

1 ACCOUNT # 2 Total pages filed

NAME: JOSE MACIAS NICKNAME: JOSE LAST: MACIAS SUFFIX: Jr. Date Received: 1/17/12 MBP/MS

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS: 6855 CANARY MEADOW CONVERSE TX 78109

CAMPAIGNER: NAME: PHONE NUMBER: (fields mostly blank)

6. CAMPAIGN TREASURER NAME: HARTIS DATE: 11/11/11

7. CAMPAIGN ACQUER ADDRESS: CONVERSE TX 78109

8. CAMPAIGN TREASURER PHONE: AREA CODE: 214 PHONE NUMBER: 871-1026 EXTENSION:

9. REPORT TYPE: [X] January 15 [] 30th day before election [] Runoff [] 15th day after campaign treasurer appointment (officeholder only) [] July 15 [] 8th day before election [] Exceeded \$500 limit [] Final report (Attach COB copy)

10. PERIOD COVERED: 10/11/2011 THROUGH 1/17/2012

11. ELECTION: ELECTION DATE: 5/1/2013 ELECTION TYPE: [] Primary [] Runoff [X] General [] Special

CANDIDATE OR POLITICAL COMMITTEE SUPPORT & TOTALS

COVER SHEET PG 2

14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission Filer) _____

16 NOTICE FROM POLITICAL COMMITTEE: THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OCCUPY / FED. THESE EXPENDITURES MAY HAVE BEEN MADE THROUGH THE CANDIDATE'S OR OCCUPY / FED'S OWN NAME OR THROUGH ANOTHER PERSON'S NAME. PLEASE CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF CONTRIBUTION OR EXPENDITURE. IF YOU CHECK BOTH BOXES, THE CONTRIBUTION OR EXPENDITURE WILL BE CONSIDERED AS A POLITICAL CONTRIBUTION OR EXPENDITURE.

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME: *Committee to Re-Elect Jose Macias*

COMMITTEE ADDRESS: *6055 Canyon Meadows, Converse, TX 78109*

COMMITTEE CAMPAIGN TREASURER NAME: *DR. REGINALD HARRIS*

COMMITTEE CAMPAIGN TREASURER ADDRESS: *7819 Copper Hollow, Converse, TX 78109*

17 CONTRIBUTION TOTALS: TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: \$ *95*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: *695*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: *45*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: *45*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: *012*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: *012*

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR MORE OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED: _____

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

1/17/12
M. Macias

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jose A. Macias Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC/ID#

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Date Full name of contributor out-of-state PAC/ID#

Contributor address: City, State, Zip Code	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	<input type="checkbox"/> out-of-state PAC/ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code			

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC/ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code			

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)