

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>MR RUBEN</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>BUBBA PALACIOS</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>MR FEDERICO</b>		Date Received <b>Rec'd on 10/4/21 @ 4:53pm.</b>
	NICKNAME LAST SUFFIX <b>PALACIOS III</b>		Date Hand-delivered or Date Postmarked <b>10-4-21</b>
			Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2919 N. KENYON RD EDINBURG TX 78542</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 956 ) 607-8937</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>7 / 15 / 21</b> THROUGH <b>9 / 23 / 21</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description <b>11 / 2 / 21</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special    _____		
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) <b>EDINBURG CITY COUNCIL PLACE 2</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

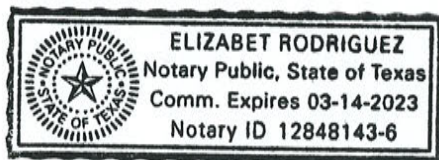
15 C/OH NAME <u>Ruben "Bubba" Palacios</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,400.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,528.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,057.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,091.66

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ruben "Bubba" Palacios this the 4 day of October, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath Elizabeth Rodriguez Printed name of officer administering oath Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Ruben "Bubba" Palacios		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 19,091.66
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,528.49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Ruben "Bubba" Palacios</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/01/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Margaret and Jerry Moore</b> 6 Contributor address; City; State; Zip Code <b>3312 Clubhouse DR Edinburg Tx 78542</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>07/30/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Juan and Maria Rita Palacios</b> Contributor address; City; State; Zip Code <b>624 Palacios DR Edinburg TX 78539</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/16/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Traveler Produce LLC</b> Contributor address; City; State; Zip Code <b>1001 S. 10th St Suite G 763 McAllen TX 78501</b>	Amount of contribution (\$) <b>600.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/27/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JBC General Contractors LLC</b> Contributor address; City; State; Zip Code <b>12101 N. Rooth Rd Edinburg TX 78504</b>	Amount of contribution (\$) <b>600.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Javier Garcia Rodriguez 6 Contributor address; City; State; Zip Code 1102 N. Closner Edinburg TX 78541	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2021	Full name of contributor out-of-state PAC (ID#: _____) O & A Properties LTD Contributor address; City; State; Zip Code 1008 Doherty Ave Mission TX 78572	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2021	Full name of contributor out-of-state PAC (ID#: _____) Linbarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Law Office of Garica, Quintanilla, & Palacios Contributor address; City; State; Zip Code 5526 N. 10th St McAllen TX 78504	Amount of contribution (\$) <b>500.00</b>
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**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Ruben "Bubba" Palacios		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  09/21/2021	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) JSPalacios PLLC ..... <b>6</b> Contributor address; City; State; Zip Code 1308 S 10th Ave Edinburg TX 78539	<b>7</b> Amount of contribution (\$)  <div style="font-size: 2em; text-align: center;">500.00</div>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>4</b>
2 FILER NAME <b>Ruben "Bubba" Palacios</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>07/20/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Ruben Palacios</b>	9 Loan Amount (\$) <b>2,500.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate <b>0.00</b>
		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  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>08/04/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Ruben Palacios</b>	Loan Amount (\$) <b>4,000.00</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Interest rate <b>0.00</b>
		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  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Ruben "Bubba" Palacios</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>08/27/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Ruben Palacios</b>	9 Loan Amount (\$) <b>4,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>08/31/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Ruben Palacios</b>	Loan Amount (\$) <b>520.00</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Interest rate <b>0.00</b>
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule E:	
<b>2</b> FILER NAME Ruben "Bubba" Palacios				<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS				\$	
<b>5</b> Date of loan 09/09/2021		<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monte Cristo Builders LLC		<b>9</b> Loan Amount (\$) 1,234.05	
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>8</b> Lender address; City; State; Zip Code 3510 Country Club N. Edinburg TX 78542		<b>10</b> Interest rate 0.00	
				<b>11</b> Maturity date	
<b>12</b> Principal occupation / Job title (See Instructions)			<b>13</b> Employer (See Instructions)		
<b>14</b> Description of Collateral none			<b>15</b> Check if personal funds were deposited into political account (See Instructions)		
<b>16</b> GUARANTOR INFORMATION  not applicable		<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)	
		<b>18</b> Guarantor address; City; State; Zip Code			
<b>20</b> Principal Occupation (See Instructions)			<b>21</b> Employer (See Instructions)		
<b>Date of loan</b> 09/12/2021		<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monte Cristo Builders LLC		<b>Loan Amount (\$)</b> 1,875.73	
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>Lender address; City; State; Zip Code</b> 3510 Country Club N. Edinburg TX 78542		<b>Interest rate</b> 0.00	
				<b>Maturity date</b>	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Description of Collateral</b> none			<b>Check if personal funds were deposited into political account (See Instructions)</b>		
<b>GUARANTOR INFORMATION</b>  not applicable		<b>Name of guarantor</b>		<b>Amount Guaranteed (\$)</b>	
		<b>Guarantor address; City; State; Zip Code</b>			
<b>Principal Occupation (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/21/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monte Cristo Builders LLC	9 Loan Amount (\$) 811.88
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3510 Country Club N. Edinburg TX 78542	10 Interest rate 0.00
