

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Joseph Palacios

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ *132,275.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *23,992.68*

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$ *75,000.00*

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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

Joseph Palacios
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Joseph Palacios*, this the *11th* day of *January*, 20 *16*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jesus Maria Ozuna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Joseph Palacios</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>132,275.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 11,111.11
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>23,992.68</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Joseph Palacios**

3 Filer ID (Ethics Commission Filers)

4 Date **11/3/15** 5 Full name of contributor **Appraisal Hausz** out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
502 W. Kuhn Edinburg, TX 78541

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **10/5/15** Full name of contributor **Thad R. Moore** out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. Box 40044 South Padre Island, TX 78597

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/9/15** Full name of contributor **Raul Palma** out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
705 Dawson Dr. Edinburg, TX 78539

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/10/15** Full name of contributor **Rufino Garza** out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3779 N. Bunker Palm Mission, TX 78574

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/15

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

Harry Simionidis

7 Amount of contribution (\$)

5,000.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/10/15

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

Julio Cerda

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code

1602 Sular Dr. Mission TX 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/15

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

Helff Associates - state PAC

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

1205 N. Bawser Rd. Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/15

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

Saul Ortega

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3710 Kriskadee Trail Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raba-Kirtnar PAC</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 690287 San Antonio, TX 78269</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Peña JR.</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1847 Edinburg, TX 78540</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/4/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Solis</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>13504 Staj Leep Ct. Edinburg, TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oscar Cancino</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>628 N. 9th St. Alamo, TX 78566</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Joseph Palacios**

3 Filer ID (Ethics Commission Filers)

4 Date **11/14/15** 5 Full name of contributor out-of-state PAC (ID#: _____)
Landa Group Inc.

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1300 N. 10 St. 57.250 McAllen, TX 78501

1,800.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

Amount of contribution (\$)

10/20/15 **EPO International LLP**
Contributor address; City; State; Zip Code
300 S. 8th St. McAllen, TX 78501

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$)

10/14/15 **Fred Halden**
Contributor address; City; State; Zip Code
4138 Goodfellow Pr. Dallas, TX 75229

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$)

10/27/15 **John P. Niesen**
Contributor address; City; State; Zip Code
3020 Mitchell Way The Colony, TX 75056

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Branchley</i> 6 Contributor address; City; State; Zip Code <i>7311 Winterwood Ln. Dallas, TX 75248</i>	7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Wattier</i> Contributor address; City; State; Zip Code <i>6542 Hunter Pkwy Frisco, TX 75035</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Purdum, Brandon, Fielder, Collins & Mott</i> Contributor address; City; State; Zip Code <i>P.O. Box 2914 McAllen, TX 78502</i>	Amount of contribution (\$) <i>2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eugene Palacios</i> Contributor address; City; State; Zip Code <i>7404 N. 17th St. McAllen, TX 78504</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palecos</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/1/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene Ramirez</i> 6 Contributor address; City; State; Zip Code <i>612 W. Nolana St. 415 McAllen, TX 78504</i>	7 Amount of contribution (\$) <i>2,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>O'hannon McCollum & Demerath PC</i> Contributor address; City; State; Zip Code <i>808 West Ave. Austin, TX 78701</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Ruppert</i> Contributor address; City; State; Zip Code <i>3803 Hobbs Dr. Edinburg, TX 78529</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raw Management</i> Contributor address; City; State; Zip Code <i>P.O. Box 959 Edinburg TX 78540</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/15

5 Full name of contributor

Scott Helgeson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

1419 Marigold Ave McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/12/15

Full name of contributor

Cristen Weyand

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5805 N. 3rd St. McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

OB Construction

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

222 W. University Dr. Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

Antonio Aguirre

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,100.00

Contributor address;

City; State; Zip Code

413 Nightingale McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keno Vasquez</i> 6 Contributor address; City; State; Zip Code <i>3523 W. Freddy Gonzalez Suite Edinburg, TX 78539</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/22/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Border Health PAC</i> Contributor address; City; State; Zip Code <i>612 W. Nolana Suite 340 McAllen, TX 78504</i>	Amount of contribution (\$) <i>10,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/13/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Reyes</i> Contributor address; City; State; Zip Code <i>913 Anthony St. Weslaco, TX 78596</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Curtis Prude</i> Contributor address; City; State; Zip Code <i>1210 Emerald Glen Richardson, TX 75080</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/20/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Bradley</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>8200 Sunburst Rd. Round Rock, TX 78681</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/9/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Garza</i>	Amount of contribution (\$) <i>3,000.00</i>
Contributor address; City; State; Zip Code <i>3910 Freddy Gonzalez Edinburg, TX 78532</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Rogers</i>	Amount of contribution (\$) <i>1,500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1077 Edinburg, TX 78540</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guerra Bros. Succursals LTP</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 38 Linn, TX 78563</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Pelaez

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Luis Delgado

7 Amount of contribution (\$)

800.00

6 Contributor address;

City; State; Zip Code

717 Northgate Ln. McAllen, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/17/15

Full name of contributor

out-of-state PAC (ID#: _____)

Rudy Delgado

Amount of contribution (\$)

225.00

Contributor address;

City; State; Zip Code

5111 N. 10th St. McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/15

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Garcia

Amount of contribution (\$)

2,500.00

Contributor address;

City; State; Zip Code

419 Rio Grande Dr. Mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/15

Full name of contributor

out-of-state PAC (ID#: _____)

Israel Pacha

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

P.O. Box 1410 Elba, TX 78543

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Phillip Pawelek

7 Amount of contribution (\$)

800.00

6 Contributor address;

City; State; Zip Code

2805 Hawk Ave McAllen, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/17/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jose Garcia

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

1717 Pebble Dr. Mission, TX 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

Gary Looney

Amount of contribution (\$)

1,500.00

Contributor address;

City; State; Zip Code

12518 Chapal Bell San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor

out-of-state PAC (ID#: _____)

Norman Cordova

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1206 Susan Dr. Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Little Donkey Health Services

6 Contributor address;

City; State; Zip Code

P.O. Box 3460 Edinburg, TX 78540

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/15

Full name of contributor

out-of-state PAC (ID#: _____)

A 24 Hour Bail Bonds

Contributor address;

City; State; Zip Code

1506 W. Pecan Blvd. McAllen, TX 78501

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/15

Full name of contributor

out-of-state PAC (ID#: _____)

Big D Tractor Co.

Contributor address;

City; State; Zip Code

2300 E. Exp. 83 Donna, TX 78537

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/15

Full name of contributor

out-of-state PAC (ID#: _____)

Patino & Associates

Contributor address;

City; State; Zip Code

1802 N. 10th St. Ste A. McAllen, TX 78501

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law office of Garza, Quintanilla & Palacios</i>	7 Amount of contribution (\$) <i>1,500.00</i>
6 Contributor address; City; State; Zip Code <i>5526 N. 10th St. McAllen, TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nowell Willis Borders</i>	Amount of contribution (\$) <i>2,000.00</i>
Contributor address; City; State; Zip Code <i>20011 N. Hahn Rd. Edinburg, TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Palacios, Garza & Thompson</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>2724 W. Canton Rd. Edinburg, TX 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pronto Development LLC</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2665 Edinburg, TX 78540</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Joseph Palacios 3 Filer ID (Ethics Commission Filers)

4 Date <u>10/19/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linebarger Goggin Blair & Sampson</u>	7 Amount of contribution (\$) <u>5,000.00</u>
	6 Contributor address; City; State; Zip Code <u>P.O. Box 17428 Austin, TX 78760</u>	

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

Date <u>12/4/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bradford Wyatt</u>	Amount of contribution (\$) <u>5,000.00</u>
	Contributor address; City; State; Zip Code <u>P.O. Drawer 10 Rockport, TX 78376</u>	

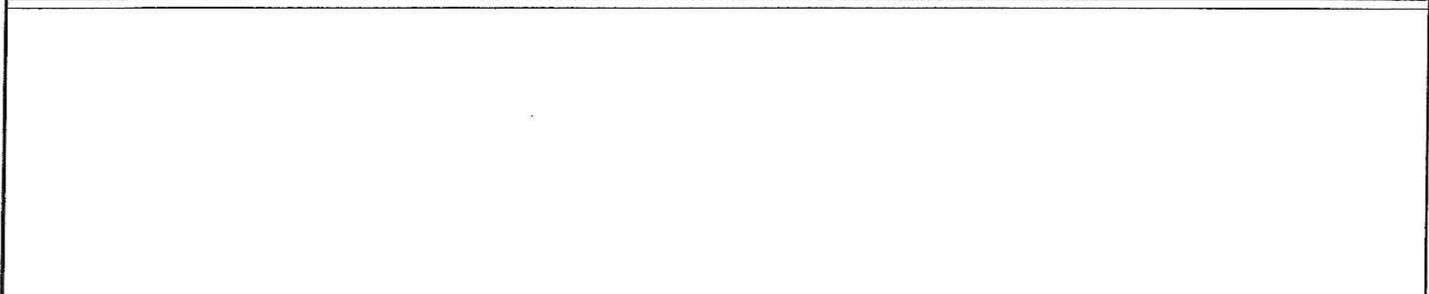
Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/14/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Wilson</u>	Amount of contribution (\$) <u>1,000.00</u>
	Contributor address; City; State; Zip Code <u>22480 Fm 490 Edinburg, TX 78541</u>	

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

Date <u>11/13/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Atkes, Hall & Rodriguez</u>	Amount of contribution (\$) <u>1,000.00</u>
	Contributor address; City; State; Zip Code <u>P.O. Drawer 3725 McAllen, TX 78502</u>	

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



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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joseph Pakciaw

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/15

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

Garza & Associates

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

1419 Dove Ave. Ste. 1 McAllen, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/15

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

Robert Macherska

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

2608 Live Oak St. Mission, TX 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

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

Charles Crockett

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

25721 Attas Palmer Rd. Harlingen, TX 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/15

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

Yvette Garza

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

27304 S. Bass Blvd. Harlingen, TX 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Gallaga</i> 6 Contributor address; City; State; Zip Code <i>3530 Garrett Rd. Harlingen, TX 78552</i>	7 Amount of contribution (\$) <i>3,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reza Badiuzzaman</i> Contributor address; City; State; Zip Code <i>2820 Royal Palm Circle McAllen, TX 78501</i>	Amount of contribution (\$) <i>3,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Garcia</i> Contributor address; City; State; Zip Code <i>419 Rio Grande Rd. Mission, TX 78572</i>	Amount of contribution (\$) <i>3,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erasmus Lopez</i> Contributor address; City; State; Zip Code <i>2100 W. Exp 83 Mercedes, TX 78570</i>	Amount of contribution (\$) <i>3,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/22/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo Garza Jr.</i> 6 Contributor address; City; State; Zip Code <i>9732 N. Baitson Rd. McAllen, TX 78504</i>	7 Amount of contribution (\$) <i>3,800.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/30/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacinto Garza</i> Contributor address; City; State; Zip Code <i>27204 S. Bass Blvd. Harlingen, TX 78552</i>	Amount of contribution (\$) <i>3,800.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Sandoval</i> Contributor address; City; State; Zip Code <i>4003 Persimmon Dr. Palmhurst, TX 78573</i>	Amount of contribution (\$) <i>3,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Jones</i> Contributor address; City; State; Zip Code <i>3100 W. Alabama St. Houston, TX 77098</i>	Amount of contribution (\$) <i>2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/5/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S:B PAC</i>	7 Amount of contribution (\$) <i>5,000</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 266245 Houston, TX 77207</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julio Corda</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1602 Solar Dr. Mission, TX 78574</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesus Salinas</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>1201 E. Exp. 83 Mission, TX 78572</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Rhodes</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>1020 Allen View Dr. New Braunfels, TX 78182</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Joseph Palacios</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME JOSEPH PALACIOS	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/15	5 Payee name EDINBURG FIRE DEPARTMENT	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code 212 W. MCINTYRE ST. EDINBURG, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/15	Payee name RAINSMARK
Amount (\$) 420	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT / AWARDS / MEMORIALS EXPENSE
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/15	Payee name DE LA GARZA SLAUGHTER HOUSE
Amount (\$) 936.93	Payee address; City; State; Zip Code 915 E. FREDDY GONZALEZ DR. EDINBURG, TX 78539
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/30/15	5 Payee name ST. JOSEPH CHURCH
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6 Amount (\$) 250	7 Payee address; City; State; Zip Code 114 W. FAY ST. EDINBURG, TX 78531
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/15	Payee name REGINO SALINAS
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Amount (\$) 250	Payee address; City; State; Zip Code 909 S. 21ST EDINBURG, TX 78534
--------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR ITEMS FOR VETERAN'S PARADE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/15	Payee name LUPE RODRIGUEZ
-----------------	------------------------------

