


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:
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3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Jose</td> <td>A.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Macias</td> <td>Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Jose	A.	NICKNAME	LAST	SUFFIX		Macias	Jr.	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked <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	
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>6855 Canary Meadow</td> <td></td> <td>Converse,</td> <td>TX</td> <td>78109</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6855 Canary Meadow		Converse,	TX	78109
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input 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 checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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)
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>1</td> <td>/</td> <td>1</td> <td>/</td> <td>23</td> <td>THROUGH</td> <td>6 / 30 / 23</td> </tr> </table>	Month	Day	Year		Month	Day	Year	1	/	1	/	23	THROUGH	6 / 30 / 23
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11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td> <table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>5</td> <td>/</td> <td>25</td> </tr> </table> </td> <td> <table style="width:100%;"> <tr> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>General</td> <td>Special</td> <td></td> </tr> </table> </td> </tr> </table>	ELECTION DATE	ELECTION TYPE	<table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>5</td> <td>/</td> <td>25</td> </tr> </table>	Month	Day	Year	5	/	25	<table style="width:100%;"> <tr> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>General</td> <td>Special</td> <td></td> </tr> </table>	Primary	Runoff	Other Description	General	Special	
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Month	Day	Year															
5	/	25															
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General	Special																

12 OFFICE	OFFICE HELD (if any) Judson ISD, District 4	13 OFFICE SOUGHT (if known)
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14 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.							
Additional Pages	<table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS
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SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1	2 FILER NAME Jose A. Macias Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 04/23/2023	5 Payee name Judson Education Foundation				
6 Amount (\$) 104.00	7 Payee address; City; State; Zip Code 8012 Shin Oak Dr. Live Oak TX 78233				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation				
	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 05/07/2023	Payee name Text to Survey				
Amount (\$) 201.42	Payee address; City; State; Zip Code 1527 S. Cooper St. Arlington Texas 76010				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) District Communication				
	Description Texts sent to District 4 Constituency				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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Date 06/15/2023	Payee name Constant Contact				
Amount (\$) 110.70	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) E-Commuciation				
	Description Emails				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Live Oak, TX 78233

Order #13812002

BILLING

Jose Macías

P.O. Box 830677

San Antonio, TX 78283

(210) 386-0075

ITEMS

JEF DONATION

\$104.00

Quantity: 1

For: Jose Macias

Address: P.O. Box 830677 San Antonio, TX 78283

Email: umacij@gmail.com

Phone: (210) 386-0075

Donation: No special message

SUB TOTAL

\$104.00

TOTAL

\$104.00

The Judson ISD Education Foundation is a charitable organization under IRS Code Section 501(c)(3). No goods or services were provided in return for your contribution.

Please keep this written acknowledgment of your donation for your tax records.

The Judson ISD Education Foundation is a charitable organization under IRS Code Section 501(c)(3). Your payment may be deductible as a donation. Please consult your tax adviser regarding tax deductibility of donations. Please keep this written acknowledgment for your tax records.

Text to Survey

1527 S. Cooper Street
Arlington, TX 76010 US
avaldez@voicebroadcasting.com

INVOICE

BILL TO

Jose Macias

INVOICE # 4575**DATE** 05/07/2023**DUE DATE** 05/07/2023**TERMS** Due on receipt

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
05/06/2023	P2P Text	Laura 5.6.23	2,238	0.09	201.42

PAYMENT 201.42

BALANCE DUE **\$0.00**

PAID

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Jose A. Macias Jr.

16 Filer ID (Ethics Commission Filers)

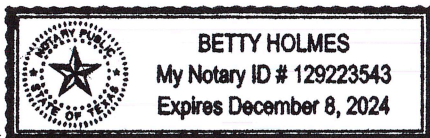
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 130.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 546.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,804.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 A. Macias this the 17 day of July, 2023, to certify which, witness my hand and seal of office.
Betty Holmes Betty Holmes Notary
 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)