

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT** **FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  5 PAGES
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI MR                                      JAIME                      JOEL <hr/> NICKNAME                              LAST                              SUFFIX JAY                                      PALACIOS	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:              APT / SUITE #:              CITY:              STATE:              ZIP CODE P.O BOX 623                      PHARR              TX              78577		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )              783-8994		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI MISS                                      RHONDA                      LEA <hr/> NICKNAME                              LAST                              SUFFIX CRUZ		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):              APT / SUITE #:              CITY:              STATE:              ZIP CODE 1304 N. 14TH PLACE                      EDINBURG TX              78541		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 ) 207-9993		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month              Day              Year                      THROUGH                      Month              Day              Year 7 / 1 / 2008                      1 / 15 / 2009		
<b>11 ELECTION</b>	ELECTION DATE Month              Day              Year 3 / 7 / 2006	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) HIDALGO CO. COURT AT LAW NO.2	<b>13 OFFICE SOUGHT (if known)</b> HIDALGO CO. COURT AT LAW NO.2	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt / Suite #:              City:              State:              Zip Code		

**GO TO PAGE 2**

**ORIGINAL**

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

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$4,152.00

CONTRIBUTION BALANCE

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

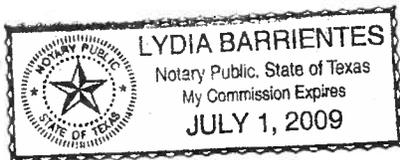
\$ 117,768.53

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 AFFIDAVIT



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

*Jaime J. Palacios*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaime J. Palacios this the 15<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

*Lydia Barrientes*  
Signature of officer administering oath

Lydia Barrientes  
Print name of officer administering oath

Notary Public  
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

JAIME JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7-9-08

BRUCE BUSH. (PSJA NORTH HIGH SCHOOL FOOTBALL)

\$250.00

6 Payee address; City; State; Zip Code

500 E NOLANA LOOP PHARR TEXAS 78577

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

Payee name

Amount (\$)

8-6-08

THE TEXAS LYCEUM

\$500.00

Payee address; City; State; Zip Code

7131 LAVENDALE AVE. DALLAS TEXAS 75230

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

Payee name

Amount (\$)

8-7-08

HIDALGO CO. DEMOCRATIC PARTY

\$1000.00

Payee address; City; State; Zip Code

305 (B) N. SHARY RD. MISSION TX 78572

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

Payee name

Amount (\$)

9-9-08

JASON CAMPOS FOUNDATION

\$500.00

Payee address; City; State; Zip Code

600 N. MILANO RD. WESLACO TEXAS 78596

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME  
JAIME JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-31-08	5 Payee name UTPA ALUMNI ASSOCIATION	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code 1201 W. UNIVERSITY DR. UC 108 EDINBURG TX 78539		

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 10-31-08	Payee name MAKE A WISH FOUNDATION	Amount (\$) \$100.00
Payee address; City; State; Zip Code 1801 SOUTH COL. ROWE BLVD. MCALLEN TEXAS 78503		

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 10-31-08	Payee name VALLEY AIDS COUNCIL	Amount (\$) \$125.00
Payee address; City; State; Zip Code 1217 E. CHICAGO MCALLEN TEXAS 78501		

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 12-2-08	Payee name VFW POST 10802	Amount (\$) \$100.00
Payee address; City; State; Zip Code P.O BOX 83 DONNA TEXAS 78537		

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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JAIME JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-17-08

5 Payee name

TONY MOLINAR

7 Amount (\$)

\$777.00

6 Payee address; City; State; Zip Code

1101 E. PECAN, SUITE G SAN JUAN TEXAS 78589

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

POLITICAL AD

(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

12-22-08

Payee name

JRG FOUNDATION

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

P.O BOX 859 ELSA TEXAS 78543

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

1-8-09

Payee name

INTERNATIONAL MODELING TALENTS / LIZZETTE GARCIA

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

LISA GARCIA

1310 CYNTHIA LANE PHARR TEXAS 78577

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

DONATION / RAFFLE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(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**