

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					
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	TEXAS 78577				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	783-8994					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	MISS	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	TEXAS 78539				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	207-9993					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff				
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach COH - FR)				
10 PERIOD COVERED	Month	Day	Year				
	01	01	2007				
	THROUGH	Month	Day				
		06	30				
		2007					
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	07	2006				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	COUNTY COURT NO.2			COUNTY COURT 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						

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ORIGINAL

Revised 11/21/2003

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 expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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 \$ 0.0000

4. TOTAL POLITICAL EXPENDITURES \$ 929.00

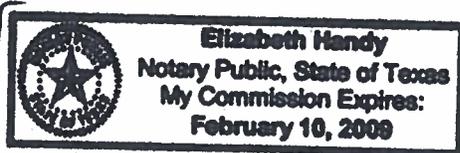
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 126,680.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaimé Palacios, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Elizabeth Handy
Print name of officer administering oath

ORIGINAL
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 1/3/2007	5 Payee name FRED GARZA 6 Payee address; City; State; Zip Code EDINBURG, TEXAS 78539	7 Amount (\$) 229.00
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT REIMBURSEMENT		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 3/2/2007	Payee name VAMOS Payee address; City; State; Zip Code	Amount (\$) 500.00
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
Date 6/13/2007	Payee name FRIENDS FOR GOLF Payee address; City; State; Zip Code	Amount (\$) 100.00
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
Date 6/13/2007	Payee name IRMA MARMOLEJO_CORPUS Payee address; City; State; Zip Code	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) DONATION - NYSP		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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