## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Cor	mmission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  NICKNAME	Artemio		MI REC		USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT/SUITE#, NWOOd St.	CITY; STATE; Phor TX	ZIP CODE	APR 2	PHARR TRATION
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (95%) L	160 - 6160	EXTENSION	N	PHARR, Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MICKNAME	Justin		MI	Date Processed	Amount
		Cantri			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		INO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	N		
9 REPORT TYPE	January 15 July 15	30th day before	lection Excee	ff ded Modified ting Limit	treasurer al (Officeholds	
10 PERIOD COVERED	Month 04	Day Year / 02 / 21	THROUGH	Month 04	Day Year / 123 / 2	
11 ELECTION	Month Day	Year Primary  21  General	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)	JA	13 OFFICE SO	Commi	ssjoner P	lace 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	DE OF POLITICAL CONTRIBUTIONS CEHOLDER, THESE EXPENDITURES AND OFFICEHOLDERS ARE REQU COMMITTEE NAME	ES MAY HAVE BEEN MADE WI	THOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	rtemio "Chemo" Palacios	16 Filer ID (Ethics Comm	ission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300	00.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
	4. TOTAL POLITICAL EXPENDITURES	\$ 34	28.90	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 46	43.09	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* / § O	0.00	
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 Office holder  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Sworm to and subscribed before me by  Attendor Page Code this the 23 day of April.  To certify which, witness my hand and seal of office.				
Signature of officer administr		Title of officer ad	ministering oath	
(2) Unsworn Declarat	ion			
My name is	, and my date of birth is			
My address is,,,,				
		2 ( )	country)	
Executed in	County, State of, on the day of(month	, 20 (year)		
	Signature of Candi	date/Officeholder (Declara	nt)	

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1800.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 3428.90
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	1 Total pages Schedule A1:			
2 FILER NAME	Artenio "Chemo" Palac	3 Filer ID (Ethics Commission Filers)			
4 Date 4/7/2/	5 Full name of contributor   out-of-state PAG Alberto Trwind 6 Contributor address; City; 819 W. Veterns Blud Phore	7 Amount of contribution (\$) \$1500.8			
	pation / Job title (See Instructions)  nce Agent	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
4/9/21	,	State; Zip Code TX 78596	\$1500.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor □ out-of-state PAC	(ID#:)	Amount of contribution (\$)		
·	Contributor address; City;	State; Zip Code			
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

		<del>-</del>	_	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 112	
2 FILER NAMI	* Artemio "Chemo" Palacios		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1100.00	-
5 Date	Date  6 Full name of contributor   out-of-state PAC (ID#:)  Rowl Martinez  7 Contributor address; City; State; Zip Code  1104 E. Allen St. Phor TX 78577			In-kind contribution description      Contribution      description      description      description      description
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICI/ W/A	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4 19 21	Full name of contributor   oul-of-state PAC (ID#:  Raul Fonz  Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	8577 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.  AL)(See Instructions)
	Owner		suf	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(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 T			raquiraments

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

		•	
The Instruction Guide explains how to complete this form	m.	1 Total pages Sched	ule A2: 2/2
2 FILER NAME Artimio "Chumo" Palacios		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1100.º	0
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78577	8 Amount of Contribution \$  300.00  Check if travel outside	9 In-kind contribution description  GOO  de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Word Hent  12 Contributor's principal occupation (FOR JUDICIAL)	11 Employer	FOR NON-JUDICIA	AL)(See Instructions)  DICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)			se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Pate  Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description  Tood  e of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		(FOR NON-JUDICIA	
Contributor's principal occulation (FOR JUDICIAL)	Contributo	or's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	-		
ATTACH ADDITIONAL COPIES OF TH			

## LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	1 Total pages Schedule E:	
2 FILER NAME	rtemio "Chemo"	Palacios	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 1800.00
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
2/16/21	Artemio "Chano" F	alacios	1800.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	1311 S. Ironwood	• •	11 Maturity date
YN	1,200	, , ,	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political itions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal fun account (See Instruc	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to	o complete this form.	•		
1 Total pages Schedule F1:	2 FILER NAME Artomio "Chemo	Palaciós	3 Filer ID (Ethics Con	mmission Filers)	
4 Date 4 9 21	5 Payee name  Maria Pena				
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code	
300.≌	407 W. Ruisenar A	ive Pharr	TX 7	8577	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contract Labor	Block	Walking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offic	ce held	
Date	Payee name				
4/9/21	Guadalupe Moreno				
Amount (\$)	Payee address;	City;	State; Z	Zip Code	
300.°°	407 W. Ruisener Are	e Phor	TX 7	8577	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	Block	Walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held	
Date	Payee name		No.		
4/9/21	Maria Trejo				
Amount (\$)	Payee address;	City;	State; Z	ip Code	
300.00	814 E. Custillo Are	Phen	TX 7	8577	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	Block	Wallenix		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse	
Complete ONLY if direct					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 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 6 Amount (\$) Zip Code 8 **PURPOSE** Block Walking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) State; **PURPOSE** Paper Statement OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Ove Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Artemio "Cheme"	Palacios	3 Filer ID (Ethics Commission Filers)		
4 Date 4 16 21	5 Payee name Brand Boosters				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
1211.49	301 N. McColl Rd Snite G	MoAllen	TX 78501		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Signs	materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/17/21	Gloria Ontiveros				
Amount (\$)	Payee address;	City;	State; Zip Code		
500.00	241 W. Centri St.	Pharr	TX 28577		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	Block L	Natking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	1. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/20/21	BBVA Compass Bank				
Amount (\$)	Payee address;	City;	State; Zip Code		
52,41	235 W.5 87	San Juan	TX 78589		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Banking	Cheeb	دع		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### 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

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)

Candidate/Officeholder/Politic	Tilling L	xpense Wages/Contract Labor	Travel Out Of District 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 Artemio "Chemo"	Palaciós	3 Filer ID (Ethics Commission Filers)
4 Date 4 24 21	5 Payee name  Esmeralda Palomar	es	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
200.99	605 E. Eldora	Son Juan	TX 78577
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Worke	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
		,, ,	2,p 3000
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCUEDIII E ACAIEEN	
	ALIMONADDITIONAL CUPIES OF 1815	SCHEDULE AS NEED!	EU .