

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MR</div> <div>FIRST Jose</div> <div>MI A</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST MARCAS</div> <div>SUFFIX Jr</div> </div>	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; display: inline-block;"> received 4/23/2021 BJH </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="text-align: center; font-size: 1.2em;">6855 Canary Meadow Converse, TX 78109</p>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (210)</div> <div>PHONE NUMBER 386.0075</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs</div> <div>FIRST Rosemarie</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Morced</div> <div>SUFFIX</div> </div>	Date Received	Date Hand-delivered or Date Postmarked								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ()</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 4 / 1 / 2021 </div> <div>THROUGH</div> <div> Month Day Year 4 / 22 / 2021 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 1 / 2021 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judson ISD, Place 4									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Jose Marias Jr.

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 240⁷²

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

\$ 1190⁷²

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 201⁹⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 1291⁰¹

CONTRIBUTION
BALANCE

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

\$ 995⁶³

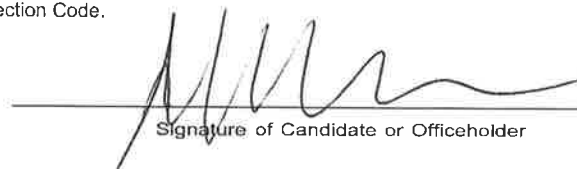
OUTSTANDING
LOAN TOTALS

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

\$ —

18 SIGNATURE

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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jose Marias Jr. this the 22 day of April.

20 21, to certify which, witness my hand and seal of office.

Lorrie Eichholz

Lorrie Eichholz

MSS

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jose MACIAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2021		5 Payee name TJM Printing			
6 Amount (\$) \$4871		7 Payee address: 4500 S. Flores		City: SA	State; Zip Code TX 78214
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/16		Payee name Felix Gonzales			
Amount (\$) \$126		Payee address: 807 Peter St.		City: SA	State; Zip Code TX 78210
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/15/21		Payee name Office Depot			
Amount (\$) \$57³⁵		Payee address: Windercrest, TX		City: Windercrest, TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jose Maeias		3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/2021		5 Payee name Advantage Direct Comm.			
6 Amount (\$) 150-		7 Payee address: 9420 Bonita Beach SE, Suite 200 Bonita Springs, FL 34135		City:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/20/2021		Payee name 3-D Screen Printing			
Amount (\$) \$300		Payee address: 8015 W. 2nd St. Somerset, TX 78069		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signage		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/31/21		Payee name U.S. Post office			
Amount (\$) 407		Payee address:		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



INVOICE

Invoice#: 69640

Date:04/1/2021

**4500 S. Flores St.
Suite 107
SAN ANTONIO, TX 78214
(210) 223-1046
tm.printing210@gmail.com**

Bill To:

Jose Macias for JISD
Jose Macias
San Antonio, TX
210-386-0075

[illegible]

Felix Gonzales

807 Porter St.

San Antonio, TX 78210 US

+1 2109192346

felix@felixprints.com

INVOICE**BILL TO**

Jose Macias

Macias4Judson Campaign

6855 Canary Meadow

Converse, TX 78109

INVOICE

1214

DATE

04/16/2021

TERMS

Due on receipt

DUE DATE

04/16/2021

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Apparel	Red screen printed tees. 1 color imprint. Front only	12	10.50	126.00

BALANCE DUE

\$126.00

3-D SCREEN PRINTING
8015 W. 2ND STREET
SOMERSET, TEXAS 78069
830.701.3285 corosco5@satx.rr.com

4/23/21

Invoice # 21-0277

Jose Macias Campaign

4x4 1 color 1 sided signs.....	\$100.00T
18x24 yard signs 1 color 1 sided.....	\$100.00T
T-Shirts.....	\$100.00T
Total due.....	\$300.00

Remit To:

Advantage Direct Communications, Inc.

Attn: Brett Nesbit

9420 Bonita Beach Road SE, Suite 200
Bonita Springs, FL 34135

BILLING ADDRESS

Jose Macias Jr.
Texas - Macias4Judson
6855 Canary Meadow Dr,
Converse, TX 78109

Terms : Due Upon Receipt

Invoice For: Texas - Macias4Judson

Month : Text Messaging

PCS# : 202104P06134



INVOICE NO : A2104029
Date : 04/20/2021

Wiring Information
Burke & Herbert Bank
Account #: 247105827
Routing #: 056001066

DESCRIPTION	Quantity	Unit Price	Total Invoice
Text 1 Qty 1,879	1	150.00	150.00

BALANCE DUE \$150.00

Invoices are due upon receipt. Charges of 1.5% per month will be added to invoices over 10 days past due.

Given the concerns over the Coronavirus (COVID-19) and the related work and travel restrictions, we are asking that all payments be submitted electronically. You may either ACH/Wire directly from your bank account using the Wiring Information above on the right or use the pay link embedded in your email. If you need additional payment information contact Sherri McGowan at (703) 524-4088.

If you have questions about the invoice, please contact Irene Chan at ichan@Bridgetree.com.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jose MACIAS

3 Filer ID (Ethics Commission Filers)

4 Date

4/21

5 Full name of contributor

Joe Hoffer

☐ out-of-state PAC (ID#)

6 Contributor address:

Schertz, TX 78108

City: State: Zip Code

7 Amount of contribution (\$)

\$ 500

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Shulman, Hoffer & Assoc.

Date

4/22

Full name of contributor

Paul Revilla

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Human Resources

Employer (See Instructions)

Toyota Manuf.

Date

4/20

Full name of contributor

Joe Jesse Sanchez

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/22

Full name of contributor

DAN Reese

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

Amount of contribution (\$)

\$ 150

Principal occupation / Job title (See Instructions)

Retired / Mayor Winderest

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jose Macias

3 Filer ID (Ethics Commission Filers)

4 Date

4/22

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Tim Moxon

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Investments

9 Employer (See Instructions)

Ithaca Invest.

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Office DEPOT OfficeMax

San Antonio - (210) 333-6400
04/05/2021 12:22 PM



VTVT:RQPMX054YBM

SALE 2350-1-2093-950674-21.3.2
815997 CANDY, HARI30BE 13.99 SS
633904 ENVELOPE, #10, C 38.99 SS
Subtotal: 52.98
Sales Tax: 4.37
Total: 57.35
MasterCard 6724: 57.35

AUTH CODE 63462B
TDS Chip Read
AID A0000000041010 MasterCard
TVR 000008800
CVS No Signature Required

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below:
652V GNY6 4MX2



**UNITED STATES
POSTAL SERVICE.**

ARSENAL

1140 S LAREDO ST
SAN ANTONIO, TX 78204-9998
(800)275-8777

03/31/2021 03:25 PM
Product Qty Unit Price
US Flag Bklt/20 20 \$11.00 \$220.00
Grand Total: \$220.00
Cash \$220.00

USPS is experiencing unprecedented volume
increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

Preview your Mail
Track your Packages
Sign up for FREE @
<https://informeddelivery.usps.com>



**UNITED STATES
POSTAL SERVICE.**

GMF SAN ANTONIO
10410 PERRIN BEITEL RD
SAN ANTONIO, TX 78284-9765
(800)275-8777

04/09/2021 04:53 PM
Product Qty Unit Price
US Flag Coil/100 3 \$55.00 \$165.00
US Flag Bklt/20 2 \$11.00 \$22.00
Grand Total: \$187.00
Cash \$200.00
Change -\$13.00

USPS is experiencing unprecedented volume
increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

In a hurry? Self-service kiosks offer
quick and easy check-out. Any Retail
Associate can show you how.