

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 2,965.00

CONTRIBUTION BALANCE

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

\$ 169,148.28

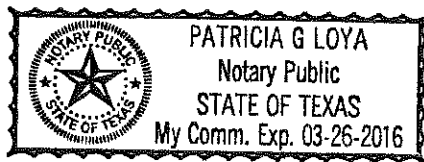
OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stime J. Palacios this the 12th day of July, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature]
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 1-14-13		5 Payee name DEYANIRA RODRIGUEZ			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 3010 ROGIERS ROAD EDINBURG TEXAS 78541			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADV. EXPENSE/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 2-22-13		Payee name HIDALGO COUNTY DEMOCRATIC PARTY			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O BOX 4585 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 2-25-13		Payee name VAMOS			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 5221 N.MCCOLL ROAD MCALLEN TEXAS 78504			
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 2-25-13		Payee name HIDALGO COUNTY BAR ASSOCIATION			
Amount (\$) \$295.00		Payee address; City; State; Zip Code 314 S. CLOSNER BLVD. 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 2-28-13		5 Payee name DIANA VILLARREAL			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 105 W. 16TH STREET SAN JUAN TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) DONATION / POSTER AD FEE		(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	
Date 3-19-13		Payee name DUKE MARTELL			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 1303 SAN PEDRO PHARR TEXAS 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV. FEE		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	
Date 3-25-13		Payee name MC HI SOCCER BOOSTER CLUB			
Amount (\$) \$120.00		Payee address; City; State; Zip Code P.O BOX 960 PHARR TEXAS 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV. FEE		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	
Date 4-4-13		Payee name LUPE ORGANIZATION			
Amount (\$) \$200.00		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	
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| 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 4-11-13		5 Payee name BRONC ATHLETIC INTERNATIONAL TOURN.			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 1201 W. UNIVERSITY DRIVE 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 T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-23-13		Payee name CASA OF HIDALGO			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 1001 S. 10TH AVE. EDINBURG TEXAS 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DOANTION		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 4-25-13		Payee name JUAN DIEGO ACADEMY			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O BOX 3888 MISSION TEXAS 78573			
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 4-25-13		Payee name EDCOUCH ELSA SPECIAL ED DEPARTMENT			
Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O BOX 127 EDCOUCH ELSA TEXAS 78538			
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	

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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
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1 Total pages Schedule F:	2 FILER NAME JAIME JOEL "JAY" PALACIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-25-13	5 Payee name OUR LADY OF THE HOLY ROSARY CHURCH	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 923 MATAMOROS STREET MISSION TEXAS 78572	
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 4-30-13	Payee name PSJA BEARETTE VARIETY SHOW ADS	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 805 RIDGE ROAD SAN JUAN TEXAS 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV. FEE	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 6-7-13	Payee name SOUTH TEXAS WALKING CLUB	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 621 N. 10TH, SUITE C 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

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