

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/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

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

Michelle...
2008 JUN 14 PM 2:28

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O BOX 623 PHARR TEXAS 78577

Change of Address

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 2008 THROUGH 6 / 30 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 7 / 2008 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
HIDALGO CO. COURT AT LAW NO.2

13 OFFICE SOUGHT (if known)
HIDALGO CO. COURT AT LAW NO.2

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/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 \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 1860.00

CONTRIBUTION BALANCE

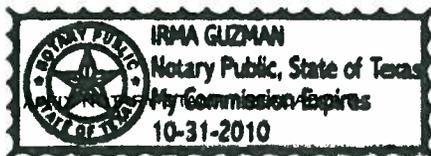
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 121,920.53

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jaime J. Palacios, this the 14th day of July, 20 08, to certify which, witness my hand and seal of office.

Irma Guzman
Signature of officer administering oath

IRMA GUZMAN
Printed 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		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-29-08	5 Payee name VAMOS	7 Amount (\$) 1000.00
6 Payee address: City, State, Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) DONATION/FUNDRAISER		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-14-08	Payee name BOYS & GIRLS CLUB OF EDINBURG Payee address: City, State, Zip Code EDINBURG TEXAS 78539	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) DONATION/GOLF CLASSIC		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-7-08	Payee name MCALLEN ROTARY CLUB Payee address: City, State, Zip Code MCALLEN, TEXAS 78501	Amount (\$) 160.00
Purpose of payment (See instructions regarding type of information required.) DONATION/CRAWFISH BOIL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-30-08	Payee name EVA AGUIRRE Payee address: City, State, Zip Code PHARR TEXAS 78577	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) DONATION/FUNDRAISER		-- 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		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-5-08	5 Payee name ROGELIO CONTRERAS 6 Payee address; City, State, Zip Code P.O BOX 1623 LA JOYA TEXAS 78560	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) DONATION/FUNDRAISER		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6-25-08	Payee name LISA GARCIA Payee address; City, State, Zip Code MCALLEN TEXAS 78501	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) DONATION/FUNDRAISER		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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