JOSE A.
FRED
ARIA
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

1 Filer ID (Ethics Commission Files)
2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME
   MS / MRS / MR FIRST MI
   MR. JOSE A.
   NICKNAME LAST SUFFIX
   FRED ARIAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
   ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
   1015 CALLE ESCONDIDA
   BROWNVILLE TX 78526

5 CANDIDATE / OFFICEHOLDER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   (956) 455-9406

6 CAMPAIGN TREASURER NAME
   MS / MRS / MR FIRST MI
   MRS. NIKKI E.
   NICKNAME LAST SUFFIX
   ARIAS

7 CAMPAIGN TREASURER ADDRESS
   STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
   1015 CALLE ESCONDIDA
   BROWNVILLE, TX 78526

8 CAMPAIGN TREASURER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   (956) 403-5695

9 REPORT TYPE
   □ January 15 □ 90th day before election □ Runoff □ 15th day after campaign
treasurer appointment (Officeholder Only)
   □ July 15 □ 8th day before election □ Exceeded $500 limit □ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
   Month Day Year THROUGH Month Day Year
   03/14/2018 THROUGH 06/30/2018

11 ELECTION
   ELECTION DATE
   Month Day Year
   03/03/2020

   PRIMARY □ Runoff □ Other Description
   General □ Special

12 OFFICE
   OFFICE HELD (If any)

13 OFFICE SOUGHT (If known)
   Justice of the Peace
   Pat. 2 Pl. 1

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME

JOSE A. ARIAS

15 File ID (Ethics Commission File No.)

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 or 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
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</tbody>
</table>

17 CONTRIBUTION TOTALS

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

   $ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

   $ 0

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

   $ 24.61

4. TOTAL POLITICAL EXPENDITURES

   $ 187.44

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

   $ 720.56

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

   $ 200.00

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 JOSE A. ARIAS, this the 16th day of July, 2015, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

[Printed name]

Printed name of officer administering oath

[Title]

Title of officer administering oath

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015
<table>
<thead>
<tr>
<th>21</th>
<th>SCHEDULE SUBTOTALS</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>☐ SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
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</tr>
<tr>
<td>4.</td>
<td>☒ SCHEDULE E: LOANS</td>
<td>$800.00</td>
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</tr>
<tr>
<td>5.</td>
<td>☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$129.44</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### LOANS

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jose A. Arias</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 TOTAL OF UNITEMIZED LOANS</th>
<th>5 Date of loan</th>
<th>6 Is lender a financial institution?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>04-04-2018</td>
<td>Y (N)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Name of lender</th>
<th>8 Lender address; City; State; Zip Code</th>
<th>9 Loan Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jose A. Arias</td>
<td>1015 Calle Escondida Brownsville, TX 78529</td>
<td>200,00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 Interest rate</th>
<th>11 Maturity date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 Principal occupation / Job title (See Instructions)</th>
<th>13 Employer (See Instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14 Description of Collateral</th>
<th>15 Check if personal funds were deposited into political account (See Instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16 GUARANTOR INFORMATION</th>
<th>17 Name of guarantor</th>
<th>18 Guarantor address; City; State; Zip Code</th>
<th>19 Amount Guaranteed ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20 Principal Occupation (See Instructions)</th>
<th>21 Employer (See Instructions)</th>
</tr>
</thead>
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</tbody>
</table>

### SCHEDULE E

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.
### 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)

The Instruction Guide explains how to complete this form.

#### 1. Total pages Schedule F1:
1

#### 2. FILER NAME:
José A. Arias

#### 3. Filer ID (Ethics Commission Filers):

#### 4. Date:
04-12-2018

#### 5. Payee name:
Printa Image

#### 6. Amount ($):
$102.83

#### 7. Payee address; City; State; Zip Code:
2194 Central Blvd Ste H
Brownsville, TX 78520

#### 8. PURPOSE OF EXPENDITURE:

- (a) Category (See Categories listed at the top of this schedule):
  - PRINTING EXPENSE

- (b) Description:
  - Check if travel outside of Texas. Complete Schedule T.
  - Check if Austin, TX, officeholder living expense

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>06-15-2018</td>
<td>Wells Fargo Bank, N.A.</td>
<td>$10.00</td>
<td>1175 FM 802, Brownsville TX 78521</td>
<td>ACCOUNTING/BANKING</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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**

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