



BOARD OF TRUSTEES ELECTION CANDIDATE INFORMATION

The following information is requested about your candidacy for the Judson Independent School District Board of Trustees. This information will be made available to the news media if requested.

Name Jose A. Macias Jr.

Address 6855 Canary Meadow, Converse, TX
78109

Telephone Number: (Home) 210.666.2039 (Office) X (Cell) 210.386.0075

Place of Employment: ST. Philip's College

Occupation: V.A. College Advisor

No. of Children 2

Number of years in the Judson District 14 years

Applying for what Position? Re-Election Board of Trustees,
District 4

8012 Shin Oak Drive • Live Oak, Texas 78233-2457 • (210) 945-5100 • www.judsonisd.org

It is the policy of Judson Independent School District not to discriminate on the basis of age, race, religion, color, national origin, sex, marital or veteran status, disability or other legally protected status in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director of Human Resources. 8012 Shin Oak, Live Oak, TX. 78233. (210) 945-5608

Judson Independent School District
Candidate Information
Page 2

If incumbent, how long have you served on the Board? 7 years

Have you held an office on the Board? Yes No

If yes, what office? President
Vice-President Sec. Years served Multiple

Other Boards on which you have or are currently serving on: Emergency Services
District 1 - 2008-2010

City of San Antonio Tax Phase-in committee, Alumni Association Brd
Board of Directors - National Society of Hispanic MBA's Coll

Clubs, organizations, church affiliations Community Bible Church

List some of the goals you have for the district Expand SAT/ACT initiatives

- Develop a Comprehensive Intervention plan for the district

- Implement pay increases for JISD employees 2017-2018

- Enhance Professional Development programming - Increase

Parental Engagement, - Institute Internal Audit functions

- Keep Teachers in the Classroom - Increase Middle school counseling

- Stronger oversight on our Bond Projects.

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APPLICATION FOR A PLACE ON THE Judson I.S.D. GENERAL ELECTION BALLOT

TO: Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>Judson I.S.D., District 4</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>Jose Antonio Macias</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>Jose A. MACIAS, Jr.</u>
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PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>6855 Canary Meadow Converse, TX 78109</u>	MAILING ADDRESS (If different from residence address)
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CITY <u>Converse</u>	STATE <u>TX</u>	ZIP <u>78109</u>	CITY	STATE	ZIP
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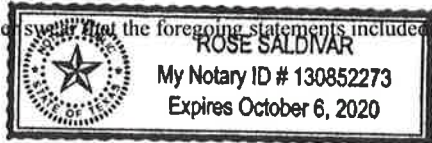
EMAIL ADDRESS (OPTIONAL) <u>umacijas@gmail.com</u>	OCCUPATION (Do not leave blank) <u>College Advisor</u>	DATE OF BIRTH <u>10/10/1970</u>	COUNTY OF RESIDENCE <u>Bexar</u>
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TELEPHONE NUMBER (Include area code) (Optional) OFFICE: <u>—</u> HOME: <u>210.386.0075</u>	Length of Continuous Residence as of Date Application Sworn		
	IN STATE <u>26</u> yr(s) — mos	IN CITY <u>26</u> yr(s) — mos	IN DISTRICT OR PRECINCT <u>14</u> yr(s) <u>4</u> mos

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."



X [Signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 11:58 AM, this the 18th day of JANUARY, 2017.

[Signature]
Signature of Officer administering oath

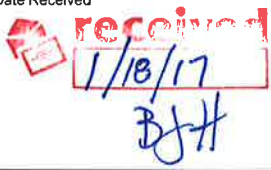
SECRETARY TO SUPERINTENDENT SEAL
NOTARY
Title of Officer administering oath

TO BE COMPLETED BY SECRETARY OF BOARD:
(See Section 1.007)

1/18/17 Betty Holmes
Date Received Signature of Secretary

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	OFFICE USE ONLY Date Received:  Date Hand-delivered or Postmarked: Receipt # Amount Date Processed: Date Imaged:	
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 (710) 386.0075		
6 CAMPAIGN TREASURER NAME	MS / MRS / 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 8318 Manderly Bay Converse, TX 78109		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<input checked="" 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 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 THROUGH Month Day Year 07 / 01 / 16 12 / 31 / 16		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 17	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judson I.S.D., Dist. 4	13 OFFICE SOUGHT (if known) Judson I.S.D., Dist. 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

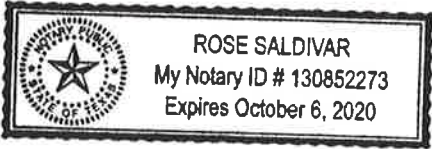
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="font-size: large; text-align: center;">Committee to Re-Elect Jose MACIAS</p>
		COMMITTEE ADDRESS <p style="font-size: large; text-align: center;">6855 Canary Meadow Converse, TX 78109</p>
		COMMITTEE CAMPAIGN TREASURER NAME <p style="font-size: large; text-align: center;">Sean Sutton</p>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="font-size: large; text-align: center;">8318 Manderly Bay Converse, TX 78109</p>	

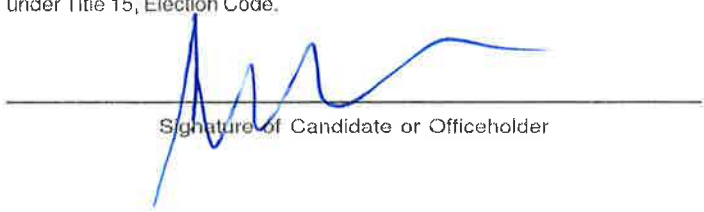
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1525 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 33 ¹⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 174 ⁵⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,465 ⁷²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

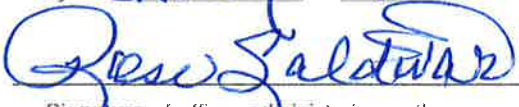


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said JOSE MACIAS, this the 17th day of JANUARY, 20 17, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ROSE SALDIVAR

 Printed name of officer administering oath

NOTARY

 Title of officer administering oath

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

9/15

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

CLig Douglas

6 Contributor address; City; State; Zip Code

911 Central Pkwy N.
SAT 78232

7 Amount of contribution (\$)

\$ 500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

10/20

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

Stevie de Dimanda

Contributor address; City; State; Zip Code

11249 Scenic Brush Dr
Peyton, CO 80831

Amount of contribution (\$)

\$ 200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Military

Employer (See Instructions)

Date

10/9

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

DR. Lyssa Ochoa

Contributor address; City; State; Zip Code

111 Dallas St
SAT 78205

Amount of contribution (\$)

\$ 200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

M.D.

Employer (See Instructions)

Date

10/10

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

Kens Lucas

Contributor address; City; State; Zip Code

New Braunfels, TX

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

Date

10/17

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

Dawn J. Parsley

Contributor address; City; State; Zip Code

Dallas, TX

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

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 <i>Jose Macias</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Hernandez</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>Del Rio, TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Nurse</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jose Macias	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	------------------------------------	---

4 Date 12/14	5 Payee name Walgreens
------------------------	----------------------------------

6 Amount (\$) 19.37	7 Payee address; City; State; Zip Code 8530 FM 78 Converse, TX 78109
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Christmas
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/31	Payee name WE Pay
---------------	----------------------

Amount (\$) 36.66	Payee address; City; State; Zip Code
----------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing/Promo	Description (If travel outside of Texas, complete Schedule T) Online Fees
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/20	Payee name Post office
---------------	---------------------------

Amount (\$) 18.80	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) Mail out / Stamps
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19	Payee name WAL Mart
---------------	------------------------

Amount (\$) \$21.65	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) Volunteer Grant
------------------------	--	--

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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)
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4 Date <i>12/03</i>	5 Payee name <i>WAL MART</i>
-------------------------------	--

6 Amount (\$) <i>11.89</i>	7 Payee address; City; State; Zip Code
--------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <i>event supplies</i>
---------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>12/03</i>	Payee name <i>SALSA'S</i>
----------------------	------------------------------

Amount (\$) <i>25.00</i>	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) <i>Event supplies</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
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Walgreens

#01194 8530 FM 78
CONVERSE, TX 78109
210-662-7764

207 9178 0021 12/14/2016 9:50 PM

(C) LINDOR MILK MINI 2 CT .8Z
00954201581 A 3.96 SALE
4 @ 0.99
REGULAR PRICE 1.19 or 2/2.00
REWARDS SAVINGS 0.04
RETURN VALUE 0.99 ea

(C) GHIR M/PEPP BRK SQR MN BG.830Z
74759931801 A 2.97 SALE
3 @ 0.99
REGULAR PRICE 1.29 or 2/2.00
REWARDS SAVINGS 0.03
RETURN VALUE 0.99 ea

FERRERO ROCHER 1234S 1.30Z
00980012301 A 1.98 SALE
2 @ 0.99
REGULAR PRICE 2.29
REWARDS SAVINGS 2.60
RETURN VALUE 0.99 ea

(C) H/MARK BOXED CARDS AST
76379507991 A 7.99
RETURN VALUE 7.99

(C) IFH MINI BOWS
04902291635 A 0.99
RETURN VALUE 0.99

SUBTOTAL 17.89
SALES TAX A=8.25% 1.48

TOTAL 19.37
CASH 20.00
CHANGE 0.63

BALANCE REWARDS SAVINGS 2.67

THANK YOU FOR SHOPPING AT WALGREENS

GET MORE WITH BALANCE REWARDS,
REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

RFN# 0119-4219-1785-1612-1403



* We pay

NT	FEEs	NET
.00	\$1.75	\$48.25
.00	\$3.20	\$96.80
.00	\$0.74	\$14.26
.00	\$6.10	\$193.90
.00	\$1.75	\$48.25
.00	\$3.20	\$96.80
.00	\$0.59	\$9.41
.00	\$0.45	\$4.55
.00	\$0.88	\$19.12
.00	\$0.88	\$19.12
.00	\$0.62	\$10.38
.00	\$1.75	\$48.25
.00	\$1.75	\$48.25
.00	\$3.20	\$96.80
.00	\$0.59	\$9.41
.00	\$1.03	\$23.97
.00	\$1.03	\$23.97
.00	\$3.20	\$96.80
.00	\$3.20	\$96.80
.00	\$0.42	\$3.58
.00	\$0.59	\$9.41
.00	\$0.45	\$4.55
.00	\$0.59	\$9.41
0	\$0.45	\$4.55
0	\$38.41	\$1,036.59

15/0
36.66
988.34

Check of receipt for your chance
at \$1000

7KOLS9YZJQB

SAN ANTONIO
10410 PERRIN BEITEL RD
SAN ANTONIO
TX

78284-9998
4879490233

12/20/2016 (800)275-8777 10:42 AM

Product Description	Sale Qty	Final Price
Holiday Windows (Unit Price:\$9.40)	2	\$18.80
Total		\$18.80

Credit Card Remitd
(Card Name:VISA)
(Account #:XXXXXXXXXX3420)
(Approval #:H06197)
(Transaction #:351)

BRIGHTEN SOMEONE'S MAILBOX. Greeting
cards available for purchase at select
Post Offices.

In a hurry? Self-service kiosks offer
quick and easy check-out. Any Retail
Associate can show you how.

Order stamps at usps.com/shop or call
1-800-Stamp24. Go to
usps.com/clicknship to print shipping
labels with postage. For other
information call 1-800-ASK-USPS.

Starbucks Coffee #17690
8350 FM 78
Converse, TX 210-661-6957

CHK 725771
12/12/2016 04:05 PM
1997155 Drawer: 1 Reg: 1

Iced Lemon Poundck 2.95
T1 Pasntgo Tea Lem 2.65
Cash 10.00

Subtotal \$5.60
Tax 8.25% \$0.46
Total \$6.06
Change Due \$3.94

----- Check Closed -----
12/12/2016 04:05 PM

Walmart 
Save money. Live better.

