CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Omar Lucie)	Date Received CAMERON COUNTY	
TAPATULE.	NICKNAME LAST	SUFFIX	DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
			JAN 1 2 2015	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE		
OFFICEHOLDER MAILING	29349 RESACH +	0 11/10	3:41 pm	
ADDRESS	29377 Nesach 4		Date Hand-delivered on Rostmarked	
change of address	SIN BONITO TE	VAS TRESC	Receipt # Amount	
5 CANDIDATE/	SZN BONITO, TE	EXTENSION		
OFFICEHOLDER PHONE	(95%) 245-9380		Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER	JAVI er Rey	<i>y</i> .		
NAME	NICKNAME LAST	SUFFIX		
	MODIAMINE	SOFFIX		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER		OITI, SIAIL,	Zir GODE	
ADDRESS	633 Rey Solomon			
(residence or business)				
	BROWNSVILLE, TEYA	5 78521		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	(954) 561-8834			
PHONE	0-1 061-3001			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	gotti day potero diodion		treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
	Unit day belore election	limit	T marreport (Attach Croft - Tity)	
10 PERIOD	Month Day Year		·· Year·	
COVERED	7/02/14 THROUGH	2/201	15-	
<i>A</i>	, , - ,			
		<u> </u>	en filmer Operation of the Community of	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Electron Type	Antonio Martine Control of the Angel	en 1980 and the second second second	
	Primary	Runoff	General Special	
	3/04/14			
	The state of the s		· · · · · · · · · · · · · · · · · · ·	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	SteriFt	SheriF	· James	
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GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (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			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIA			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 14, 300				
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$3269				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 26.945.20				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
Norma Jean Hawkins Notary Public State of Texas My Comm. Exp. 12-15-16 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 of Ca	ndidate or Officeholder		
AFFIX NOTARY STAM	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subs	scribed before	me, by the said <u>UMAS LUCLO</u>	, this the		
day of, 20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SCHEDULE A

Th	e Instruction Guide explains how to complete this form.	1 Total pages Scho	edule A:
		3 ACCOUNT # (Ethics Commission Filers)	
FILER NAMI	YMAR LUCIO		
Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/10, 1/14	6 Contributor address; City; State; Zip Code 195 PAIO AITO DRIVE BRANDIEWILLS TEXAS 28520	500 (If travel outside	of Texas, complete Schedule T)
Principal occ	BROWN VILLE, TEXAS 78520 cupatiòn / Job title (See Instructions) 10 Employer (See	Instructions)	
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// <i>//</i> /	700 E. Levee STREET	1/00	;
/14	BROWNSVIlle, TEXAS 78521	(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) Employer (See	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/18/14	Abel GoNZAleZ Contributor address; City; State; Zip Code P.D. Box 5134 Rownsville, TEXAS 78523 ccupation / Job title (See Instructions) Employer (See	500 (If travel outside	l -
Principal of	Companion / Con the (
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/18/14	Contributor address; City; State; Zip Code P.O. Boy 3293	5-DD	le of Texas, complete Schedule T)
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Date	Full name of contributor	Amount of contribution (\$	In-kind contribution description (if applicable)
7/23/	TUAN H. ANDRAGE JR. Contributor address; City; State; Zip Code		1
14	1040 FITTE STREET	400	de of Texas, complete Schedule T)
Principal o	BROWNS ville TEXAS 78520 occupation / Job title (See Instructions) Employer (S	(If travel outsi See Instructions)	ge or rexas, complete ouriedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	1 Total pages Schedule A:
The Instruction Guide explains how to complete this form.	
FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
OMAR LUCIO	7 Amount of 8 In-kind contribution
Date 5 Full name of contributor out-of-state PAC (ID#:	contribution (\$) description (if applicable)
11 ROUSTON RAYZOR VICKERY WILL	CAMS
RDYSTON RAYZOR VICKERY WILL 6 Contributor address; City; State; Zip Code	, j
14 55 cove circle	00
	500
BROWNSVIlle, TEXAS 78521	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
Date Full name of contributor Guiror-state Processing	contribution (\$) description (if applicable)
TUAN MARTINEZ	
Contributor address; City; State; Zip Code	<u> </u>
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354 R. JACKSON 31	250
14 BROWNSVIlle, TEXAS 78520-	(If travel outside of Texas, complete Schedule T)
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Contributor address: City: State; Zip Code	
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Principal occupation / Job title (See Instructions)	
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1 1 1 Lancia Caca 2N Place SA	mpson
Webanger Gogg 2N Black 5A. Contributor address; City; State; Zip Code	
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Texas Ethics Commission

SCHEDULE A

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Principal occup	pation / Job title (See Instructions)	Employer (See II		

