



**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/  
COVER SHEET P**

14 C/OH NAME

15 ACCOUNT # (Ethics Commis

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP... CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWL... CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDI...

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3,767.86

CONTRIBUTION BALANCE

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

\$ 172,113.28

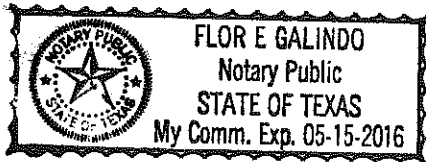
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying true and correct and includes all information required to be report 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 Flor E. Galindo, this 15th day of January, 20 13, to certify which, witness my hand and seal of of

*[Handwritten Signature]*  
Signature of officer administering oath

Flor E. Galindo  
Print name of officer administering oath

Notary Public  
Title of officer administering

**POLITICAL EXPENDITURES****SCHEDULE****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 t
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political C
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed a

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>JAIIME JOEL "JAY" PALACIOS</b>		3 ACCOUNT # (Ethics Commis:	
4 Date <b>7-11-12</b>		5 Payee name <b>UTPA ALUMNI ASSOCIATION</b>			
6 Amount (\$) <b>\$500.00</b>		7 Payee address; City; State; Zip Code <b>6112 N. 10TH ST.,STE.J MCALLEN, TEXAS 78504</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>DOANTION</b>		(b) Description (If travel outside of Texas, complete Schedule	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-12-12</b>		Payee name <b>HIDALGO COUNTY TEJANO DEMOCRATS</b>			
Amount (\$) <b>\$100.00</b>		Payee address; City; State; Zip Code <b>P.O BOX 801 DONNA, TEXAS 78537</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-31-12</b>		Payee name <b>SUSANA CORTEZ</b>			
Amount (\$) <b>\$200.00</b>		Payee address; City; State; Zip Code <b>5306 N. HIAWATHA PHARR, TEXAS 78577</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9-7-12</b>		Payee name <b>TEXAS CENTER FOR THE JUDICIARY</b>			
Amount (\$) <b>\$1000.00</b>		Payee address; City; State; Zip Code <b>1210 SAN ANTONIO, SUITE 800 AUSTIN, TEXAS 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

**POLITICAL EXPENDITURES****SCHEDULE****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related E  
Contributions/Donations Made By  
Candidate/Officeholder/Political Ca  
OTHER (enter a category not listed a

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1 Total pages Schedule F:		2 FILER NAME JAIME JOEL "JAY" PALACIOS		3 ACCOUNT # (Ethics Commis	
4 Date 10-4-12		5 Payee name HIDALGO COUNTY BAR ASSOCIATION			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 314 S. CLOSNER BLVD. EDINBURG, TEXAS 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) DONATION		(b) Description (If travel outside of Texas, complete Schedule	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-11-12		Payee name ALS ASSOCIATION			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 1275 K STREET NW SUITE 1050, WASHINGTON DC 20005			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-29-12		Payee name HERMES MUSIC FOUNDATION			
Amount (\$) \$375.00		Payee address; City; State; Zip Code 409 BROADWAY, MCALLEN TEXAS 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DOANTION		Description (If travel outside of Texas, complete Schedule	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-30-12		Payee name BOYS & GIRLS CLUB OF EDINBURG			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 702 CULLEN ST. EDINBURG TEXAS 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE**

**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 E |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By      |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Ca  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed a |

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<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME JAIME JOEL "JAY" PALCIOS	<b>3</b> ACCOUNT # (Ethics Commis:
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<b>4</b> Date 11-20-12	<b>5</b> Payee name STRAIGHT ACROSS
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 811 VALLE VISTA PHARR, TEXAS 78577
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-20-12	Payee name AMM ENTERPRISES
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Amount (\$) \$542.86	Payee address; City; State; Zip Code 1101 E. PECAM SAN JUAN, TEXAS 78589
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING FEE	Description (If travel outside of Texas, complete Schedule
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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