

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/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 FIRST MI NICKNAME LAST SUFFIX Mary A Polacios	OFFICE USE ONLY Date Received 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 701 East Baker Edinburg, TX 78539		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 533-7966		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. David Drews		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 395 Dove McAllen, TX 78501		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330 8228		
9 REPORT TYPE	<input checked="" 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 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 7 / 1 / 2009 12 / 31 / 2009		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / 7 / 2006		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace	13 OFFICE SOUGHT (if known) Justice of the Peace	
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

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

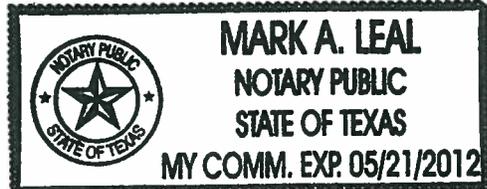
15 C/OH NAME Mary Alice Palacios **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S) ** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 37,230.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,230.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 30,880.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,880.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,349.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Alice Palacios, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Mark A. Leal Signature of officer administering oath
MARK A. LEAL Print name of officer administering oath
Notary Public 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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Estrada</i>	7 Amount of contribution (\$) <i>\$3,500.00 (CK)</i>	8 In-kind contribution description (if applicable)
<i>9/9/09</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 1797 Edinburg, TX 78540</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liberty Bail Bonds</i>	Amount of contribution (\$) <i>\$500. - (CK 7932)</i>	In-kind contribution description (if applicable)
<i>9/14/09</i>	Contributor address; City; State; Zip Code <i>12403 N. Bail Bond Drive Edinburg TX 78542</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A-Lighting Bail Bonds</i>	Amount of contribution (\$) <i>500. - (CK 1014)</i>	In-kind contribution description (if applicable)
<i>9/15/09</i>	Contributor address; City; State; Zip Code <i>3901 W. Schunior Edinburg, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel Cantu</i>	Amount of contribution (\$) <i>\$500. - CK 1222</i>	In-kind contribution description (if applicable)
<i>9/16/09</i>	Contributor address; City; State; Zip Code <i>3619 N. 41st Lane McAllen, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trevino's Rest.</i>	Amount of contribution (\$) <i>\$300. - CK 1307</i>	In-kind contribution description (if applicable)
<i>9/18/09</i>	Contributor address; City; State; Zip Code <i>1500 N. Closer Blvd. Edinburg, TX</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Francisco Perez	7 Amount of contribution (\$) \$500. - CK 1430	8 In-kind contribution description (if applicable)
9/18/09	6 Contributor address; City; State; Zip Code 11613 Lila Beth Mission, TX 78572	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Francisco Bracamontes	Amount of contribution (\$) \$100. - CK 5058	In-kind contribution description (if applicable)
9/21/2009	Contributor address; City; State; Zip Code P.O. Box 400 McAllen, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A-Mingo Ball Bonds	Amount of contribution (\$) \$500. - CK 8809	In-kind contribution description (if applicable)
9/25/2009	Contributor address; City; State; Zip Code P.O. Box 882 Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Adalberto Garza	Amount of contribution (\$) \$500. - CK 1400	In-kind contribution description (if applicable)
9/17/2009	Contributor address; City; State; Zip Code P.O. Box 3488 Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Hinojosa	Amount of contribution (\$) \$250. - CK 1212	In-kind contribution description (if applicable)
9/29/2009	Contributor address; City; State; Zip Code 11602 Dulcinea St. Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Drill-Well Mud Equipment</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>10/5/2009</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 4171 McAllen, TX 78502</i>	<i>\$500.-</i>	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vzquez + Chapa</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/8/2009</i>	Contributor address; City; State; Zip Code <i>6521 N. 10th Ste A McAllen, TX 78504</i>	<i>\$300.-</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jose Eduardo Auerro</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/14/09</i>	Contributor address; City; State; Zip Code <i>P.O. Box 418 Linn, TX 78563</i>	<i>\$500.-</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frank Moreno</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/14/09</i>	Contributor address; City; State; Zip Code <i>P.O. Box 5593 McAllen, TX</i>	<i>\$2,500.-</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raul Garza</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/14/09</i>	Contributor address; City; State; Zip Code <i>P.O. Box 1432 San Juan, TX</i>	<i>\$250.-</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Fast Bail Bonds	7 Amount of contribution (\$) \$1,000. - CK	8 In-kind contribution description (if applicable)
10/14/09	6 Contributor address; City; State; Zip Code 710 El Cibolo Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres Lozano	Amount of contribution (\$) \$500. - CK	In-kind contribution description (if applicable)
9/15/2009	Contributor address; City; State; Zip Code P.O. Box 414 Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Lamontia	Amount of contribution (\$) \$1,000. - CK	In-kind contribution description (if applicable)
9/15/2009	Contributor address; City; State; Zip Code 3900 N. McColl McAllen, TX 78501	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger Grogan Blair + Sampson	Amount of contribution (\$) \$1,000. - CK	In-kind contribution description (if applicable)
9/29/2009	Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre + Chapa	Amount of contribution (\$) \$1,000. - CK	In-kind contribution description (if applicable)
10/14/2009	Contributor address; City; State; Zip Code 10521 N. 10th St. A McAllen, TX 78504	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law Office of Santos Maldonado</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>10/14/2009</i>	6 Contributor address; City; State; Zip Code <i>209 E. University Drive Edinburg, TX</i>	<i>\$1,000.- CK</i>	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arabella Arila</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/19/2009</i>	Contributor address; City; State; Zip Code <i>2610 Easy St. Edinburg, TX</i>	<i>\$500.- CK</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law Office of Mike Lopez</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/16/09</i>	Contributor address; City; State; Zip Code <i>2007 East Griffin Parkway TX Mission,</i>	<i>\$1,000.- CK</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Qates Oilfield Construction</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9/30/09</i>	Contributor address; City; State; Zip Code <i>P.O. Box 848 Edinburg, TX 78340</i>	<i>\$1,000.- CK</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stephen Reynolds</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/7/09</i>	Contributor address; City; State; Zip Code <i>P.O. Box 434 Edinburg, TX 78540</i>	<i>\$500.-</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			