Austin, Texas 78711-2070

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
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	OMAR LUCIO			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
Ŋ	100 100 - 100 - 100		contribution (\$)	description (if applicable)
8/a	6 Contributor address; City; State; Zip Code	.		
/28/	6 Contributor address; City; State; Zip Code		. 4	•
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///	BRUWNSVILLE, TEX	1570-72	•	of Texas, complete Schedule T)
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9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
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9/.	Contributor address; City; State; Zip Code		i	·
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101			400	
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10/	STEPHANIE RENdon Contributor address; City; State; Zip Code	··		'
/10/	Contributor address; City; State; Zip Code			
Insi	1/090 MOON lite PAR	~	20	
/47			400	[- i
	SZN ANTONIO, TEXA			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
in	10010 11 1011-		contribution (\$)	description (if applicable)
10/3/	CARIO NERNANDE	<u> </u>		;]
11/ ,	Contributor address; City; State; Zip Code	er gipterminister =	00	<u> </u>
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Principal accur		Employer (See I	·	of Texas, complete Schedule T)
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	- January - Janu	***************************************		
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Principal accur	pation / Job title (See Instructions)	Employer (See I	,	of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	
			3 ACCOUNT # (Et	hics Commission Filers)
2 FILER NAME	mar Luero	ļ		
			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
9 Principal occu	6 Contributor address; City; State; Zip Code 350/9 Pelic AN RIO HONGO TEXAS pation / Job title (See Instructions)			of Texas, complete Schedule T)
5 Fillicipal occu				
Date ()	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
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	SPRING, TEXAS 77	Employer (See		or texas, complete deriodate ty
Principal occu	pation / Job title (See Instructions)	Elithiosei (Gee	mos dollone,	
	D C III	3	Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
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	MCAller, Tex AS 786	504		of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
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	Contributor address; City; State; Zip Code		•	<u> </u>
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Date	Full name of contributor out-of-state PAC (ID#_		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,		1
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-		Employer (Se		e of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (Se	e manucuona)	

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense

POLITICAL EXPENDITURES

Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense 1 Office Overhead/		ER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	5 Payee name		
4 Date			
10/10/14 6 Amount (\$)	7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code	•	
	3343 Buyundy Dr	cai	
100 00	· · · · · · · · · · · · · · · · · · ·		
8 PURPOSE	BROWNS VIIIE, TEXAS 78 (a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	rel outside of Texas, complete Schedule T)
OF	()	' ' ' '	
EXPENDITURE	FIRST PRIZE		
9 Complete ONLY if direct	Gandidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	SMAR LUCIO	SheriF	F ShewFF
Date	Payee name		
10/10/14	Homer 5000	1	
Amount (\$)	Payee address; City; State; Zip Code	. /	:
	114 Western B1	Veder	·
110000		Manager of the same	
400	BROWNS VILLE TEXAS Category (See categories listed at the top of this schedule)	78520	al autido of Tayan complete Spinghille TV
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (ir trav	el outside of Texas, complete Schedule T)
EXPENDITURE	and Place PRIZE		·
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	H BMAR LUCIO	SheriFF	SheriPF
Date	Payee name		
4	l -		-
10/10/ 14 Amount (\$)	TSSAC O IVAREZ Payee address; City; State; Zip Code		,
7 a 110 G 110 (47)	400 W. 8Th STREET	.=== al:	
3 P	· ·		
20000	BROWNS VIILE, TEXAS 7	18520	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
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Doto	V/16/78	S P C Parket	Charles and the second
Date	Payee name	A STEEL	,
////////// Amount (\$)	BROWNSVIILE GOLF Payee address; City; State; Zip Code	Com Con PV / En Plane	
Amount (\$)	BROWNSVILLE GOIF CE	NTER	
1.944.00	BROWNSVIlle, TEXAS 7	18526	
PURPOSE	Category (See categories listed at the top of this schedule)		el outside of Texas, complete Schedule T)
OF			
EXPENDITURE	FUNDRAISER- GOIF TOURNAM		060 - 1 - 1 - 1 - 1
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expenditure to benefit C/6	OMETE RUCIE	SherIFF	ShepiFF
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P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	→	\$
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;		10 Interest rate
YN			11 Maturity date
12 Principal occupati	I ion / Job title (See Instructions)	13 Employer (See Instructions)	- Alexandra
14 Description of Col	lateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender [] out-of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial institution?	Lender address; City; State;	,	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See instructions)	Employer (See Instructions)	1
Description of Colla	ateral	Check if personal funds were o	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED uction guide for additional repo	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

1 Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME		3 · ACCOUNT # (Ethics Commission Filers)
2	OMAR WILLIO		
4 Date	5 Payee name	.)	
8/20/14	BROWNSVILLE, Nex	ndd_	
6 Amount (\$)	BROWNSVILLE, WER 7 Payee address; City; State; Zip Code 1/35 E. VAN 18 UREN	/	
20	1135 E. UAN BUREN	STREET	
125, 00	BROWNSUILLE, TEXAS	78586	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	Adv.		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
			-
Amount (\$)	Payee address; City; State; Zip Code		
			• • • •
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
			•
Amount (\$)	Payee address; City; State; Zip Code		,
•			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	wel outside of Texas, complete Schedule T)
OF EXPENDITURE	·		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
		•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED