

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: right; font-size: 24px; font-weight: bold;">10</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">OMAR LUCIO</div> NICKNAME                      LAST                      SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received CAMERON COUNTY                      DEPARTMENT OF ELECTIONS &amp;                      VOTER REGISTRATION   <div style="text-align: center; font-size: 24px; font-weight: bold;">JAN 12 2015</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">3:41 pm</div>                     Date Hand-Delivered or Postmarked                      By: <i>[Signature]</i>                      RECEIVED                      Receipt #                      Amount                       Date Processed                       Date Imaged                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">29349 RESACA DRIVE</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">SAN BENITO, TEXAS 78586</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (951)                      245-9380		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">JAVIER REYNA</div> NICKNAME                      LAST                      SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">633 Rey Solomon</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">BROWNSVILLE, TEXAS 78521</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (956)                      561-8834		
<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>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">7 / 02 / 14                      1 / 10 / 15</div>		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">3 / 04 / 14</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">SHERIFF</div>	<b>13 OFFICE SOUGHT (if known)</b>  <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">SHERIFF</div>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

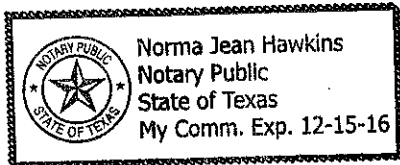
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 14,300
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3269
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,945.20
<b>OUTSTANDING LOAN TOTALS</b>	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 9th day of Jan, 20 15, to certify which, witness my hand and seal of office.

*Norma Jean Hawkins*

Norma Jean Hawkins

Title of officer administering oath

# 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 <i>OMAR LUCIO</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G.R. WADHWANI</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>195 PAID AITO DRIVE BROWNSVILLE, TEXAS 78520</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIO R. VILLARREAL</i>	Amount of contribution (\$) <i>400<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>200 E. Levee STREET BROWNSVILLE, TEXAS 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abel GONZALEZ</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 5136 BROWNSVILLE, TEXAS 78523</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heroy GONZALEZ</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 3293 BROWNSVILLE, TEXAS 78523</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN H. ANDRADE JR.</i>	Amount of contribution (\$) <i>400<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1040 E. 7TH STREET BROWNSVILLE, TEXAS 78520</i>		(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.

# 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 <i>Omar Lucio</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROYSTON RAYZOR VICKERY WILLIAMS</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>55 COVE CIRCLE BROWNSVILLE, TEXAS 78521</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN MARTINEZ</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>554 E. JACKSON STREET BROWNSVILLE, TEXAS 78520-6009</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>L.A. ESPINOSA</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 605 HARLINGEN, TEXAS 78551-0805</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WINEBARGER GOGGAN BLAIR SAMPSON</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 17428 AUSTIN, TEXAS</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES A. FREEBERG</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 THORNHILL BROWNSVILLE, TEXAS 78521</i>		(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**  
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# 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

*8/15/14*

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

*Alfredo De la Fuente*

6 Contributor address; City; State; Zip Code

*1663 ZAMORA DRIVE  
BROWNSVILLE, TEXAS 78526*

7 Amount of contribution (\$)

*\$ 400<sup>00</sup>*  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*8/15/14*

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

*Luis Morales*

Contributor address; City; State; Zip Code

*2009 Oriole Ave  
McAllen, Texas 78504*

Amount of contribution (\$)

*400<sup>00</sup>*  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/19/14*

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

*Elizabeth P. Ewing*

Contributor address; City; State; Zip Code

*1512 Tulip Ave  
McAllen, Texas 78504*

Amount of contribution (\$)

*1200<sup>00</sup>*  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/22/14*

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

*Felix De la Fuente*

Contributor address; City; State; Zip Code

*1106 E. Arroyo Blvd.  
Los Fresnos, Texas 78566*

Amount of contribution (\$)

*600<sup>00</sup>*  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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 <i>Omar Lucio</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ZAYAS, E. ZAMORA</i> 6 Contributor address; City; State; Zip Code <i>3100 E. 14TH. ST. BROWNSVILLE, TEXAS 78521-3316</i>	7 Amount of contribution (\$) <i>800<sup>00</sup></i> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CHUCK HOSKINS</i> Contributor address; City; State; Zip Code <i>925 PINE BUFF BROWNSVILLE, TEXAS 78526</i>	Amount of contribution (\$) <i>400<sup>00</sup></i> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAIME ESCOBEDO</i> Contributor address; City; State; Zip Code <i>55 GOLONSKY STREET BROWNSVILLE, TEXAS 78521</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JESUS R. CANALE</i> Contributor address; City; State; Zip Code <i>845 E. HARRISON STREET BROWNSVILLE, TEXAS 78520-7139</i>	Amount of contribution (\$) <i>250<sup>00</sup></i> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DEAN GARZA</i> Contributor address; City; State; Zip Code <i>785 RESACA SHORES SAN BENITO, TEXAS 78586</i>	Amount of contribution (\$) <i>400<sup>00</sup></i> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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.

# 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

8/28/14

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

Nydia Solazak

6 Contributor address; City; State; Zip Code

96 RAINTREE RD.  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

400<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/1/14

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

Ruben Gallegos

Contributor address; City; State; Zip Code

594 JOSE MARTI Blvd.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

400<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/24

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

Stephanie Rendon

Contributor address; City; State; Zip Code

11090 MOONITE PARK  
SAN ANTONIO, TEXAS 78249

Amount of contribution (\$)

400<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/24

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

Carlo Hernandez

Contributor address; City; State; Zip Code

2965 EAST 13<sup>th</sup> STREET  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

400<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/14

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

C.G.H.

Contributor address; City; State; Zip Code

2965 EAST 13<sup>th</sup> STREET  
BROWNSVILLE, TEXAS 78249

Amount of contribution (\$)

400<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

# 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 <i>Omar Lueio</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/24/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID L. MENDEZ</i>	7 Amount of contribution (\$) <i>400<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>35019 PELICAN DR RIO HONDO, TEXAS 78583</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILDA DIAZ PEARCE</i>	Amount of contribution (\$) <i>400<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6810 LEE ROAD SPRING, TEXAS 77379</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Philip Pawelok</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2805 HAWK AVE MCALLEN, TEXAS 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>2</i>		<b>2</b> FILER NAME <i>OMAR LUCIO</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>10/10/14</i>		<b>5</b> Payee name <i>Rico Holloway</i>			
<b>6</b> Amount (\$) <i>600.<sup>00</sup>/<sub>100</sub></i>		<b>7</b> Payee address; City; State; Zip Code <i>3343 Burgundy Drive Brownsville, TEXAS 78520</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>FIRST PRIZE</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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>10/10/14</i>		Payee name <i>Homer Soto</i>			
Amount (\$) <i>400.<sup>00</sup>/<sub>100</sub></i>		Payee address; City; State; Zip Code <i>114 Western Blvd Brownsville, TEXAS 78520</i>			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>2nd Place Prize</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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>10/10/14</i>		Payee name <i>ISSAC OLIVAREZ</i>			
Amount (\$) <i>200.<sup>00</sup>/<sub>100</sub></i>		Payee address; City; State; Zip Code <i>400 W. 8th Street Brownsville, TEXAS 78520</i>			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>3rd Prize</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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>10/11/14</i>		Payee name <i>Brownsville Golf Center</i>			
Amount (\$) <i>1,944.<sup>00</sup>/<sub>100</sub></i>		Payee address; City; State; Zip Code <i>Brownsville Golf Center Brownsville, TEXAS 78520</i>			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FUNDRAISER GOLF TOURNAMENT</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y    N	8 Lender address;   City;   State;   Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;   City;   State;   Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;   City;   State;   Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>2</i>	<b>2</b> FILER NAME <i>Omar Wucio</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>8/20/14</i>	<b>5</b> Payee name <i>Brownsville Herald</i>
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<b>6</b> Amount (\$) <i>125.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1135 E. VAN BUREN STREET BROWNSVILLE, TEXAS 78586</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Adv.</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> 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
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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