel Chanin</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>one South Broadway McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <i>Hector "Tito" Palacios</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Michael E. Hanagan</i>	7 Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>809 Chicago Avenue McAllen, Texas 78501</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sharlotte L. Teague</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen, Texas 78501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cullen R. Looney</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 118 Edinburg, Texas 78540</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roy A. Balderas</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1896 Edinburg, Texas 78540</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thomas A. Standt</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7525 FM 723 Rd Richmond, TX. 77406</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME <i>Hector "Ti To" PALACIOS</i>				3 ACCOUNT # (Ethics Commission files)	
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)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Hector "Tito" Palacios*

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

*Hector "Tito" Palacios*

9 Loan Amount (\$)

*\$10,000<sup>00</sup>*

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

*PO BOX 582*

*SAN JUAN, TEXAS 78589*

10 Interest rate

11 Maturity date

12 Description of Collateral

none

*Self*

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

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

4 Date <i>3/8/14</i>	5 Payee name <i>Ricardo Flores</i>	7 Amount (\$) <i>\$2,500<sup>00</sup></i>
6 Payee address; City, State; Zip Code <i>Phan, Texas 78577</i>		

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

Date <i>3/14/14</i>	Payee name <i>Israel Cantu</i>	Amount (\$) <i>\$400<sup>00</sup></i>
Payee address; City, State; Zip Code <i>Phan, Texas 78577</i>		

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

Date <i>3/10/14</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$141.<sup>02</sup></i>
Payee address; City, State; Zip Code <i>P.O. Box 105378</i> <i>ATLANTA, GA 30348</i>		

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

Date <i>4/6/14</i>	Payee name <i>Mexica PALACIOS (Uncle Roy's BBQ)</i>	Amount (\$) <i>\$262.<sup>50</sup></i>
Payee address; City, State; Zip Code <i>K. Business Hwy 83</i> <i>Phan, Texas 78577</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Uncle Roy's BBQ</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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

Hector "Ti To" Palacios

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
3/7/14

**5** Payee name

Elias Pedraza

**6** Payee address; City, State; Zip Code

Pharr, Texas 78577

**7** Amount (\$)

\$1,350.00

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

Campaign Expense  
Trailer Rental

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

Date

Payee name

Amount (\$)

5/9/14

Mike Carrera

Payee address; City, State; Zip Code

2627 McCormack  
Edinburg, Texas 78539

\$3,000.00

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

Campaign Expense  
Feb. Retainer Exam

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

Date

Payee name

Amount (\$)

5/6/14

Monica Palacios (Uncle Roy's BBQ)

Payee address; City, State; Zip Code

E. Business 83 Highway  
Pharr, Texas 78577

\$245.00

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

Payee name

Amount (\$)

5/9/14

Godinez Communications

Payee address; City, State; Zip Code

300 South 8th St.  
McAllen, Texas 78501

\$15,359.00

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

Final Campaign Payment,  
Media, Social Seminar

-- 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 *Hector "Ti To" Palacios* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/14/14</i>	5 Payee name <i>Verizon Wireless</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta, MA. 30348</i>	7 Amount (\$) <i>\$153.26</i>
--------------------------	--	----------------------------------

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

Date <i>5/9/14</i>	Payee name <i>Verizon Wireless</i> Payee address; City; State; Zip Code <i>P.O. Box 105378 Atlanta MA. 30348</i>	Amount (\$) <i>\$144.98</i>
-----------------------	---	--------------------------------

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

Date <i>6/9/14</i>	Payee name <i>Alamo Tees</i> Payee address; City; State; Zip Code <i>San Antonio, Texas</i>	Amount (\$) <i>\$2,290.95</i>
-----------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>GOLF Tournament Expense (paid) INV. 2958 + 3875 Adv. T-shirts</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>3/3/14</i>	Payee name <i>Godinez Communications</i> Payee address; City; State; Zip Code <i>300 South 8th St. McAllen, Texas 78501</i>	Amount (\$) <i>\$10,000<sup>00</sup></i>
-----------------------	--	---

Purpose of payment (See instructions regarding type of information required.) <i>Media Services</i>	** 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

*Hector "Ti To" Palacios*

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
*5/28/14*

**5** Payee name  
*Ricardo Cuellar*  
**6** Payee address; City, State; Zip Code  
*Ebony St.  
Pharr, Texas 78577*

**7** Amount (\$)  
*\$80.00*

**8** Purpose of payment (See instructions regarding type of information required.)  
*Clean up rented space fee  
Set up & put together Campaign signs*

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

Date  
*6/8/14*

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

Amount (\$)  
*\$143.34*

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

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

Date  
*6/14/14*

Payee name  
*Hector "Ti To" Palacios*  
Payee address; City, State; Zip Code  
*P O Box 585  
San Juan, Texas 78589*

Amount (\$)  
*\$7,088.14*

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

Payee name  
Payee address; City, State; Zip Code

Amount (\$)

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

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

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

4 Date	5 Payee name ----- 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

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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 Hector "TITO" PALACIOS 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

Date	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**

**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

Hector "Tito" 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**

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Hector "Tito" PALACIOS*

3 ACCOUNT # (Ethics Commission filers)

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 files)

3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder