JOSE A. ARIAS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MR JOSE NICKNAME LAST	MI A SUFFIX	OFFICE USE ONLY Date Received	
OANDIDATE /	FRED ARIAS ADDRESS / PO BOX: APT / SUITE #:	DITY: STATE: ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1015 CALLE ESCONE	51017	JAN 1 5 2019	
Change of Address	BROWNSVILLE, TX	78526	BY:RE¶EIVED	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 455-9406	EXTENSION	Date Hand-delivered or Date Postmaked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS. Nikki	E MI	Receipt # Amount \$	
NAME	NICKNAME LAST AREIAS	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	1015 CALLE ESCONA	DIAN		
(Residence or Business)	BROWNSVILLE, TX	18526		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 203-5695	S EXTENSION		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 07/01/2018	THROUGH 12/	Day Year 31 / 2018	
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description		
	03/03 2020 General	Special		
12 OFFICE	OFFICE HELD (If any)	Justice Tustice Pat. 2	PI. 1	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	JOSE	A. ARIAS	ler ID (Ethics Commission Filers)		
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 / 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
_		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 13				
	4. TOTAL	POLITICAL EXPENDITURES	\$ /30,36		
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 130.36 4. TOTAL POLITICAL EXPENDITURES \$ 130.36 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12.5 40 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 300.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $$200.00$				
18 AFFIDAVIT			. Ale al the annual management in		
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. State of Texas My Comm. Exp. 05/19/2020					
	Notary ID: 13066868-	Van." (a lie			
AFFIX NOTARY STAM	P/SEALABOVE	1834 A FIRIA			
Sworn to and subsc	ribed before me, l	by the said Jess A AL AS	, this the <i> </i>		
day of January, 20 19, to certify which, witness my hand and seal of office.					
Lulu	M_	Waribel Aim. N	ofary Public		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (E	thics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 200.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 130.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ns \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_____ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_____ Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_____ City; State; Zip Code Contributor address; 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 07-17-2018	5 Payee name WELLS FARGO BANK	
6 Amount (\$)	7 Payee address; City; State; Zip Code 1175 FM 802, BRUWNS V	ILLE, TX 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description 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/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
08-15-2018	WELLS FARGO BANK Payee address; City; State; Zip Code	, N.A.
Amount (\$)	Payee address; City; State; Zip Code	,
10.00	1175 FM 802 BROWNS	VILLE, TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-18-2018	WELLE FARGO BAN.	K, N.A.
Amount (\$)	Payee address; City; State; Zip Code	
10.00	1175 FM 802, BROWNSI	11LLE, TX 78521
PURPOSE OF EXPENDITURE	Accounting Banking	Description 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	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

LOANS				SCHEDULE E
The	1 Total pages Schedule E:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS			\$
5 Date of loan 04-64-2015	9 Loan Amount (\$) 200.00			
6 Is lender a financial Institution?	8 Lender address; 1015 CALLE A BROWNSVI	ESCON		10 Interest rate 11 Maturity date
12 Principal occupati	on / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Coll	lateral		15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		City; S	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state f	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;		State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colla	ateral		Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
net enviloable	Guarantor address;	City; S	tate; Zip Code	
not applicable Principal Occupation	on (See Instructions)		Employer (See Instructions)	
If le			IES OF THIS SCHEDULE AS NE truction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Feas Food/Beverage Glit/Awards/Me Legal Services	∋ Expense emoriais Expense	Office Over Polling Exp Printing Ex		Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a categi	ment & Related Expense
Credit Card Payment		The Instruc	ction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME J	05E A	ARI	AS	3 Filer ID (Ethica	Gommission Filers)
4 Date 10-16-2018	5 Payee na	me ELLS	FARGO	BAN	K. N.A.		
6 Amount (\$)	7 Payee ad	dress;	City; State; 2	Zip Code			
10.00	1175	FM80	a, Bro	WNS V	ILLE TX	78521	
8			listed at the top of this		(b) Description		
PURPOSE					Check if travel ou	tside of Texas, Complete S	chedule T.
OF EXPENDITURE		ľ	· ·		Check If Austin	, TX, officeholder living	expanse
	HOCOUR	17 MG /1	BANKING				
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeho	lder name		Office sought		Office held
Date	Payee na	me					
11-16-2018	We	LLS F	ARGO E	PANK	N.A.		
Amount (\$)	Payee ad	dress;	City; State; Z	ip Code		7711. 711	
10.00			2, BRO		<i>y</i>	1 7852	
	Category	(See Categories	listed at the top of this s	schedule)	Description	11 100. 00 1.00	
Purpose Of						side of Texas, Complete So	1
EXPENDITURE	Accou	NTING	Banki	ng.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officehol	der name		Office sought		Office held
Date	Payee na	me					
12-17-2018	We	LLS 1	FARGO	BA	yk, N.A	,	
Amount (\$)	Payee ad	dress;	City; State; Z	ip Code			
10,00	1175	FM80	2. Brou	UNSVI	ILLE, TX	1852	/
	Category	(See Categories	listed at the top of this s	chedule)	Description	da et Terre O e e e e	
PURPOSE OF EXPENDITURE	Accou,	4TING /	BANK IN	16	F-7	side of Texas. Complete Sc TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeho	lder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JUSE A	ARIAS	3 Filer ID (Ethics Commission Filers)
4 Date 09-25-20/8	5 Payee name PRINTA IMAG	G E	
6 Amount (\$)		ip Code	
70.36	2494 CENTRAL I. BROWNSVILLE, T	3120 STE H V 18520	
8	(a) Category (See Categories listed at the top of this se		
PURPOSE		<u></u>	outside of Texas, Complete Schedule T.
OF EXPENDITURE	PRINTING EXPENSI	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	ip Code	
	Category (See Categories listed at the top of this so		
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH]		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	ip Code	
		·	
	Category (See Categories listed at the top of this se	ohedule) Description	,
PURPOSE		! =	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		3	
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDIN E AS NE	EDED