



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

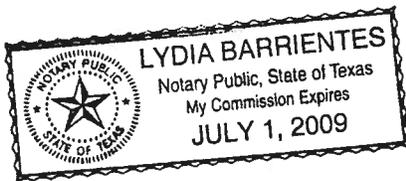
**FORM JC/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

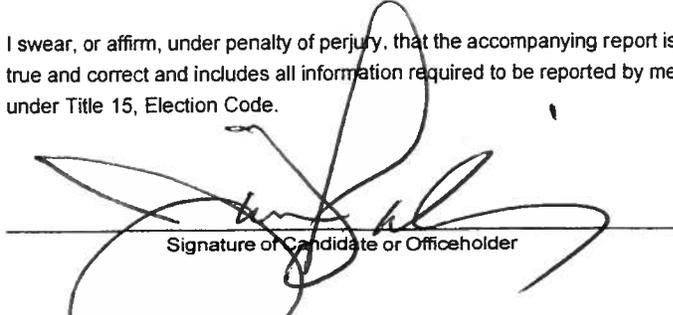
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6687.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 127,609.53
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / 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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jamie J. Patacios, this the 16th day of JANUARY, 20 07, to certify which, witness my hand and seal of office.

RQ Bunt                      Lydia Barrientes                      Notary Public  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11-30-06

5 Payee name  
WAL MART

7 Amount (\$)  
\$64.63

6 Payee address; City; State; Zip Code  
EDINBURG, TEXAS 78539

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

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

(If travel outside of Texas, complete Schedule T)

Date  
12-27-06

Payee name  
BENEFIT FOR MANUEL CASAS

Amount (\$)  
\$100.00

Payee address; City; State; Zip Code  
PHARR, TEXAS

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

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

(If travel outside of Texas, complete Schedule T)

Date  
7-18-06

Payee name  
JAIME J. PALACIOS

Amount (\$)  
4,718.29

Payee address; City; State; Zip Code  
P.O BOX 623 PHARR, TEXAS 78577

Purpose of payment (See instructions regarding type of information required.)  
REIMBURSEMENT FOR political expenditures made

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

(If travel outside of Texas, complete Schedule T) from personal funds.

Date  
7-5-05

Payee name  
FIRST NATIONAL BANK

Amount (\$)  
\$5.00

Payee address; City; State; Zip Code  
P.O BOX 810 EDINBURG, TEXAS 78539

Purpose of payment (See instructions regarding type of information required.)  
RETURNED ITEM CHARGE ON CK# \_\_\_\_\_

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

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date  
9-21-06

5 Payee name  
JASON CAMPOS FOUNDATION  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
\$500.00

WESLACO ,TEXAS

8 Purpose of payment (See instructions regarding type of information required.)  
DONATION  
(If travel outside of Texas, complete Schedule T)

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

Date  
10-20-06

Payee name  
HIDALGO COUNTY DEMOCRATIC PARTY  
Payee address; City; State; Zip Code

Amount (\$)  
\$300.00

105 E. EXPRESSWAY 83, SUITE F PHARR, TX 78577

Purpose of payment (See instructions regarding type of information required.)  
DONATION  
(If travel outside of Texas, complete Schedule T)

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

Date  
11-1-06

Payee name  
U.T.P.A ALUMNI ASSOC.  
Payee address; City; State; Zip Code

Amount (\$)  
\$500.00

EDINBURG, TEXAS 78539

Purpose of payment (See instructions regarding type of information required.)  
DONATION  
(If travel outside of Texas, complete Schedule T)

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

Date  
11-11-06

Payee name  
FRIENDS OF SYLVIA HANDY  
Payee address; City; State; Zip Code

Amount (\$)  
\$500.00

WESLACO, TEXAS

Purpose of payment (See instructions regarding type of information required.)  
DONATION  
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED