

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	OFFICE USE ONLY Date Received <i>R. Q. T.</i> 2:02 P.M. REC'D JAN 15 2014	
	NICKNAME LAST SUFFIX "JAY" PALACIOS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE P.O BOX 623 PHARR TX 78577		
<input type="checkbox"/> change of address	Date Hand-delivered or Postmarked		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 495-7000	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MS. RHONDA LEA	Date Processed	Date Imaged
	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 TX 78541		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 207-9993		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07 / 01 / 2013	THROUGH	Month Day Year 12 / 31 / 2013
11 ELECTION	Month Day Year 03 / 04 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) HIDALGO COUNTY COURT AT LAW NO. 2	13 OFFICE SOUGHT (if known) HIDALGO COUNTY COURT AT LAW NO. 2	

GO TO PAGE 2

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

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME

JAIME JOEL "JAY" PALCACIOS

15 ACCOUNT # (Ethics Commission Filers)

16 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

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

\$ 5,210.00

CONTRIBUTION BALANCE

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

\$ 165.038.28

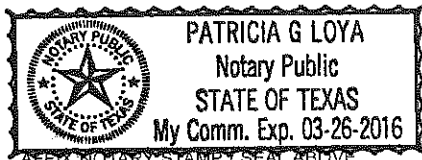
OUTSTANDING LOAN TOTALS

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 report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Jaime J. Palacios
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jaime J. Palacios, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Patricia G. Loya
Signature of officer administering oath

Patricia G. Loya
Print name of officer administering oath

Notary Public
Title of officer administering oath

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.

1 Total pages Schedule F:	2 FILER NAME JAIME JOEL "JAY" PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-15-13	5 Payee name OSCAR ESQUIVEL	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 4105 HIBISCUS AVE. MCALLEN, TEXAS 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING/DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-4-13	Payee name EDINBURG NORTH HIGH SCHOOL	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3101 N.CLOSNER BLVD. EDINBURG TEXAS 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	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 9-12-13	Payee name LUPE	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O BOX 188 SAN JUAN TEXAS 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	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 9-13-13	Payee name SOUTH TEXAS LIGHTNING	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2110 S. MCCOLL 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 T)
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 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)

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1 Total pages Schedule F:	2 FILER NAME JAIME JOEL "JAY" PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-3-13	5 Payee name ST.MARGARET MARY CATHOLIC CHURCH	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 122 W. HAWK AVE. PHARR TEXAS 78577	
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 T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-3-13	Payee name UTPA ALUMNI ASSOCIATION	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1201 W. UNIVERSITY DRIVE 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 T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-3-13	Payee name CARITAS SERVICE GROUP	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2200 KENDLEWOOD MCALLEN TEXAS 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	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 10-11-13	Payee name ELITE PRODUCTION	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 946 W. NOLANA SUITE C	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING/DONATION	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

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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)

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1 Total pages Schedule F:	2 FILER NAME JAIME JOEL "JAY" PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-22-13	5 Payee name LETTY CHAVEZ	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2205 NELDA EDINBURG TEXAS 78542	
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 T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-22-13	Payee name RED MASS COMMITTEE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O BOX 4489 EDINBURG TEXAS 78540	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-24-13	Payee name CHEERSTRIKE ALLSTARS	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 4105 N. CONWAY PALMHURST, TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-24-13	Payee name FRIENDS WITH HELPING HANDS	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1203 S. LINDEN PHARR TEXAS 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
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 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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) |

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1 Total pages Schedule F:	2 FILER NAME JAIME JOEL "JAY" PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-29-13	5 Payee name STONEWALL DEMOCRATS OF THE RGV
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O BOX 3703 MCALLEN TEXAS 78502
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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 T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-13	Payee name HIDALGO COUNTY DEMOCRATIC PARTY
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Amount (\$) \$1500.00	Payee address; City; State; Zip Code P.O BOX 4585 MCALLEN TEXAS 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REGISTRATION FEES	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-27-13	Payee name JRG FOUNDATION
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Amount (\$) \$1000.00	Payee address; City; State; Zip Code 3609 EAST RICHARDSON ROAD EDINBURG TEXAS 78542
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-5-13	Payee name HIDALGO COUNTY DEMOCRATIC PARTY
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O BOX 4585 MCALLEN TEXAS 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
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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 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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1 Total pages Schedule F:	2 FILER NAME JAIIME JOEL "JAY" PALACTOS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-12-13	5 Payee name JOSE SALDANA
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6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 2117 DIAZ STREET MCALLEN TEXAS 78503
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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 T)
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9 Complete <u>ONLY</u> 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 T)
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Complete <u>ONLY</u> 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 T)
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Complete <u>ONLY</u> 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 T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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