Amount (\$) 250	Payee address; City; State; Zip Code 906 W. Puente Edinburg TX 78541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/8/15	5 Payee name SANDRA GARZA
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6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/15	Payee name OSCAR SALINAS CAMPAIGN
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Amount (\$) 2,000	Payee address; City; State; Zip Code 2304 Pecan Ridge Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/15	Payee name STEVEN CRUZ
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Amount (\$) 500	Payee address; City; State; Zip Code 2015 SAGINAW AVE. EDINBURG, TX 78541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR DOOR PRIZE PURCHASES FOR FUNDRAISER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/12/15	5 Payee name FRIENDS OF THE CEMETARIES
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6 Amount (\$) 500	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/15	Payee name INXS EMBROIDERY
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Amount (\$) 56	Payee address; City; State; Zip Code 821 N. 10 th ST. McAllen, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/15	Payee name MARCOS LOPEZ
------------------	----------------------------

Amount (\$) 1,800	Payee address; City; State; Zip Code 1200 KERRIN AVE. McAllen, TX 78501
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/15	5 Payee name SACRED HEART CHURCH	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 215 N. 16 th AVE. EDINBURG, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/15	Payee name MONTE CRISTO GOLF COURSE		
Amount (\$) 7,140	Payee address; City; State; Zip Code 3101 N. KENYON RD. EDINBURG, TX 78542		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/15	Payee name ELITE PRODUCTIONS		
Amount (\$) 250	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/4/15	5 Payee name GATEWAY
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6 Amount (\$) 164.75	7 Payee address; City; State; Zip Code 315 S. CLOSNER BLVD. EDINBURG, TX 78539
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AWARDS EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/4/15	Payee name LSM CIC
-----------------	-----------------------

Amount (\$) 2,900	Payee address; City; State; Zip Code P.O. Box 345 LINN, TX 78563
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/15	Payee name LIZBETH GONZALEZ
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Amount (\$) 325	Payee address; City; State; Zip Code 313 E. THELMA ST. SAN JUAN, TX 78589
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/1/15	5 Payee name McH CITEER BOOSTER
--------------------------	---

6 Amount (\$) 150	7 Payee address; City; State; Zip Code 2021 LA VISTA AVE. McALLEN, TX 78501
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/15	Payee name ENHS
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Amount (\$) 250	Payee address; City; State; Zip Code 3101 N. CLOSNER BLVD. EDINBURG, TX 78541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/2/15	Payee name LSMCIC
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Amount (\$) 1,000	Payee address; City; State; Zip Code P.O. Box 345 LINN, TX 78563
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE FOR EVENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting/Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/2/15	5 Payee name IDEA COLLEGE PREP. EDINBURG
--------------------------	--

6 Amount (\$) 100 1000	7 Payee address; City; State; Zip Code 2553 W. ROGERS RD. EDINBURG, TX 78541
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/8/15	Payee name LIZBETH GONZALEZ
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Amount (\$) 1,000	Payee address; City; State; Zip Code 313 E. THELMA ST. SAN JUAN, TX 78589
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR COUNTY TOY DRIVE PURCHASES.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Joseph Palacios</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Joseph Palacios</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Joseph Palacios</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Joseph Palacios</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Joseph Pelacieg</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Joseph Palacios

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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