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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				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/20/09	Cruz Cantu 6 Contributor address: City: State: Zip Code 810 W. Ferguson St. Pharr, TX	\$250.00 - CK.			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/20/09	Law Offices of Omar Maldonado Contributor address: City: State: Zip Code 4308 N. McColl McAllen, TX 78504	\$1,000.00 - CK			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/19/09	Guerra + Moore Contributor address: City: State: Zip Code 4201 N. McColl McAllen, TX	\$300.00 - CK			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/16/09	Rene A. Anzaldua Bail Bonds Contributor address: City: State: Zip Code P.O. Box 2655 Edinburg, TX 78540	\$500.00 - CK			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/8/09	Border Health PAC Contributor address: City: State: Zip Code 1612 W. Nolana McAllen, TX	\$1,000.00 - CK			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law Office of Fernando Saenz</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>10/20/09</i>	6 Contributor address, City, State, Zip Code <i>200 E. Pike Blvd. Weslaco, TX</i>	<i>\$250.- CK</i>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Attorney Felipe Garcia</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/21/09</i>	Contributor address, City, State, Zip Code <i>222 W. University Dr. Edinburg</i>	<i>\$1,000.- CK</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ramon Garcia Campaign</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/21/09</i>	Contributor address, City, State, Zip Code <i>222 W. University Edinburg, TX</i>	<i>\$500.- CK</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jarvis Law Firm</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/21/09</i>	Contributor address, City, State, Zip Code <i>5804 N. 23rd McAllen, TX 78504</i>	<i>\$500.- CK</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Davis Brokerage Company</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10/16/09</i>	Contributor address, City, State, Zip Code <i>P.O. Box 541 Pharr, TX 78577</i>	<i>\$150.- CK</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renee-Rodriguez Betancourt	7 Amount of contribution (\$) 1,000.- CK	8 In-kind contribution description (if applicable)
10/19/2009	6 Contributor address, City, State, Zip Code 119 N. 9th Edinburg, TX 78539	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Palacios	Amount of contribution (\$) \$500.- CK	In-kind contribution description (if applicable)
10/22/09	Contributor address, City, State, Zip Code 624 Palacios Dr. Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Palacios	Amount of contribution (\$) \$500.- CK	In-kind contribution description (if applicable)
10/22/09	Contributor address, City, State, Zip Code 624 Palacios Dr. Edinburg, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kwick Mart	Amount of contribution (\$) \$250.- CK	In-kind contribution description (if applicable)
10/23/09	Contributor address, City, State, Zip Code P.O. Box 979 La Blanca, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Rogelio Garza	Amount of contribution (\$) \$200.-	In-kind contribution description (if applicable)
10/16/09	Contributor address, City, State, Zip Code 4405 N. McColl Rd. McAllen, TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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\$2,250.-

