

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JAIME JOEL NICKNAME LAST SUFFIX "JAY" PALACIOS	OFFICE USE ONLY Date Received: <i>2010 JAN 15 PM 2:35</i> Date Hand Delivered or Date Postmarked: Receipt # Amount Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O BOX 623 PHARR TX 78577		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 783-8994		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS. RHONDA LEA NICKNAME LAST SUFFIX CRUZ		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1304 N.14TH PLACE EDINBURG TX 78541		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 207-9993		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2009 12 / 31 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 3 / 9 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) HIDALGO COUNTY COURT AT LAW NO. 2	13 OFFICE SOUGHT (if known) - HIDALGO COUNTY COURT AT LAW NO. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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
JAIME "JAY" JOEL PALACIOS

16 ACCOUNT # (Ethics Commission Filers)

17 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,089.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 107,576.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAIME "JAY" JOEL PALACIOS, this the 15TH day of JANUARY, 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]

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 "JAY" PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7-9-09

LEO GOMEZ

6 Payee address; City; State; Zip Code

2402 E. UNIVERSITY DRIVE, EDINBURG, TEXAS 78539

\$50.00

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 (\$)

7-29-09

CDOB/ HOLY SPIRIT YOUTH

Payee address; City; State; Zip Code

2201 MARTIN AVE., MCALLEN, TEXAS 78504

\$250.00

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 (\$)

7-29-09

MISS RIO GRANDE VALLEY

Payee address; City; State; Zip Code

820 LJ STREET, MCALLEN, TEXAS 78504

\$150.00

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 (\$)

7-29-09

SILVA FAMILY TRUST

Payee address; City; State; Zip Code

6704 N. 17TH STREET, MCALLEN, TEXAS 78501

\$500.00

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 "JAY" JOEL PALCIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-27-09

5 Payee name
CONCERNED CITIZENS OF HIDALGO

7 Amount (\$)
\$1000.00

6 Payee address: City: State: Zip Code
HIDALGO, 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

Payee name

Amount (\$)

8-27-09

VALLEY AIDS COUNCIL
Payee address: City: State: Zip Code

\$125.00

418 EAST TYLER AVE., HARLINGEN, TEXAS 78550

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 (\$)

8-27-09

FRANK PRADO
Payee address: City: State: Zip Code

\$250.00

SAN JUAN, 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

Date

Payee name

Amount (\$)

9-17-09

UTPA ALUMNI ASSOCIATION
Payee address: City: State: Zip Code

\$500.00

1201 W. UNIVERSITY DRIVE, 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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JAIME "JAY" JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-17-09

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

600 MILANO RD., WESLACO, TEXAS 78596

7 Amount (\$)
\$500.00

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

9-17-09

HIDALGO COUNTY BAR ASSOCIATION

Payee address: City: State: Zip Code

314 S. CLOSNER BLVD., EDINBURG, TEXAS 78539

Amount (\$)

\$500.00

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

10-14-09

WILLIAM J. CLINTON FOUNDATION

Payee address: City: State: Zip Code

55 WEST 125TH STREET, NEW YORK, NY 10027

Amount (\$)

\$500.00

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

10-14-09

ST. MARGARET MARCH CHURCH

Payee address: City: State: Zip Code

131 WEST HAWK AVE., PHARR, TEXAS 78577

Amount (\$)

\$100.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JAIME "JAY" JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-14-09

5 Payee name

MAKE A WISH

7 Amount (\$)

\$100.00

6 Payee address: City: State: Zip Code

100 SAVANNAH AVE., MCALLEN, TEXAS 78501

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

DONATION

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

Payee name

Amount (\$)

10-21-09

RED MASS

\$200.00

Payee address: City: State: Zip Code

P.O BOX 4489, EDINBURG, TEXAS 78540

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

Payee name

Amount (\$)

10-21-09

CITY OF SAN JUAN

\$100.00

Payee address: City: State: Zip Code

709 S. NEBRASKA, EDINBURG, TEXAS 78539

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

Payee name

Amount (\$)

10-27-09

HCTDW

\$500.00

Payee address: City: State: Zip Code

P.O BOX 2543, MCALLEN, TEXAS 78502

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: _____

2 FILER NAME

JAIME "JAY" JOEL PALACIOS

3 ACCOUNT # (Ethics Commission filers)

4 Date
12-3-09

5 Payee name
HIDALGO COUNTY DEMOCRATIC PARTY

7 Amount (\$)
\$1500.00

6 Payee address: City: State: Zip Code
305 W. SHARY RD., MISSION, TEXAS 78572

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 (\$)

12-17-09

AMM ENTERPRISES

\$714.92

Payee address: City: State: Zip Code

P.O BOX 3554, EDINBURG, TEXAS 78539

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

POLITICAL AD

(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

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