

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received RECEIVED JUL 24 2015 <i>12:38 PM.</i> <i>Rm Q</i>		
	MR.	JAIME	JOEL			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
	"JAY"	PALACIOS				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____		
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit _____			
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2014	12	13	2014
THROUGH						
				Date Processed		
				Date Imaged		
Receipt #		Amount \$				

6 EXPLANATION OF CORRECTION
 FIRST NATIONAL BANK TRANSITIONED INTO PLAINS CAPITAL BANK. AS A RESULT, THE CAMPAIGN ACCOUNT WAS CHANGED TO AN INTEREST EARNING ACCOUNT. AS OF JULY 22, 2015, THE CAMPAIGN ACCOUNT WAS CHANGED BACK TO AN ACCOUNT THAT DOES NOT EARN INTEREST. THE FOLLOWING CORRECTIONS REFLECT THE AMOUNTS OF INTEREST EARNED EACH MONTH OF THE REPORTING PERIOD.

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Lydia Barrientes

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaime Joel Palacios, this the 23rd day of July

2015, to certify which, witness my hand and seal of office.

Lydia Barrientes

 Signature of officer administering oath

Lydia Barrientes

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME JAIME JOEL "JAY" PALACIOS		3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2014	5 Name of person from whom amount is received PLAINS CAPITAL BANK	8 Amount (\$) \$12.36
	6 Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		
Date 08/12/2014	Name of person from whom amount is received PLAINS CAPITAL BANK	Amount (\$) \$15.43
	Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		
Date 09/09/2014	Name of person from whom amount is received PLAINS CAPITAL BANK	Amount (\$) \$12.33
	Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		
Date 10/14/2014	Name of person from whom amount is received PLAINS CAPITAL BANK	Amount (\$) \$15.41
	Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME JAIME JOEL "JAY" PALACIOS		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2014	5 Name of person from whom amount is received PLAINS CAPITAL BANK 6 Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	8 Amount (\$) \$12.27
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		
Date 12/09/14	Name of person from whom amount is received PLAINS CAPITAL BANK Address of person from whom amount is received; City; State; Zip Code 100 W. CANO EDINBURG TX 78539	Amount (\$) \$12.26
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED ON CAMPAIGN ACCOUNT		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED