




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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">Jose</td> <td style="text-align: center;">A.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">MACIAS</td> <td style="text-align: center;">Jr</td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR.	Jose	A.	NICKNAME	LAST	SUFFIX		MACIAS	Jr	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;">  </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received				Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																											
	Judson ISD, D4																												

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

COMMITTEE NAME

GENERAL

Committee to Re-Elect Jose Macias

SPECIFIC

COMMITTEE ADDRESS

6855 Canary Meadow
Converse, TX 78109

COMMITTEE CAMPAIGN TREASURER NAME

Sean Sutton

COMMITTEE CAMPAIGN TREASURER ADDRESS

8318 Manderly Bay
Converse, TX 78109

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 178⁸⁷

4. TOTAL POLITICAL EXPENDITURES

\$ 1,038⁴⁵

CONTRIBUTION
BALANCE

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

\$ 1,452⁵⁵

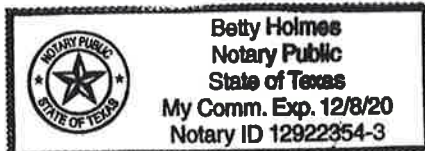
OUTSTANDING
LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jose A. Macias, Jr, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Betty Holmes
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jose Macias</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/17/19</i>	5 Payee name <i>Erika the Photographer, LLC</i>
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6 Amount (\$) <i>\$ 200 -</i>	7 Payee address; City; State; Zip Code <i>141 Oak Lane Dr Universal City, TX 78148</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - Marketing</i>	(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 <i>Jose Macias</i>	Office sought <i>Judson ISD, Trustee</i>	Office held <i>04</i>
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Date <i>9/23/2019</i>	Payee name <i>SAMMI Embroidery</i>
--------------------------	---------------------------------------

Amount (\$) <i>\$ 300 -</i>	Payee address; City; State; Zip Code <i>6900 San Pedro, Ste 139 SAT 78216</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description
	(c) <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
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Date <i>8/24/2019</i>	Payee name <i>LA Madeleine</i>
--------------------------	-----------------------------------

Amount (\$) <i>\$ 126⁶²</i>	Payee address; City; State; Zip Code <i>4820 Broadway St SA, TX</i>
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description
	(c) <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
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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
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Polling Expense
Printing Expense
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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 Marts	3 Filer ID (Ethics Commission Filers)
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4 Date 9/16/2019	5 Payee name CHICK-FIL-A
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6 Amount (\$) \$146.78	7 Payee address; Seguin Rd #02587	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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
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Date 9/16/2019	Payee name H.E.B
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Amount (\$) \$86.18	Payee address; 910 Kitty Hawk Rd	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Welcome to Chick-fil-A
Sequin Road FSU (#02587)
San Antonio, TX
(210)310-2244
Operator: Mike Mills
CUSTOMER COPY
9/16/2019 9:15:39 AM

PICKUP
Order Number: 4865358

1 Nugget Tray LG	81.50
1 Frt Tray LG	56.00
1 Don't Make	0.00

Sub. Total:	\$137.50
Tax:	\$9.73
Total:	\$146.23

Change	\$13.22
Cash	\$160.00

Register:6 Tran Seq No: 4865358
Cashier:Catalina

It was a pleasure serving you!
Have a wonderful day.

If you got to scan the app? Open the app,
click account, then transaction history,
select "submit a missed transaction".



1006 1331 0916 1910 0100 555

1 12PK CUT CRYSTAL PLATES
 4 Ea. @ 4.98 T 19.92
 2 20 PORT TWIST TF 1.97
 1 Ea. @ 1.97 TF 1.97
 3 SOLID RED PLASTIC TABLECO
 3 Ea. @ 1.50 T 4.50
 4 HEB PCS TWIST 12 PK TF 2.97
 5 HEB COLA FRIDGE PACK
 1 Ea. @ 9.00 TF 2.25
 6 HEB PS FORK 96CT T 3.97
 7 VANITY FAIR EVERYDAY NAPK T 1.98
 8 HEB DR B FRIDGE PACK
 1 Ea. @ 9.00 TF 2.25
 9 12PK HCF SPRING WATER
 6 Ea. @ 1.99 F 11.94
 14 CS RW FRUIT PUNCH TF 2.22
 15 CAPRI SUN TROPICAL PUNCH TF 2.22
 16 CAPRI SUN STRAWBERRY KIWI TF 2.22
 17 MIX & MATCH COOKIE 36CT T F 7.98
 18 MIX & MATCH COOKIE 36CT T F 7.98
 19 MIX & MATCH COOKIE 36CT T F 7.98

***** Sale Subtotal*** 82.35
 Sales Tax 3.83
 ***** Total Sale*** 86.18
 *** CAS*** 90.00
 Change : 3.82 \$

ITEMS PURCHASED: 25

ON SALE SAVINGS : \$0.84
 OUR BRAND SAVINGS : \$5.22
 FREE/COUPON SAVINGS : \$1.00

YOU SAVED
\$7.06

Tell us how we are doing and you could
 WIN 1 OF 50 \$100 HEB GIFT CARDS/MONTH
 No purchase necessary.

See rules and take survey at
www.heb.com/survey
 or call 1-866-583-5024
 or text SURVEY to 69432

Message and data rates may apply.

La Madeleine
 Tamadeleine.com
 4820 Broadway St
 210-829-7279

Host: Travis M 08/24/2019
 Cashier: Hector
 E JOSE PEN TAB 6:38 PM
 120117

Order Type: To Go

Chicken la Madeleine (2 @9.99) 19.98
 Soda (3 @2.49) 7.47
 French Toast 8.99
 American Breakfast 6.99
 Iced Tea (3 @2.49) 7.47
 Grangina 2.69
 la Madeleine Shrimp Pasta 12.49
 Half Tky & Cheese Crois 6.59
 Oatmeal Raisin Cookie 2.19
 Coconut Cake Slice 4.49
 Sacher Torte Slice (3 @4.99) 14.97
 Caramel Creme Brulee 3.09
 Ckn Pesto Sandwich 8.39
 Side Salmon Fillet 4.99
 Mashed Potato Side 3.19
 Add on Salad 0.00
 Petite Caesar Add On 2.99

Subtotal 116.97

Food Tax 8.20
 NA Bev Tax 1.45

Total 126.62
 Cash 140.00
Change 13.38

Download the la Madeleine app for

Sammi Embroidery

6900 San Pedro Ave

Ste. 139

San Antonio, TX 78216

Invoice

Date	Invoice #
9/23/2019	26670

Bill To
JOSE MACIAS/ CAMPAIGN 210 386 0075

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
26670-19			9/23/2019			

Quantity	Item Code	Description	Price Each	Amount
1	emb	PAYMNERT FOR T SH Sales Tax	300.00 8.125%	300.00 0.00

	Total	\$300.00
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