

receive

CA PA GN FINANCE REPORT

COVER SHEET PG 1

1 Filer ID (Ethics Commission Form) 2 Total pages filed

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received	
	NICKNAME	LAST	SUFFIX		
	MR	Jose	A		
		MACIAS	Jr		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	6855 CANARY MEADOW				

5 CANDIDATE / OFFICEHOLDER NAME	AREA CODE	PHONE NUMBER	EXTENSION
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CAND DATE / OFF CEHOLDER
CA PA G F ANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO

[Redacted area containing multiple horizontal black bars covering text.]

COMMITTEE(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 Elect Jose MACIAS for Judson ISD

SPECIFIC

COMMITTEE ADDRESS

6855 Canary Meadow
Converse, TX 78109

COMMITTEE CAMPAIGN TREASURER NAME

Rosie Merced

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form

1 Total pages Schedule A1

2 FILER NAME

Leslie M. ...

3 Filer ID (Ethics Commission Filers)

[Redacted] out-of-state PAC (ID#)

Contributor address

3/6

Elizabeth H Cantu

\$ 500

Sole proprietor

3/8

Principal occupation / Job title (See Instructions)

\$ 100

City State Zip Code

Retired

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

3/11

Full name of contributor

out-of-state PAC (ID#)

\$ 200

Office

out-of-state PAC (ID#)

3/15

Dr Carl Mont

Contributor address

State Zip Code

\$ 175

Universal City TX 78108

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Jose MACIAS

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

7 Amount of contribution (\$)

3/20

ANNA Prieto

6 Contributor address

City

State;

Zip Code

\$ 100

A

TX

8 Principal occupation / Job title (See Ins

Assis

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

3/24

DR. Alexander RAMIREZ

Contributor address;

City;

State;

Zip Code

\$ 100

10835 Belle Vere

TX 7824

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

26

MARY Doerr

Contributor address;

City;

State;

Zip Code

\$ 100

KY

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense

Total pages Schedule F1 3 Filer ID (Ethics Commission Filers)

5 Payee name
T & M

6 Amount (\$) 7 Payee address: City: State: Zip Code

2 FILER NAME S.A. TX 78214

4 Date 3/5/2021 (b) Description Printing

97

Check if Austin, TX, officeholder living expense

Consulting Expense Candidate / Officeholder name Office sought Office held

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)

Payee name

8 Amount (\$) Payee address City: State Zip Code

PURPOSE OF EXPENDITURE Printing

Description

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office sought Office held

Payee name

Amount (\$) Payee address State Zip Code

Description

Candidate / Officeholder name Office sought Office held

187



UNITED STATES

BEACON HILL

CONGRESS

[REDACTED]

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10410
SAN ANT

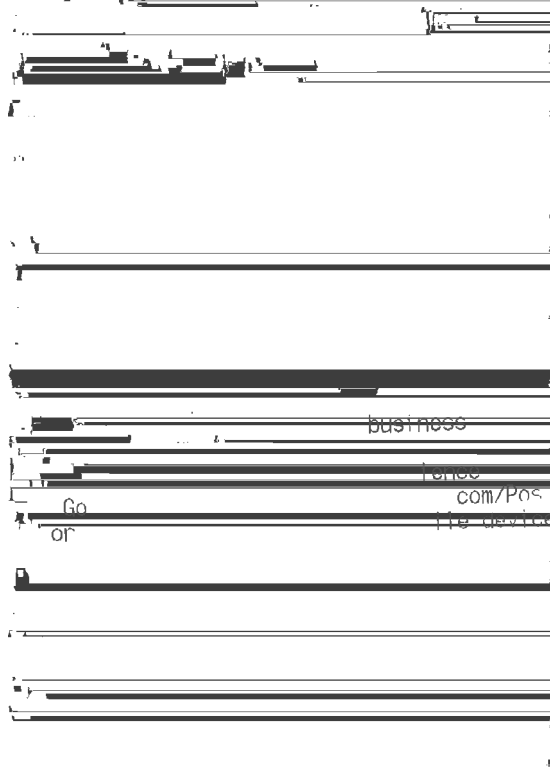
RD
-9765

03/12/2021

04:47 PM

Product	Qty	Unit Price	Price
US Flag Bklt/20	2	\$11.00	\$22.00
Grand Total			\$22.00
Cash			\$22.00

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