

# 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:** 5

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mary FIRST: Polanco MI: A  
 NICKNAME: LAST: SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: 701 East Baker APT / SUITE #: CITY: STATE: ZIP CODE:  
Edinburg, TX 78539  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: (956) PHONE NUMBER: 533-7916 EXTENSION:

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: David MI:  
 NICKNAME: LAST: SUFFIX:  
Drews

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked: 2011 JAN 20 PM 4:39

Receipt # Amount

Date Processed

Date Imaged

**7 CAMPAIGN TREASURER ADDRESS**  
 (residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:  
325 Dove McAllen, TX 78501

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: (956) PHONE NUMBER: 330 EXTENSION: 8298

**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: 7 / 1 / 2010 THROUGH Month Day Year: 12 / 31 / 2011

**11 ELECTION**

ELECTION DATE: Month Day Year: 2 / 02 / 2010 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): Justice of the Peace **13 OFFICE SOUGHT (if known):** Justice of the Peace

**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**

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F:<br><i>2</i>                        | <b>2</b> FILER NAME<br><i>Mary Alice Palacios</i>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>12/18/2010</i>                                  | <b>5</b> Payee name<br><i>Janice Garcia</i>  |   |
| <b>6</b> Amount (\$)<br><i>\$200-</i>                               | <b>7</b> Payee address; City; State; Zip Code<br><i>Edinburg, TX 78539</i>                                       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Contribution - Medical Expense</i> | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)                                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held  |
| Date<br><i>12/17/2010</i>   | Payee name<br><i>Rick Laredo</i>   |   |
| Amount (\$)<br><i>\$400-</i>  | Payee address; City; State; Zip Code<br><i>McAllen, TX 78539</i>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br><i>Contribution</i>                              | Description (If travel outside of Texas, complete Schedule T)   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held  |
| Date<br><i>12/14/2010</i>   | Payee name<br><i>Mary Alice Palacios</i>   |   |
| Amount (\$)<br><i>433.46/xv</i>                                     | Payee address; City; State; Zip Code<br><i>701 East Baker St. Edinburg, TX 78539</i>                             |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br><i>Reimbursement</i>                             | Description (If travel outside of Texas, complete Schedule T)<br><i>Meals, fees, etc. / Advertising</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held  |
| Date<br><i>12/28/2010</i>   | Payee name<br><i>Staples</i>   |   |
| Amount (\$)<br><i>128.89/xv</i>                                     | Payee address; City; State; Zip Code<br><i>1606 West University Drive Edinburg, TX 78539</i>                     |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br><i>Advertising Expense</i>                       | Description (If travel outside of Texas, complete Schedule T)<br><i>Flyers for Golf Tournament</i>      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

1

2 FILER NAME

Mary Alice Polacios

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Adalberto Garza

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

\$100.-

11/23/2010

P.O. Box 3488 Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Oates Dillfield Construction LTD

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4,000.-

11/30/2010

P.O. Box 868 Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Chris Trevino

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$500.-

12/10/2010

Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |   |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement  |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                    |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                     |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |   |

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|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>1</b> Total pages Schedule F:<br><i>2</i>               |  | <b>2</b> FILER NAME<br><i>Mdny Alice Palacios</i>   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |  |
| <b>4</b> Date<br><i>12/28/2010</i>                         |  | <b>5</b> Payee name<br><i>Sprint</i>  |  |   |  |
| <b>6</b> Amount (\$)<br><i>\$280.-</i>                     |  | <b>7</b> Payee address; City; State; Zip Code<br><i>2705 W. University Drive Edinburg, TX 78539</i> |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                            |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Reimbursement</i>     |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><i>Phone Services</i> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| <b>Date</b><br><i>02/19/2011</i>                           |  | <b>Payee name</b><br><i>sprint</i>  |  |   |  |
| <b>Amount (\$)</b><br><i>\$100.-</i>                       |  | <b>Payee address; City; State; Zip Code</b><br><i>2705 W. University Dr. Edinburg, TX 78539</i>     |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Reimbursement</i>         |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><i>Phone Services</i>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| <b>Date</b>  |  | <b>Payee name</b>   |  |   |  |
| <b>Amount (\$)</b>   |  | <b>Payee address; City; State; Zip Code</b>   |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)                                 |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| <b>Date</b>  |  | <b>Payee name</b>   |  |   |  |
| <b>Amount (\$)</b>   |  | <b>Payee address; City; State; Zip Code</b>   |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)                                 |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

Mary Alice Polanco

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

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

\$ 1,600.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,542.28

CONTRIBUTION BALANCE

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

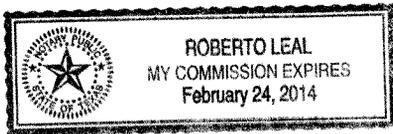
\$ 1,600.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public, this the 20th day of January, 20 11, to certify which, witness my hand and seal of office.

R. Leal  
Signature of officer administering oath

Roberto Leal  
Print name of officer administering oath

Notary Public  
Title of officer administering oath