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/21/2009	Villalobos & Vaughan 5804 N. 23rd McAllen, TX 78504	\$500.-	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
		(If travel outside of Texas, complete Schedule T)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/8/09	Vera Meat Market 2012 East University Edinburg, TX	\$500.-	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
		(If travel outside of Texas, complete Schedule T)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/09	Jerry Conover P.O. Box 1577 Edinburg, TX 78540	\$1,000.-	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
		(If travel outside of Texas, complete Schedule T)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/19/2009	Law Office of Raul Medina 3101 N Jackson McAllen, TX 78501	\$1,000.-	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
		(If travel outside of Texas, complete Schedule T)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/2009	Orendain + Dominguez 320 S. 8th St. McAllen, TX 78501	\$500.-	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
		(If travel outside of Texas, complete Schedule T)	

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/23/09	DAVID RODRIGUEZ / Irene Rodriguez 6 Contributor address: City: State: Zip Code P.O. Box 2203 Elsa, Tx 78543	\$250. ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/09	PERDUE BRANDON FIELDER COLLINS + MOTT ^{LLP} Contributor address: City: State: Zip Code 400 N. McCoil, Ste A McAllen, Tx 78501	\$1,000. ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/09	NOWELL W. BORDERS Contributor address: City: State: Zip Code P.O. Box 299 Hargill, Tx 78549	\$1,500. ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/09	ERIC C. YBAERBA Contributor address: City: State: Zip Code P.O. Box 8337 Weslaco, Tx 78599	\$1,500. ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/09	J + P TRUCKS + HAULING Contributor address: City: State: Zip Code Rt. 13 Box 513 Edinburg, Tx 78541	\$250. ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/21/09	CARLOS X SOLIS 6 Contributor address; City; State; Zip Code 1401 E. Ridge Rd, Ste B McAllen, Tx 78503	\$250.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/09	LAW OFFICE OF EFRAIN CARRERA, P.C. Contributor address; City; State; Zip Code 617 S. 12th Ave Edinburg, Tx 78539	\$300.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/09	FIRST CHOICE HEALTH CARE Contributor address; City; State; Zip Code 1801 S. 5th St. McAllen, Tx 78503	\$200.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/09	TODD M. ARGANBEIGHT Contributor address; City; State; Zip Code 2608 Bluebird Ave McAllen, Tx 78504	\$1,000.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/17/09	5 Payee name E.H.S. Class of 2000	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code 2400 E. Wisconsin Edinburg, Tx 78539		

8 Purpose of payment (See instructions regarding type of information required.) DONATION - Cheerleading Team <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/14/09	Payee name STARS SOUTH TEXAS	Amount (\$) \$330.00
Payee address; City; State; Zip Code 3900 N. McCall Rd McAllen, Tx 78501		

Purpose of payment (See instructions regarding type of information required.) Scholarships <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/17/09	Payee name Mary Alice Palacios	Amount (\$) \$56.08
Payee address; City; State; Zip Code 701 E. Baker Edinburg, Tx 78539		

Purpose of payment (See instructions regarding type of information required.) Reimbursement/ Lunch for golf tournament volunteers <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/11/09	Payee name Valley AIDS Council	Amount (\$) \$800.00
Payee address; City; State; Zip Code 418 E. Tyler, Ste B Harlingen, Tx 78550		

Purpose of payment (See instructions regarding type of information required.) DONATION <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name TERESA LEAL	7 Amount (\$)
9/29/09	6 Payee address; City; State; Zip Code P.O. Box 481 Elisa, Tx 78542	\$400. ⁰⁰

8 Purpose of payment (See instructions regarding type of information required.) Catering for Golf Tournament (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name MELISSA MEDINA	Amount (\$)
9/30/09	Payee address; City; State; Zip Code 3101 N. Jackson Edinburg, Tx 78541	\$200. ⁰⁰

Purpose of payment (See instructions regarding type of information required.) Reinbursement / Meals for golf tournament committee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name ECHO HOTEL	Amount (\$)
10/7/09	Payee address; City; State; Zip Code 1903 S. Closer Edinburg, Tx 78539	\$174. ⁶⁵

