

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 / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Jose	MI A
	NICKNAME	LAST MACIAS	SUFFIX Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX,	APT / SUITE #,	CITY, STATE, ZIP CODE
	6855 CANARY MEADOW CONVERSE, TX 78109		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST SEAN	MI
	NICKNAME	LAST Sutton	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #,	CITY, STATE, ZIP CODE
	8326 MANDERLY PLACE CONVERSE, TX 78109		
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER 0	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	04 / 11 / 2013		
11 ELECTION	ELECTION DATE Month	Day	Year
	05 / 11 / 2013		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Board of Trustees, Judson I.S.D., #4		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/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

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Campaign to Re-Elect Jose Macias

COMMITTEE ADDRESS

6855 Canary Meadow
Converse, TX 78109

COMMITTEE CAMPAIGN TREASURER NAME

Sean Sutton

COMMITTEE CAMPAIGN TREASURER ADDRESS

8326 Manderly Place
Converse, TX 78109☐ additional pages17 CONTRIBUTION
TOTALS

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

\$ 100⁰⁰2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 700⁰⁰EXPENDITURE
TOTALS

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

\$ 94⁴³

4. TOTAL POLITICAL EXPENDITURES

\$ 549¹⁶CONTRIBUTION
BALANCE

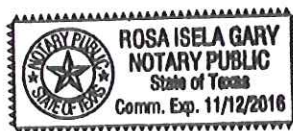
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 251⁶⁸OUTSTANDING
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 José F. Macias, this the 3rd day of May, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Rosa Gary
Printed name of officer administering oath

Notary
Title of officer administering oath

Texas Ethics Commission

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 form.

1 Total pages Schedule A:

2 FILER NAME

Jose Macias

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Roger & Nora Caballero

6 Contributor address; City; State; Zip Code

6123 SINCLAIR Rd
SAT 782227 Amount of
contribution (\$)

400

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/11

Full name of contributor ☐ out-of-state PAC (ID# _____)

Naomi Gonzalez

Contributor address; City; State; Zip Code

405 Buena Vista
EL PASO, TX 79905Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28

Full name of contributor ☐ out-of-state PAC (ID# _____)

Cynthia Morris

Contributor address; City; State; Zip Code

6151 FM 78, Ste 103
SAT 78244Amount of
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Jose Macias</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5/1</i>	5 Payee name <i>Harold Orozco</i>	
6 Amount (\$) <i>\$414⁷³</i>	7 Payee address; City; State; Zip Code <i>8015 2nd Street Somerset, TX 78069</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Marketing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs/T-Shirts</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/25</i>	Payee name <i>Bexar County Elections Office</i>	
Amount (\$) <i>40-</i>	Payee address; City; State; Zip Code <i>203 W Nueva SAT 78207</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Election Info.</i>	Description (If travel outside of Texas, complete Schedule T) <i>Voter T/O</i>
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 (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	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 <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