### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mr. Jose	A	Date Received ,			
IVAIVIL	NICKNAME LAST	SUFFIX	) \ /// APR 10 2013			
		•	10 2010			
	MACIAS	71.	1 7 191110			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #, CITY;	STATE; ZIP CODE	1 '\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
OFFICEHOLDER MAILING	6855 CANARY V	Monday	Date Hand-delive leader Postmarked			
ADDRESS	000000000000000000000000000000000000000	· IEW COPO	Date Hand-delivered by PostMando			
change of address	Converse, TX	Taring Processing Agents Control	Receipt # Amount			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed			
PHONE	(210) 386.0075		please to the control of the control			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged			
NAME	MR Sean	• • • • • • • • • • • • • • • • • • •				
	NICKNAME LAST	SUFFIX				
1	Sutton					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
TREASURER ADDRESS	8326 MANDERL	V Place				
(residence or business)	, (A)					
	CONVENSE, TX -	18109				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	( )					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment			
	July 15 8th day before election	Exceeded \$500	(officeholder only)  Final report (Attach C/OH - FR)			
	only to	limit	Fillal Teport (Allacti Groft - 117)			
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	01/01/2013 THROUGH	04/10/				
	017 017 2013	017 107	2013			
11 ELECTION	ELECTION DATE ELECTION TYPE					
II CLEOTION	Month Day Year Primary	Runoff	General Special			
	05/11/2013	L	Jeneral .			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)				
	Board of Trustees, Judson I.S.D.,#4					
	Tident TSD #4					
0405010 2.7.0.						
GO TO PAGE 2						

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

## FORM C/OH

& TOTAL	S	COVER SHEET PG 2			
	1	15 ACCOUNT # (Ethics Commission Filers)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF ICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE TYPE	COMMITTEE NAME				
GENERAL	Campaign to Re-El	ect Jose Macias			
SPECIFIC					
	Converse TX 78109				
	COMMITTEE CAMPAIGN TREASURER NAME				
	SCAN Sufton				
	COMMITTEE CAMPAIGN TREASURER ADDRESS	٠, ١, ٢			
	8326 Manderly	TIACL			
1. TOTAL		y .			
2. TO TAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 800			
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM		11ZED \$ 294 96			
4. TO TAL POLITICAL EXPENDITURES					
		DAY \$ 10471			
	**				
JEZETTA ROBINSON 🖁	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder			
P / SEAL ABOVE					
		, this the			
mistering oath	MUEZEHA ROBINSON Printed name of officer administering oath	Notary Title of office administering oath			
	THIS BOX IS FOR HOTE CANDIDATE / OFFICE CONSENT. CANDIDATE  COMMITTEE TYPE  GENERAL  SPECIFIC  1. TOTAL F PLEDGE  2. TOTAL P (OTHER  3. TOTAL P I.AS F DA  TOTAL P I.AS F DA  Commission Expires Commission Expires 05-17-2015  Commission Expires 05-17-2015  Commission Expires Commi	THIS BOXIS FOR HOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN ACCIDIORATE AND OFFICEHOLDERS. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAME CONSENT. CAMIDOATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS HIFORMATION OINTY IF COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE THAME  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER HAME  SOLAN SOLATION  COMMITTEE THAM  COMMITTEE TYPE  SOLATION  COMMITTEE THAME  COMMITTEE HAME  COMMITTEE CAMPAIGN TO RESURE HAME  COMMITTEE HAME  COMMITTEE HAME  COMMITTEE HAME  COMMITTEE HAME  COMMITTEE HAME  COMMITTEE HAME			

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME	Jose A. Macias Sr.		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#_  LINE parger Gogsan Blair & SA  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	P.O. BOX 17428 Austin, TX 78760	Java		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(10#_  Joe d Margaret W./Sar  Contributor address; City; State; Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9	8403 Copper Bluff		9100	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		Limpleyor (e-e-		
Date	Full name of contributor 🔲 out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	Contributor address; City; State; Zip Code		Af travel outside a	of Texas. complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		n rexas. complete scriedule 11
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		- 13.00. complete deficadie 1)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	ASNEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

### POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CA	TEGORIES FOR BOX 8(a	a)
Advertising Expense		laries/Wages/Contract Labor	Loan Repayment/Relmbursement
Accounting/Banking	Legal Services So	ilicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	g .	avel In District	Contributions/Donations Made By
Event Expense	· ,	avel Out Of District	Candidate/Officeholder/Political Committee
Fees	<u> </u>	fice Overhead/Rental Expense	OTHER (enter a category not listed above)
	T .:	plains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME Sose A	. Macas Ir	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/7	5 Payee name The Politi	cal Group	
6 Amount (\$)	7 Payee address; City: State:	Zip Code	
1	l Pa Ru	29693	
\$117			
1117	SAT	78229	
8 PURPOSE	(a) Category (See categories listed at the top of the	nisschedule) (b) Descriptio	n (if travel outside of Tex as, complete Schedule T)
OF EXPENDITURE		ملما ا	6 Development
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/C	/11	i i and de la finite de la finit	
Date /	Payee name		
3/22		)rosco	
Amount (\$)		5 7. m m	
Amount (a)			
DEAN	BUIS 2	ng St	
. 700		set. TX 7800	2 9
PURPOSE	Category (See categories licted at the top of the		n (If travel outside of Texas, complete Schedule T)
OF	Sacrago, y (and consigning motion of the 10th of th	Возсирно	(
EXPENDITURE		1 51	19 NS
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	Office held
Date	Payee name		
1	· · · · · · · · · · · · · · · · · · ·	<b>L</b> .	
2/26	J+M Krin	1126	
Amount (\$)	Payee address; City; State;	Zip Code	
X 10 -1	2105-3 8	at Booker	
\$59.54		78148	
	Category (See categories listed at the top of ti	<del>/</del>	n (if travel outside of Texas, complete Schedule T)
PURPOSE OF	aredork (ses rategories usen accide រប្រំ ឲ្យ ព្		
EXPENDITURE			rinting
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	
Date 211	Payee name	2 1	
711	J ← M Payee address; City; State;	rinting	
Amount (\$)	Payee address; City; State;	Zip Code	
.0	21.70	Pat Boover TX 78148	
75.78	2105 13-	107 DOOVE	
()(1)	U.C.,	TX 78148	
PURPOSE	Category (See categories listed at the top of the	ils schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENSITION			ringua
EXPENDITURE			<u> </u>
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office soug	ght Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POL	ITICAL	EXPEN	JULTUR	ES

SCHEDULE F

Advantation Sugara	EXPENDITURE			*	
Advertising Expense	Glft/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundral Travel In District	singExpense	•	quipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist	rict	Contributions/Dor Candidate/Off	nations Made By Iceholder/Political Committee
Fees	Printing Expense	Office Overhead/R			category not listed above)
	The instruction Guide		•	•	,
1 Total pages Schedule F:	1				IT# (Ethics Commission Filers)
1 10000   100000   100000   100000   10000   10000   100000   10000   10000   1	206,0	Pr, ~tiv	5 7	0 ,1000	1# (Eulisa Commission i nors)
4 Date	5 Payee name	1.0 -		1	<del></del>
2 7	TA M	0. 1			
114	J * V * \	リイン・ノー	4		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
ا سنواد ا د	2105 8	- PA+B	solev		
64.95		c., TX 78			
			5110	The state of the s	
8 PURPOSE OF	(a) Category (See categories listed at the top	) of this schedule)	(b) Description	(If travel outside or re:	xas, complete Schedule T)
EXPENDITURE				Printin	
A Complete Ohli V if direct	Candidate / Officeholder name	1	Office soual	<u> </u>	Office held
9 Complete ONLY if direct expenditure to benefit C/O			Office sough	Νŧ	Office field
onpulsation of a content of a			Water Strate Str		
Date	Payee name	1			
	>⊕M	15			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
, , , , , , , , , , , , , , , , , , ,	Tayoo addioss, Say, 2	ato, Lip occo			
86.10					
$\mathcal{D}\omega_{i}(\mathcal{U})$					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF					•
EXPENDITURE			ELec	CHOW EN	ent food
Complete ONLY If direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O	H				
f	Da				
Date	Payee name	1 L 1	antact.		
	Coas	tant -	MIACL	, 	t — t — t — t a state from — — too and an expension of — t and an expension of a
Amount (\$)	Payee address; City; Šta	ate; Zip Code			
63.96					
7 /					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)
OF EXPENDITURE		1	E .	- Commy	1 a a b 1 1 1 5
	Candidate / Officeholder name		7#== novel		
Complete ONLY if direct expenditure to benefit C/O			Office sough	nt .	Office held
eybeliging to penetit 0.0	n				
Date	Payee name				
ļ	1				
Amount (¢)	Development City St.	· · Zin Codo			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
ļ					
	Cotogony (See categories listed at the tar	of this eshaduta)	Constitution	difference and add a of To-	······································
PURPOSE OF	Category (See categories listed at the top	Of this schedule)	Description	(litravel outside of 1e)	xas, complete Schedule T)
EXPENDITURE					
Complete OHIV II direct	Candidate / Officeholder name		Office sough	<u></u>	Office held
Complete ONLY If direct expenditure to benefit C/C			Office sough	ıı	Office Heid
Virginiana					
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULEAS	NEEDED	