

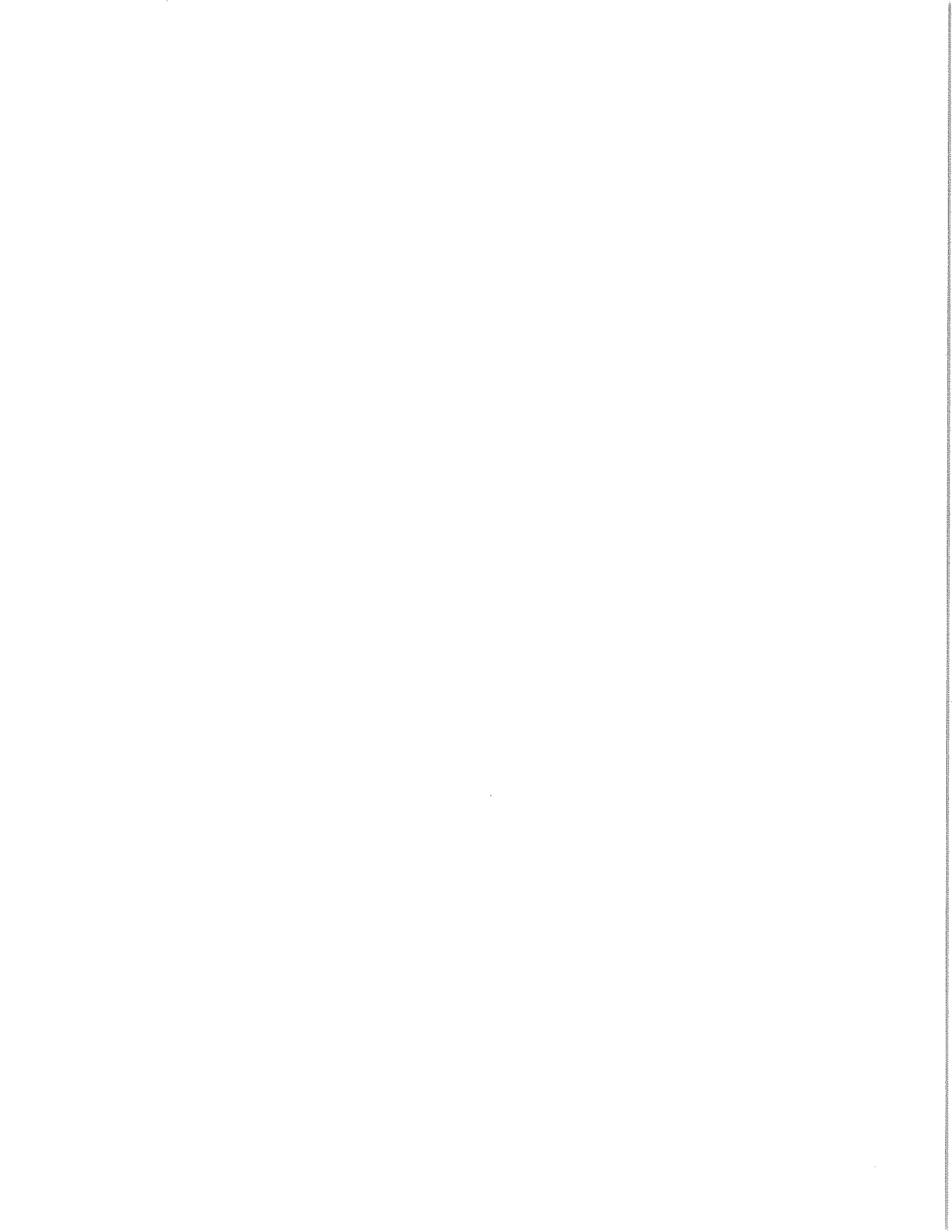
**OMAR**  
**LUCIO**

# 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: <b>4</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <i>..... O m a r l u e i o .....                  NICKNAME      LAST      SUFFIX             </i>	<b>OFFICE USE ONLY</b>  Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <i>10:45am JUN 28 2019</i>  By: <i>Audrey</i> Date Hand-delivered or Date Postmarked  <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date Imaged</td> <td style="border: none;"></td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>29349 Resaca Drive                  SAN BENITO, TEXAS 78586</i>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(954) 245-9380</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>..... G u s t a v o R e g n a .....                  NICKNAME      LAST      SUFFIX             </i>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>1875 DON QUIXOTE                  BROWNSVILLE, TEXAS 78521</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(952) 459-3226</i>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;"><i>1 / 8 / 19</i></td> <td></td> <td style="text-align: center;"><i>6 / 29 / 19</i></td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	<i>1 / 8 / 19</i>		<i>6 / 29 / 19</i>		
Month    Day    Year	THROUGH	Month    Day    Year									
<i>1 / 8 / 19</i>		<i>6 / 29 / 19</i>									
11 ELECTION	ELECTION DATE Month    Day    Year <i>3 / 3 / 20</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)  <i>Sheriff</i>	13 OFFICE SOUGHT (if known)  <i>Sheriff</i>									

GO TO PAGE 2



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
1	Omar Lucio	
<b>4</b> Date	<b>5</b> Payee name	
2/28/19	Tip-O-TEX MLK	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
\$350 <sup>00</sup>	105 EL PASO RD BROWNSVILLE TEXAS 78520	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
	Adv.	
Date	Payee name	
4/4/19	VALLEY MORNING	
Amount (\$)	Payee address; City; State; Zip Code	
920 <sup>00</sup>	HARLINGEN, TEXAS 1310 So. Commerce	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
	Adv.	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)

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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
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<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business 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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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