

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME <i>DMAR</i> LAST SUFFIX <i>Lucio</i>	OFFICE USE ONLY	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>29349 RESACA DR</i> <input type="checkbox"/> Change of Address <i>SAN BENITO, TEXAS 78586</i>	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <i>9:35am</i> FEB 24 2020 RECEIVED By: <i>[Signature]</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 245-9380</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME <i>JAVIER</i> LAST SUFFIX <i>REYNA</i>	Receipt #	Amount \$
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>433 Rey SALOMON</i> <i>BROWNSVILLE, TEXAS 78521</i>	Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 203-7529</i>	Date Imaged	
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>2 / 03 / 20</i> THROUGH <i>2 / 22 / 20</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 03 / 20</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" 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

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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

307.50

4. TOTAL POLITICAL EXPENDITURES

\$

3,752.81

CONTRIBUTION
BALANCE

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

\$

33,690.38

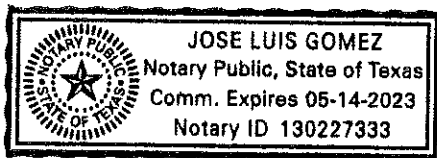
OUTSTANDING
LOAN TOTALS

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 Luis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Omar Luis, this the 22 day of February, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jose Luis Gomez
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.

1 Total pages Schedule F1:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/20</i>	5 Payee name <i>GUS REYNA</i>	
6 Amount (\$) <i>196.72</i>	7 Payee address; City; State; Zip Code <i>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78527</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>REIMBURSE GUS REYNA FOOD CAMPAIGN WORKERS</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	
Date <i>2/7/20</i>	Payee name <i>BLACK BEARD RESTAURANT</i>	
Amount (\$) <i>134.40</i>	Payee address; City; State; Zip Code <i>103 E. SATURN SOUTH PADRE ISLAND, TEXAS 78597</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POLITICAL MEETING LUNCH</i>	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: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	
Date <i>2/8/20</i>	Payee name <i>GUS REYNA - PEPE'S RESTAURANT</i>	
Amount (\$) <i>317.32</i>	Payee address; City; State; Zip Code <i>Reimburse - GUS REYNA PEPE - 2410 HUDSON BLVD. BROWNSVILLE, TEXAS 78522</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD FOR WORKERS</i>	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: <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			

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1 Total pages Schedule F1:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/12/20</i>	5 Payee name <i>QUALITY PRINT & DESIGN</i>
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6 Amount (\$) <i>438.41</i>	7 Payee address; City; State; Zip Code <i>2165 US MILITARY HWY 281 BROWNSVILLE, TEXAS 78520 US</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. signs</i>	(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 <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
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Date <i>2/12/20</i>	Payee name <i>VALLEY MORNING STAR</i>
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Amount (\$) <i>1640.00</i>	Payee address; City; State; Zip Code <i>1310 S. COMMERCE HARLINGEN, TEXAS 78550</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
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Date <i>2/12/20</i>	Payee name <i>SAN BENITO, TEXAS NEWS</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2480 W. HWY 77E SAN BENITO, TEXAS 78586</i>
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PURPOSE OF EXPENDITURE	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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4 Date <i>3/12/20</i>	5 Payee name <i>QUALITY PRINT & DESIGN</i>	
6 Amount (\$) <i>438.41</i>	7 Payee address; City; State; Zip Code <i>2165 US MILITARY HWY 281 BROWNSVILLE, TEXAS 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADV.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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