

**Omar**

**Lucio**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; font-weight: bold;">10</span>						
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<small>MRS / MRS / MR FIRST MI</small> <span style="font-size: 1.5em; font-family: cursive;">Omar Lucio</span> <small>NICKNAME LAST SUFFIX</small>	<div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <p style="text-align: center; font-size: 0.8em;">Date Received</p> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">10:38 am JAN 12 2017</p> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">RECEIVED</p> <p style="text-align: center; font-size: 0.8em;">BY: <span style="font-family: cursive;">[Signature]</span></p> <p style="text-align: center; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.7em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> <span style="font-size: 1.2em; font-family: cursive;">29349 Resaca Dr.</span> <input type="checkbox"/> Change of Address <span style="font-size: 1.2em; font-family: cursive;">SAN BENITO, TEXAS 78586</span>								
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<small>AREA CODE PHONE NUMBER EXTENSION</small> <span style="font-size: 1.2em; font-family: cursive;">(956) 245-9380</span>								
<b>6 CAMPAIGN TREASURER NAME</b>	<small>MRS / MRS / MR FIRST MI</small> <span style="font-size: 1.5em; font-family: cursive;">Javier Reyna</span> <small>NICKNAME LAST SUFFIX</small>								
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> <span style="font-size: 1.2em; font-family: cursive;">633 Rey Salomon</span> <span style="font-size: 1.2em; font-family: cursive;">Brownsville, TEXAS 78521</span>								
<b>8 CAMPAIGN TREASURER PHONE</b>	<small>AREA CODE PHONE NUMBER EXTENSION</small> <span style="font-size: 1.2em; font-family: cursive;">(956) 203-7529</span>								
<b>9 REPORT TYPE</b>	<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)								
<b>10 PERIOD COVERED</b>	<small>Month Day Year</small> <span style="font-size: 1.2em; font-family: cursive;">10 / 28 / 16</span> THROUGH <span style="font-size: 1.2em; font-family: cursive;">1 / 11 / 17</span>								
<b>11 ELECTION</b>	<small>ELECTION DATE</small> <small>Month Day Year</small> <span style="font-size: 1.2em; font-family: cursive;">11 / 8 / 16</span>	<small>ELECTION TYPE</small> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
<b>12 OFFICE</b>	<small>OFFICE HELD (if any)</small>  <span style="font-size: 1.5em; font-family: cursive;">SHERIFF</span>	<b>13 OFFICE SOUGHT (if known)</b>  <span style="font-size: 1.5em; font-family: cursive;">SHERIFF</span>							

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)

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$

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

\$

6,065.00

EXPENDITURE  
TOTALS

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

\$

760.08

4. TOTAL POLITICAL EXPENDITURES

\$

3239.60

CONTRIBUTION  
BALANCE

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

\$

30,172.44

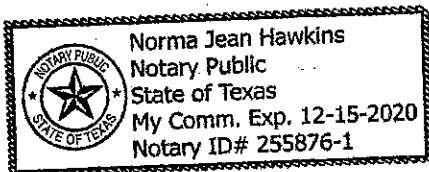
OUTSTANDING  
LOAN TOTALS

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

\$

- 0 -

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.

*Omar Lucio*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

*Omar Lucio*

this the

11<sup>th</sup>

day of *January*, 20 *17*, to certify which, witness my hand and seal of office.

*Norma Jean Hawkins* - NORMA JEAN HAWKINS

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>OMAR LUCIO</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>10-29-16</i>	<b>5</b> Payee name <i>LOS CAMPEROS RESTAURANT</i>		
<b>6</b> Amount (\$) <i>250. <sup>52</sup>/<sub>100</sub></i>	<b>7</b> Payee address; City; State; Zip Code <i>2500 N. EXPWAY BROWNSVILLE, TEXAS 78520</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b> <i>POLITICAL FUNCTION</i>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
Date <i>11-5-14</i>	Payee name <i>FERMIN HEAL</i>		
Amount (\$) <i>500. <sup>00</sup>/<sub>100</sub></i>	Payee address; City; State; Zip Code <i>505 Legion Trail LOS FRESNOS, TEXAS 78564</i>		
<b>PURPOSE OF EXPENDITURE</b> <i>POLITICAL FUNCTION-</i>	Category (See Categories listed at the top of this schedule)		
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
Date <i>11/8/16</i>	Payee name <i>SANDRA AGUAYO</i>		
Amount (\$) <i>120 <sup>00</sup>/<sub>100</sub></i>	Payee address; City; State; Zip Code <i>BROWNSVILLE, TEXAS 78520</i>		
<b>PURPOSE OF EXPENDITURE</b> <i>DONATION -</i>	Category (See Categories listed at the top of this schedule)		
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>OMAR LUCIO</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>11-2-14</i>	<b>5</b> Payee name <i>Valley Morning Star</i>		
<b>6</b> Amount (\$) <i>125<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>1310 S. Commerce 77850 HARLINGEN, TEXAS</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b> <i>Advertisement</i>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate/ Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>	<b>Office held</b> <i>SHERIFF</i>
<b>Date</b> <i>10-25-14</i>	<b>Payee name</b> <i>BROWNSVILLE HERALD</i>		
<b>Amount (\$)</b> <i>1400.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1135 E. VAN BUREN BROWNSVILLE, TEXAS 78520</i>		
<b>PURPOSE OF EXPENDITURE</b> <i>Advertisement</i>	<b>Category</b> (See Categories listed at the top of this schedule)		
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate/ Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>	<b>Office held</b> <i>SHERIFF</i>
<b>Date</b> <i>10-28-14</i>	<b>Payee name</b> <i>GUS REYNA</i>		
<b>Amount (\$)</b> <i>184<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78521</i>		
<b>PURPOSE OF EXPENDITURE</b> <i>Reimburse Political Function</i>	<b>Category</b> (See Categories listed at the top of this schedule)		
	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate/ Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>	<b>Office held</b> <i>SHERIFF</i>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>OMAR LUCIO</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-9-16</i>	<b>5</b> Payee name <i>BROWNSVILLE HERALD</i>	
<b>6</b> Amount (\$) <i>600.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1135 W. VAN BUREN BROWNSVILLE, TEXAS 78520</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>  <i>Advertisement</i>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> <i>11/4/16</i>	<b>Payee name</b> <i>OSCAR SIERRA</i>	<b>Office sought</b> <i>SHERIFF</i>
<b>Amount (\$)</b> <i>500.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1010 MEXICO BLVD BROWNSVILLE, TEXAS 78520</i>	<b>Office held</b> <i>SHERIFF</i>
<b>PURPOSE OF EXPENDITURE</b>  <i>POLITICAL FUNCTION</i>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> <i>11/3/16</i>	<b>Payee name</b> <i>AVIS RENTAL</i>	<b>Office sought</b> <i>SHERIFF</i>
<b>Amount (\$)</b> <i>112.00</i>	<b>Payee address; City; State; Zip Code</b> <i>3002 INTERNATIONAL AIRPORT 3002 HERITAGE HARLINGEN, TEXAS 78520</i>	<b>Office held</b> <i>SHERIFF</i>
<b>PURPOSE OF EXPENDITURE</b>  <i>CAR RENTAL-FOR VOTERS</i>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> <i>11/3/16</i>	<b>Payee name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>
<b>Amount (\$)</b> <i>112.00</i>	<b>Payee address; City; State; Zip Code</b> <i>OMAR LUCIO</i>	<b>Office held</b> <i>SHERIFF</i>
<b>PURPOSE OF EXPENDITURE</b>  <i>CAR RENTAL-FOR VOTERS</i>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>OMAR LUCIO</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-16-16</i>	<b>5</b> Payee name <i>MARIO MARTINEZ</i>	
<b>6</b> Amount (\$) <i>200<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>213 KRIBE DRIVE LOS FRESNOS, TEXAS 78564</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>REMOVING SIGNS (POLITICAL)</i>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	<b>Candidate/Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>
		<b>Office held</b> <i>SHERIFF</i>
<b>Date</b> <i>11/23/14</i>	<b>Payee name</b> <i>GUS REYNA</i>	
<b>Amount (\$)</b> <i>338<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>REIMBURSE POLITICAL FUNCTION</i>	
Complete ONLY if direct expenditure to benefit C/OH	<b>Candidate/Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>
		<b>Office held</b> <i>SHERIFF</i>
<b>Date</b> <i>11-15-14</i>	<b>Payee name</b> <i>COMMUNITY IN SCHOOL</i>	
<b>Amount (\$)</b> <i>150<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>700 E. LUCE ST. BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>150<sup>00</sup> DONATION Needy Children</i>	
Complete ONLY if direct expenditure to benefit C/OH	<b>Candidate/Officeholder name</b> <i>OMAR LUCIO</i>	<b>Office sought</b> <i>SHERIFF</i>
		<b>Office held</b> <i>SHERIFF</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <b>5</b>	2 FILER NAME <b>OMAR LUCIO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11-3-16</b>	5 Payee name <b>GUS REYNA</b>
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6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b> <b>Reimburse</b>	(a) Category (See Categories listed at the top of this schedule) <b>POLITICAL FUNCTION</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>OMAR LUCIO</b>	Office sought <b>SHERIFF</b>	Office held <b>SHERIFF</b>
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Date <b>12/13/16</b>	Payee name <b>CAMERON COUNTY</b>
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Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>1100 E. MONROE ST. BROWNSVILLE, TEXAS 78520</b>
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<b>PURPOSE OF EXPENDITURE</b> <b>DONATION - FOOD COUNTY EMPLOYEES</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	--	---