Purpose of payment (See instructions regarding type of information required.) Luncheon for golf tournament committee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Mary Alice Pabcios	Amount (\$)
10/5/09	Payee address; City; State; Zip Code 701 E. Baker Edinburg, Tx 78539	\$86. ⁶⁰

Purpose of payment (See instructions regarding type of information required.) Reinbursement / Meals for golf tournament committee (If travel outside of Texas, complete Schedule T)	** 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>American Cancer Society</i>	7 Amount (\$) <i>\$500.00</i>
6 Payee address; City; State; Zip Code <i>5413 S. McColl Rd. Edinburg, Tx 78539</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>ADOBE BAR + GRILL</i>	Amount (\$) <i>\$73.52</i>
Payee address; City; State; Zip Code <i>308 N. Closter Edinburg, Tx 78539</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Luncheon for golf tournament committee</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Mary Alice Palacios</i>	Amount (\$) <i>\$395.16</i>
Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, Tx 78539</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement / Gas, meals, office supplies Printing golf tournament</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Mary Alice Palacios</i>	Amount (\$) <i>\$462.49</i>
Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, Tx 78539</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Luncheon for golf tournament committee</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/09	5 Payee name ECHO HOTEL 6 Payee address; City; State; Zip Code 1903 S. Closser Edinburg, Tx 78539	7 Amount (\$) \$194.31
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8 Purpose of payment (See instructions regarding type of information required.) Luncheon for golf tournament committee (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/19/09	Payee name Jefferson Elementary Payee address; City; State; Zip Code 904 S. 12th St. Edinburg, Tx 78539	Amount (\$) \$50.00
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Purpose of payment (See instructions regarding type of information required.) DONATION (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/21/09	Payee name RENE RODRIGUEZ Payee address; City; State; Zip Code 1003 S. 20th St. Edinburg, Tx 78539	Amount (\$) \$500.00
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Purpose of payment (See instructions regarding type of information required.) DONATION / Funeral expenses for hardship family (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/22/09	Payee name SAMS Payee address; City; State; Zip Code 1400 E. Jackson Ave McAllen, Tx 78501	Amount (\$) \$2,129.08
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Purpose of payment (See instructions regarding type of information required.) Door Prizes for GOLF Tournament (If travel outside of Texas, complete Schedule T)	-- 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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Mary Alice Palacios</i>	7 Amount (\$) <i>\$792.47</i>
<i>10/23/09</i>	6 Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, Tx 78539</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement / Goody Bags for golf tournament (If travel outside of Texas, complete Schedule T)</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Mary Alice Palacios</i>	Amount (\$) <i>\$85.00</i>
<i>10/23/09</i>	Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, Tx 78539</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Meals for golf tournament volunteers (If travel outside of Texas, complete Schedule T)</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>VINTAGE STATION</i>	Amount (\$) <i>\$1,000.00</i>
<i>10/24/09</i>	Payee address; City; State; Zip Code <i>2043 Umar McAllen, Tx 78504</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Music for golf Tournament Social (If travel outside of Texas, complete Schedule T)</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name <i>Vintage STATION</i>	Amount (\$) <i>\$800.00</i>
<i>10/24/09</i>	Payee address; City; State; Zip Code <i>2043 Umar McAllen, Tx 78504</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Music for golf Tournament Social (If travel outside of Texas, complete Schedule T)</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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Deba Garza Meat Market 6 Payee address; City: State; Zip Code 915 E. Freddy Gonzalez Eginburg, TX	7 Amount (\$) \$244.55
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8 Purpose of payment (See instructions regarding type of information required.) Food Expenses for Golf Tournament (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name UTPA Alumni Association Payee address; City: State; Zip Code 1201 W. University Eginburg, TX	Amount (\$) \$500.-
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Purpose of payment (See instructions regarding type of information required.) Scholarship (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Pedro Leal Payee address; City: State; Zip Code P.O. Box 481 Elba, TEXAS 78542	Amount (\$) \$500.-
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Purpose of payment (See instructions regarding type of information required.) Campaign worker for Golf Tournament (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Rafael Hernandez Payee address; City: State; Zip Code 106 Oblate Mission, TX 78539	Amount (\$) \$500.-
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Purpose of payment (See instructions regarding type of information required.) Campaign Worker for Golf Tournament (If travel outside of Texas, complete Schedule T)	.. 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Rebecca Arizmendi</i> 6 Payee address; City; State; Zip Code <i>3909 W. Mecca McAllen, TX 78501</i>	7 Amount (\$) <i>\$300.-</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Music for Campaign Tournament</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Hidalgo County Democratic Women</i> Payee address; City; State; Zip Code <i>P.O. Box 2543 McAllen, TX 78502</i>	Amount (\$) <i>\$250.-</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Jefferson Elementary</i> Payee address; City; State; Zip Code <i>904 S. 12th Edinburg, TX 78539</i>	Amount (\$) <i>\$50.-</i>
Purpose of payment (See instructions regarding type of information required.) <i>School Donation for Fall Festival</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Mary Alice Pakios</i> Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, TX 78539</i>	Amount (\$) <i>\$195.07</i>
Purpose of payment (See instructions regarding type of information required.) <i>Reinbursement - Meals, Gas Supplies, Postage</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Mary Alice Palacios</i>	7 Amount (\$) <i>\$286.73</i>
6 Payee address; City; State; Zip Code <i>701 East Baker Edinburg, TX 78539</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Reinbursement Meals, Gas Printing</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Stonewall Democrats</i>	Amount (\$) <i>\$500.-</i>
Payee address; City; State; Zip Code <i>P.O. Box 3703 McAllen, TX 78502</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donations for fundraiser</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Stonewall Democrats</i>	Amount (\$) <i>\$100.-</i>
Payee address; City; State; Zip Code <i>P.O. Box 3703 McAllen, TX 78502</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donations for fundraiser</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Soms Club</i>	Amount (\$) <i>\$443.63</i>
Payee address; City; State; Zip Code <i>1400 E. Jackson Ave McAllen, TX 78504</i>		
Purpose of payment (See instructions regarding type of information required.) <i>X-Mas Decorations for Campaign Party</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Mike Vega</i>	7 Amount (\$)
<i>11/18/09</i>	6 Payee address; City; State; Zip Code	<i>\$300.-</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Donations for funeral Services (Needy Family)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Acobe Bar & Grill</i>	Amount (\$)
<i>11/18/09</i>	Payee address; City; State; Zip Code <i>308 N. Clooner Edinburg, TX 78539</i>	<i>\$153.75</i>

