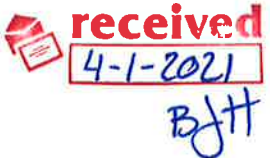


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|-------------------------------------|--|---------------------------------|--|----------------------------------|--|--|--|
| <p>The C/OH Instruction Guide explains how to complete this form.</p> | | <p>1 Filer ID (Ethics Commission Filers)</p> | | <p>2 Total pages filed:</p> | | | | | | | | | |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p> | <p>MS / MRS / MR FIRST MI</p> <p><i>MR</i> <i>Jose</i> <i>A</i></p> <p>NICKNAME LAST SUFFIX</p> <p> <i>MACIAS</i> <i>Jr</i></p> | | | <p style="text-align: center;">OFFICE USE ONLY</p> <hr/> <p>Date Received</p> <div style="text-align: center;">  <p>received 4-1-2021 <i>BJH</i></p> </div> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | |
| | Receipt # | Amount \$ | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>6855 Canary Meadow</i> <i>Converse, TX 78109</i></p> <p><input type="checkbox"/> Change of Address</p> | | | | | | | | | | | | | |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(214) 386.0075</i></p> | | | | | | | | | | | | |
| <p>6 CAMPAIGN TREASURER NAME</p> | <p>MS / MRS / MR FIRST MI</p> <p> <i>Rosie</i> </p> <p>NICKNAME LAST SUFFIX</p> <p> <i>Merced</i> </p> | | | | | | | | | | | | |
| | <p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>6855 Canary Meadow Converse TX 78109</i></p> | | | | | | | | | | | | |
| <p>8 CAMPAIGN TREASURER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>()</i></p> | | | | | | | | | | | | |
| <p>9 REPORT TYPE</p> | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | | | <input type="checkbox"/> January 15 | <input checked="" 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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <input type="checkbox"/> January 15 | <input checked="" 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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | |
| <p>10 PERIOD COVERED</p> | <p>Month Day Year Month Day Year</p> <p><i>2 / 24 / 2021</i> THROUGH <i>04 / 01 / 2021</i></p> | | | | | | | | | | | | |
| <p>11 ELECTION</p> | <p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>05 / 01 / 2021</i></p> | | <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> | | | | | | | | | | |
| | <p>12 OFFICE</p> <p>OFFICE HELD (if any)</p> | | <p>13 OFFICE SOUGHT (if known)</p> <p><i>Judson ISD, SMD 4</i></p> | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

Committee to Elect Jose Macias for Judson ISD

COMMITTEE ADDRESS

6855 Canary Meadow
Converse, TX 78109

COMMITTEE CAMPAIGN TREASURER NAME

Rosie Merced

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 340¹⁴

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

\$ 1615¹⁴

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 96¹⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 519¹⁴

CONTRIBUTION
BALANCE

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

\$ 1096⁻

OUTSTANDING
LOAN TOTALS

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

\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose A. Macias, Jr., this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Betty Holmes
Signature of officer administering oath

Betty Holmes
Printed name of officer administering oath

Notary
Title of officer administering oath

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

3/6

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Elizabeth Cantu

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Sole-Proprietor

9 Employer (See Instructions)

Date

3/8

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dr Carl Montoya

Contributor address;

City;

State;

Zip Code

Universal City TX 78108

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rosemarie Merced

Contributor address;

City;

State;

Zip Code

6055 Canary Meadow Converse, TX

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Office Mgr

Employer (See Instructions)

Date

3/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Byron Miller

Contributor address;

City;

State;

Zip Code

6306 Port Royal SA, TX 78244

Amount of contribution (\$)

\$175

Principal occupation / Job title (See Instructions)

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

3/20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

ANNA Prieto

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City;

State;

Zip Code

SA

TX

8 Principal occupation / Job title (See Instructions)

Legal Assistant

9 Employer (See Instructions)

Date

3/24

Full name of contributor

☐ out-of-state PAC (ID# _____)

DR. Alexander RAMIREZ

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

10835 Belle Vere SA TX 78249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mary Doerr

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

KY

Principal occupation / Job title (See Instructions)

Retired

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

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

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 3/5/2021 | | 5 Payee name T + M Printing | | | |
| 6 Amount (\$) 235⁹⁹ | | 7 Payee address; 4500 S. Flores | | City; S.A. | 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 3/8/2021 | | Payee name United States Postal Service | | | |
| Amount (\$) 187⁻ | | 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 <u>ONLY</u> 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 | | |
| | <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

[illegible]



BEACON HILL
1064 VANCE JACKSON RD
SAN ANTONIO, TX 78201-9998
(800)275-8777

03/08/2021 03:28 PM

| Product | Qty | Unit Price | Price |
|------------------|-----|------------|----------|
| Hold Mail Pkup | 1 | | \$0.00 |
| US Flag Coil/100 | 2 | \$55.00 | \$110.00 |
| Grand Total: | | | \$110.00 |
| Cash | | | \$120.00 |
| Change | | | -\$10.00 |

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increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

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Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 487953-0201
Receipt #: 840-57800226-3-5624872-1
Clerk: 05



CONVERSE
9155 SCHAEFER RD
CONVERSE, TX 78109-9998
(800)275-8777

03/11/2021 04:54 PM

| Product | Qty | Unit Price | Price |
|------------------|-----|------------|----------|
| US Flag Coil/100 | 1 | \$55.00 | \$55.00 |
| Grand Total: | | | \$55.00 |
| Cash | | | \$100.00 |
| Change | | | -\$45.00 |

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increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

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Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 481980-0109
Receipt #: 840-57800192-4-5087206-1
Clerk: 13



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

03/12/2021

04:47 PM

| Product | Qty | Unit Price | Price |
|-----------------|-----|------------|---------|
| US Flag Bklt/20 | 2 | \$11.00 | \$22.00 |
| Grand Total: | | | \$22.00 |
| Cash | | | \$22.00 |

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increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

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for more info.

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 487949-0233
Receipt #: 840-57800260-4-5783387-2
Clerk: 45