Complete ONLY 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
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 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

*OMAR LUCIO*

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)

*YVETTE MARIE CAND*

6 Contributor address; City; State; Zip Code

*2202 S. 23 RD. ST.*

*500<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

*11/8/14*

*HARLINGEN, TEXAS 78550*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

*ELI TELLA*

Contributor address; City; State; Zip Code

*54 MAYORCA AVE*

*100<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

*12/14*

*BROWNSVILLE, TEXAS 78566*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  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  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)

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>OMAR Lucio</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OSCAR SIERRA</i>	8 Amount of Contribution \$	9 In-kind contribution description
<i>1-1-17</i>	7 Contributor address; City; State; Zip Code <i>1010 MEXICO BLVD BROWNSVILLE, TEXAS 78520</i>	<i>165.00</i>	<i>DECORATION</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sheriff</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
11 Employer (FOR NON-JUDICIAL) (See Instructions)		12 Contributor's principal occupation (FOR JUDICIAL)	
13 Contributor's job title (FOR JUDICIAL) (See Instructions)		14 Contributor's employer/law firm (FOR JUDICIAL)	
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARAMARK SERVICE</i>	Amount of Contribution \$	In-kind contribution description
<i>1-1-17</i>	Contributor address; City; State; Zip Code <i>2525 MCKINON ST STE 60 DALLAS, TEXAS 75201</i>	<i>1,100</i>	<i>FOOD- BEVERAGE</i>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sheriff</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Employer (FOR NON-JUDICIAL) (See Instructions)		Contributor's principal occupation (FOR JUDICIAL)	
Contributor's job title (FOR JUDICIAL) (See Instructions)		Contributor's employer/law firm (FOR JUDICIAL)	
Law firm of contributor's spouse (if any) (FOR JUDICIAL)		If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.	
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

*OMAR Lucio*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$.

5 Date

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*MIKE Bellville*

7 Contributor address; City; State; Zip Code

*11-8-16 1010 MEXICO BLVD  
BROWNSVILLE, TEXAS 78520*

8 Amount of Contribution \$

*\$1,700*

9 In-kind contribution description

*RENTAL  
HALL*

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

*SHERIFF*

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

*MIKE Bellville*

Contributor address; City; State; Zip Code

*1-1-17 1010 MEXICO BLVD  
BROWNSVILLE, TEXAS 78520*

Amount of Contribution \$

*2,500*

In-kind contribution description

*RENTAL  
HALL*

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

*SHERIFF*

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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