Purpose of payment (See instructions regarding type of information required.) <i>Dinner for Volunteers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Gams Club</i>	Amount (\$)
<i>11/13/09</i>	Payee address; City; State; Zip Code <i>1400 East Jackson Ave McAllen, TX</i>	<i>\$1,247.26</i>

Purpose of payment (See instructions regarding type of information required.) <i>Door Prizes for Campaign Thanksgiving</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Jefferson Elementary</i>	Amount (\$)
<i>11/13/09</i>	Payee address; City; State; Zip Code <i>904 South 12th Edinburg, TX 78539</i>	<i>\$90.-</i>

Purpose of payment (See instructions regarding type of information required.) <i>Donation for Fall festival</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Mary Alice Polacios</i>	7 Amount (\$) <i>\$236.57</i>
	6 Payee address; City; State; Zip Code <i>701 E. Baker Edinburg, TX 78539</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Groceries, Meats, supplies, telephone</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Adobe Bar & Grill</i>	Amount (\$) <i>\$28.66</i>
	Payee address; City; State; Zip Code <i>308 North Cloaner Edinburg, TX 78539</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Breakfast for Volunteers (TACOS)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Blanca Rodriguez</i>	Amount (\$) <i>\$125.-</i>
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <i>Donations BBQ Plates for Needy Family</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Rafael Hernandez</i>	Amount (\$) <i>\$500.-</i>
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Worker</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Sams Club</i>	7 Amount (\$)
<i>11/24/09</i>	6 Payee address; City; State; Zip Code <i>1400 E. Jackson Ave. Edinburg TX</i>	<i>\$ 197.62</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Food. Office Supplies FOR Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name <i>Ralph Hernandez</i>	Amount (\$)
<i>11/25/09</i>	Payee address; City; State; Zip Code <i>106 Oblate Mission, TX 78539</i>	<i>\$500.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Worker</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Graphite Media</i>	Amount (\$)
<i>11/25/09</i>	Payee address; City; State; Zip Code <i>McAllen, TX 78501</i>	<i>200.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Sams Club</i>	Amount (\$)
<i>11/27/09</i>	Payee address; City; State; Zip Code <i>1400 E Jackson Ave, Edinburg TX</i>	<i>\$ 1,513.78</i>