(210) 507 - 0650
MANAGER MARK GARZA
5626 WALZEM ROAD
SAN ANTONIO TX 78218

SN 02769	OPN 001096	TER 65	TRR 01905
HR EVNT	10 068113126231		10.00 X
HR EVNT	10 068113126231		10.00 X
		SUBTOTAL	20.00
TAX 1	6.250 3		1.65
		TOTAL	21.65
		DEBIT TEND	21.65
		DEBIT CASH BACK	40.00
		TOTAL DEBIT PURCHASE	61.65
		CHANGE DUE	40.00

EFT DEBIT	PAY FROM PRIMARY
21.65 PURCHASE	
40.00 CASH BACK	
61.65 TOTAL PURCHASE	
ACCOUNT #	**** * 9409 S
REF #	635400795093
NETWORK ID.	0076 APPR CODE 547312
TERMINAL #	SC011204

12/19/16 14:58:07

ITEMS SOLD 2

TCR 7934 1072 5182 0780 7316



12/19/16 14:58:09

Store receipts on your phone. Walmart P
ay.



Join our loyalty program
Starbucks Rewards®
Sign up for promotional emails
Visit Starbucks.com/rewards
Or download our app
At participating stores
Some restrictions apply

Customer Name:

Date	Table	Gr
	8	

2 OEggs
 1 side (a)
 1 cho p
 1 asa.n
 1 avaca
 2 be egg
 1 bn ch
 1 bc eg
 1 asada
 1 bcegg

210-310-1222
 0275 FM 78 # 6
 CONVERSE, TX 78109

Salsas

Mexican Food

Cafe

1 BB
 1 bcegg chsoni.

5 CF 1ST Tax
 5 W Total \$25.00

NCCO 1200/250 GUESTCHECK™ www.nationalchecking.com MADE IN THE USA

This number will be called when your order is ready.

Thank You!

88910

Starbucks Coffee #17690
 8350 FM 78
 Converse, TX 210-661-6957

CHK 725816
 12/03/2016 09:21 AM
 2228185 Drawer: 2 Reg: 1

Coffee Traveler 15.95
 Mastercard 17.27
 XXXXXXXXXXXXXXX9409

Subtotal \$15.95
 Tax 8.25% \$1.32
 Total \$17.27
 Change Due \$0.00

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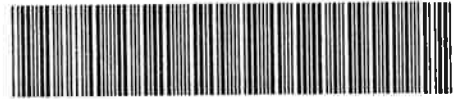
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 MANAGER KEVIN COMPTON
 8315 FM 78
 CONVERSE TX 78109

ST# 05144 OP# 009044 TE# 44 TR# 09210
 TROP 6PK OJ 004850000629 F 3.97 N
 CHOC CKIE 007874211119 F 4.94 N
 AQUAFINA 001200001420 F 2.98 N
 SUBTOTAL 11.89
 TOTAL 11.89
 DEBIT TEND 11.89
 CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
 11.89 TOTAL PURCHASE
 ACCOUNT # **** * 9409 S
 REF # 633800473711
 NETWORK ID. 0076 APPR CODE 150832
 TERMINAL # SC010288

12/03/16 09:34:08
 # ITEMS SOLD 3
 TC# 9660 6242 7003 7090 166



12/03/16 09:34:10
 Store receipts on your phone. Walmart Pay.



CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> <i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i>		
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) MR NICKNAME	FIRST Jose LAST MACIAS	MI A SUFFIX (SR., JR., III, etc.) Jr
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE (210)	PHONE NUMBER 386.0075	EXTENSION
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6855 Canary Meadow Converse, TX 78109		
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Board of Trustees, Judson ISD, Dist. 4		
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	Committee to Elect Jose Macias		
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) NICKNAME	FIRST Sean LAST Sutton	MI SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

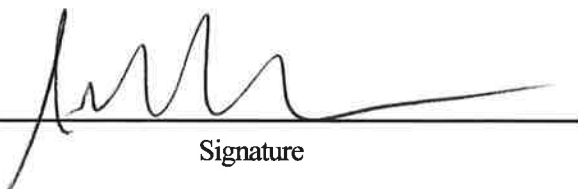
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.


THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date