		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  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 09/21/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruben Palacios	Loan Amount (\$) 4,150.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; width: 400px; height: 20px;"></div>	Interest rate 0.00
		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  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: <b>7</b>		2 FILER NAME Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)	
4 Date 07/15/2021		5 Payee name National Printing			
6 Amount (\$) 3,367.00		7 Payee address; 1300 Trenton Rd Ste 115		City; McAllen	State; TX
				Zip Code 78504	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political signs		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/20/2021		Candidate / Officeholder name La Uni Print			
Amount (\$) 1,474.37		Payee address; 3111 S Business 281		City; Edinburg	State; TX
				Zip Code 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-shirts		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/20/2021		Candidate / Officeholder name La Uni Print			
Amount (\$) 264.13		Payee address; 3111 S Business 281		City; Edinburg	State; TX
				Zip Code 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Banner and Caps		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name La Uni Print					
Office sought					
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)	
4 Date 07/23/2021		5 Payee name Laura Palacios			
6 Amount (\$) 387.52		7 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement Food/Beverage		(b) Description Food and Beverages for events		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/05/2021		Candidate / Officeholder name National Printing			
Amount (\$) 1,806.15		Payee address; City; State; Zip Code 1300 Trenton RD ste 115 McAllen TX 78504			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/13/2021		Candidate / Officeholder name La Uni Print			
Amount (\$) 1,171.27		Payee address; City; State; Zip Code 3111 S Business 281 Edinburg TX 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description koozies and t shirts		
	Check if travel outside of Texas. Complete Schedule T. 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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Ruben "Bubba" Palacios		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/13/2021		<b>5</b> Payee name Desiree Mendez			
<b>6</b> Amount (\$) 800.00		<b>7</b> Payee address; 3811 Frontier DR		City; Edinburg	State; TX      Zip Code 78539
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description June Consulting Fees		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/16/2021		Payee name National Printing			
Amount (\$) 617.02		Payee address; 1300 Trenton RD ste 115		City; McAllen	State; TX      Zip Code 78504
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/19/2021		Payee name Desiree Mendez			
Amount (\$) 800.00		Payee address; 3811 Frontier DR		City; Edinburg	State; TX      Zip Code 78539
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description July Consulting Fees		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)	
4 Date 08/13/2021	5 Payee name Beatriz Tovar			
6 Amount (\$) 226.26	7 Payee address: 1410 N. 4th Ave		City: Edinburg	State: TX
			Zip Code 78541	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event/Gift Expenses		(b) Description Gift Baskets for door prizes	
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>				
Date 07/20/2021	Payee name Edinburg Crimes Stoppers			
Amount (\$) 150.00	Payee address: 1702 S Closner Blvd		City: Edinburg	State: TX
			Zip Code 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description Sponsorship	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>				
Date 08/27/2021	Payee name Abel Gonzalez			
Amount (\$) 1,326.03	Payee address: 8330 Jaime Casarez		City: Monte Alto	State: TX
			Zip Code 78538	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing/Commercials/Production	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span>				
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:		2 FILER NAME Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)	
4 Date 08/27/2021		5 Payee name Laura Palacios			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code [REDACTED]			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement Food/Beverage/ Event Expenses		(b) Description Food, Beverages, Supplies, for Events		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/27/2021		Candidate / Officeholder name National Printing			
Amount (\$) 2,096.68		Payee address; City; State; Zip Code 1300 Trenton RD Ste 115 McAllen TX 78504			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/31/2021		Candidate / Officeholder name National Printing			
Amount (\$) 2,096.68		Payee address; City; State; Zip Code 1300 Trenton Rd Ste 115 McAllen TX 78504			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/31/2021		Candidate / Officeholder name National Printing			
Amount (\$) 2,096.68		Payee address; City; State; Zip Code 1300 Trenton Rd Ste 115 McAllen TX 78504			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:		2 FILER NAME Ruben "Bubba" Palacios		3 Filer ID (Ethics Commission Filers)	
4 Date 09/09/2021		5 Payee name National Printing			
6 Amount (\$) 617.05		7 Payee address; 1300 Trenton Rd Ste 115		City; McAllen	State; TX Zip Code 78504
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 09/10/2021		Payee name National Printing			
Amount (\$) 617.05		Payee address; 1300 Trenton RD Ste 115		City; McAllen	State; TX Zip Code 78504
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T. 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
Date 09/18/2021		Payee name Desiree Mendez			
Amount (\$) 1,020.00		Payee address; 3811 Frontier Dr		City; Edinburg	State; TX Zip Code 78539
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Block walking expenses		
	Check if travel outside of Texas. Complete Schedule T. 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

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ruben "Bubba" Palacios	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/21/2021	<b>5</b> Payee name Eduardo Martinez	
<b>6</b> Amount (\$) <b>617.05</b>	<b>7</b> Payee address; PO Box 772	City; State; Zip Code Edinburg TX 78540
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Go TV contract labor
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2021	Candidate / Officeholder name Eduardo Martinez	
Amount (\$) 760.00	Payee address; PO Box 772	City; State; Zip Code Edinburg TX 78540
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor	Description GoTV contract
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/21/2021	Candidate / Officeholder name GVL Signs	
Amount (\$) 811.88	Payee address; 2920 N. Closner Blvd D1	City; State; Zip Code Edinburg TX 78541
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Vehicle signage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		