Purpose of payment (See instructions regarding type of information required.) <i>Food, Office Supplies FOR Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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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 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/29/09</i>	5 Payee name <i>Wood Reaux's</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$ 528.05</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Food expense for campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held <i>Announcement Party</i>
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Date <i>11/30/09</i>	Payee name <i>MARY ALICE PALACIOS</i> Payee address; City; State; Zip Code <i>701 East Baker Edinburg TX 78539</i>	Amount (\$) <i>\$ 618.95</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement - Condiments</i> <small>(If travel outside of Texas, complete Schedule T)</small> <i>Sodas, Water</i>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>11/30/09</i>	Payee name <i>ELVA Flower Shop</i> Payee address; City; State; Zip Code <i>212 E. University Edinburg TX 78539</i>	Amount (\$) <i>150.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Decorations for Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>12/1/09</i>	Payee name <i>ELVA Flower Shop</i> Payee address; City; State; Zip Code <i>212 E. University Edinburg TX 78539</i>	Amount (\$) <i>\$ 70.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Decorations for Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Alida Hernandez</i>	7 Amount (\$) <i>\$50.00</i>
<i>12/1/09</i>	6 Payee address; City; State; Zip Code <i>Mc Allen, TX</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Donation for Cancer Patient</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Copy Zone</i>	Amount (\$) <i>\$188.20</i>
<i>12/3/09</i>	Payee address; City; State; Zip Code <i>413 IN 10th St. Mc Allen TX 78501</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Posters for Campaign Golf tournament</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Suteki Sushi Bar</i>	Amount (\$) <i>\$418.20</i>
<i>12/4/09</i>	Payee address; City; State; Zip Code <i>1102 W. University Edinburg, TX</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Lunch for Campaign Volunteers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Luxemia & Lymphoma Society</i>	Amount (\$) <i>\$100.00</i>
<i>12/4/09</i>	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

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2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/5/09</i>	5 Payee name <i>Rafael Hernandez</i> 6 Payee address; City; State; Zip Code <i>106 oblate mission, TX 78539</i>	7 Amount (\$) <i>\$500.00</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Worker</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/5/09</i>	Payee name <i>LSMCIC</i> Payee address; City; State; Zip Code <i>San Manuel TX</i>	Amount (\$) <i>\$2,420.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Sponsorships</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/9/09</i>	Payee name <i>Linda Yanez</i> Payee address; City; State; Zip Code <i>107 N. Closner Edinburg TX 78539</i>	Amount (\$) <i>\$250.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12/9/09</i>	Payee name <i>Texas Citrus Fiesta</i> Payee address; City; State; Zip Code <i>210 W. McIntyre Edinburg TX 78539</i>	Amount (\$) <i>\$150.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> (If travel outside of Texas, complete Schedule T)	** 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>ELVA Flower Shop</i>	7 Amount (\$) <i>\$100.00</i>
<i>12/9/09</i>	6 Payee address; City; State; Zip Code <i>212 East University Edinburg TX 78539</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Decorations</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/10/09</i>	Payee name <i>MARY Alice Palacios</i> Payee address; City; State; Zip Code <i>701 East Baker</i>	Amount (\$) <i>\$713.02</i>
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement Food, Supplies Gas, Air Campaign head quarters</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/10/09</i>	Payee name <i>Hidalgo County Democratic Party</i> Payee address; City; State; Zip Code <i>305 N. SHAWY Rd. Mission, TX 78572</i>	Amount (\$) <i>\$1,000.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/11/09</i>	Payee name <i>AGRA's</i> Payee address; City; State; Zip Code <i>2405 W. University Edinburg TX 78539</i>	Amount (\$) <i>\$324.51</i>
Purpose of payment (See instructions regarding type of information required.) <i>Rental for Campaign Re-generation TV</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Walgreen's</i>	7 Amount (\$) <i>\$ 137.24</i>
<i>12/4/09</i>	6 Payee address; City; State; Zip Code <i>1520 W. Freddy Gonzales, Edinburg TX</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Donations for Toy for Toys</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Belinda Cano</i>	Amount (\$) <i>\$ 50.00</i>
<i>12/12/09 I</i>	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser for Needy Family Plates</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Adobe Bar & Grill</i>	Amount (\$) <i>\$ 82.15</i>
<i>12/15/09</i>	Payee address; City; State; Zip Code <i>308 N. Closter Edinburg TX</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Lunch for campaign volunteers</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Stonewall Democrats</i>	Amount (\$) <i>\$ 500.00</i>
<i>12/15/09</i>	Payee address; City; State; Zip Code <i>P.O. Box 3703 McAllen, TX 78502</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>La Olla</i>	7 Amount (\$)
<i>12/16/09</i>	6 Payee address; City; State; Zip Code <i>424 E. University Edinburg, TX</i>	<i>\$50.00</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Lunch Campaign Workers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Sejms Club</i>	Amount (\$)
<i>12/17/09</i>	Payee address; City; State; Zip Code <i>1400 E. JACKSON McAllen, TX</i>	<i>\$1,051.26</i>

Purpose of payment (See instructions regarding type of information required.) <i>Door Prizes for sodas Paper plates for campaign headquarters</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Boys & Girls Club of McAllen</i>	Amount (\$)
<i>12/18/09</i>	Payee address; City; State; Zip Code <i>1200 N. 25th St McAllen, TX</i>	<i>\$100.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>Donation for Needy Family</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Roberto Legel</i>	Amount (\$)
<i>12/18/09</i>	Payee address; City; State; Zip Code <i>2207 Candlelight Edinburg, TX</i>	<i>\$196.71</i>

Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for Christmas Luncheon, Let's Tamaras</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/18/09</i>	5 Payee name <i>Teresa Leal</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 481 Elgin, TX 79542</i>	7 Amount (\$) <i>\$ 500.00</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Catering X-mas Party</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>12/19/09</i>	Payee name <i>Daniel Lopez</i> Payee address; City; State; Zip Code <i>Edinburg TX</i>	Amount (\$) <i>350.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Campaign Worker</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>12/19/09</i>	Payee name <i>Staples</i> Payee address; City; State; Zip Code <i>405 W. Jackson Ave McAllen, TX</i>	Amount (\$) <i>\$ 173.18</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>12/21/09</i>	Payee name <i>Adobe Bar & Grill</i> Payee address; City; State; Zip Code <i>308 N. Closner Edinburg, TX</i>	Amount (\$) <i>\$ 52.39</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Lunch for Sponsors</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/24/09</i>	5 Payee name <i>MARY Alice Palacios</i>	7 Amount (\$) <i>\$986.14</i>
6 Payee address; City; State; Zip Code <i>701 East Baker Edinburg TX 78539</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursements Meats, gas telephone</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>12/26/09</i>	Payee name <i>SAMS</i>	Amount (\$) <i>\$350.60</i>
Payee address; City; State; Zip Code <i>1400 E. Jackson McAllen, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Supplies Drinks Campaign, Headquarters</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>1/6/2010</i>	Payee name <i>Adobe Bar/ Grill</i>	Amount (\$) <i>\$57.58</i>
Payee address; City; State; Zip Code <i>308 N. Closer Edinburg, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for Campaign Volunteers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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Date <i>1/6/2010</i>	Payee name <i>Sams</i>	Amount (\$) <i>\$92.03</i>
Payee address; City; State; Zip Code <i>1400 East Jackson McAllen, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Sodas for office</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>MARY Alice Palacios</i>	7 Amount (\$) <i>\$989.35</i>
<i>4/8/2010</i>	6 Payee address; City; State; Zip Code <i>701 East Baker Edinburg, TX 78539</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement 995 Dave Pezas, Ford for support cars</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Javier Rios</i>	Amount (\$) <i>\$50.00</i>
<i>4/9/2010</i>	Payee address; City; State; Zip Code <i>2711 E. DeloRosa Edinburg, TX</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Police Union BBQ tickets</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Edinburg Boys & Girls Club</i>	Amount (\$) <i>\$500.00</i>
<i>4/13/2010</i>	Payee address; City; State; Zip Code <i>1200 N. 25th McAllen, TX</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Donation - Scholarship</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Melissa Medina</i>	Amount (\$) <i>\$65.00</i>
<i>4/14/2010</i>	Payee address; City; State; Zip Code <i>3101 N. Jackson Pharr, TX</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Drive Prizes for Adult Daycare Center</i> (If travel outside of Texas, complete Schedule T)	** 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>SAMS</i>	7 Amount (\$)
<i>10/26/09</i>	6 Payee address; City; State; Zip Code <i>1400 E. Jackson McAllen, Tx 78504</i>	<i>\$222.93</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Food for Campaign halloween Party</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>N/A</i>	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>N/A</i>	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date	Payee name <i>N/A</i>	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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