CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
GANDIDATE / OFFICEHOLDER NAME	-MS-/ MRS /	MI	Date Received	CAMERON COUNTY
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 29349 Pesaca	STATE; ZIP CODE	10.700	JAN 1 4 2016
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 245-9380	EXTENSION	Date Hand-delivere	RECEIVED or Date Postmarked
CAMPAIGN TREASURER NAME	MS+MRS/MR FIRST NICKNAME LAST	MI (Asuffix	Receipt # Date Processed Date Imaged	Amount \$
CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 633 Rey SAlomo BROWNSVIJE TEX AREA CODE PHONE NUMBER	ON.	ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 561-883		T. JA POT	SACH PUPIN
REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	treasurer (Officehol	after campaign appointment der Only) oort (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 7/9/15	9.	Day Ye	
ELECTION	ELECTION DATE Month Day Year Primary [General [Runoff Other Description Special	mm, Eq. 12-15	
	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	wn)	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	SMAR	- Lucio 15 File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOF	THE CANDIDATE'S OR OFFICEHOLDER'S		
WHERON DOUNTS	COMMITTEE TYPE	COMMITTEE NAME			
A SWOTGELE OF THEMS A	GENERAL		· · · · ·		
. Lun \$ 1 40	SPECIFIC	COMMITTEE ADDRESS			
PEDEIVED					
	76	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages			2.1		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1 4 1 2 2 2 2		
		÷	, ,		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	.\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,800.00		
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 1,516,76			
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 61,568,19		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0-		
18 AFFIDAVIT					
Nota State	na Jean Hawkins ry Public e of Texas Comm. Exp. 12-15-	I swear, or affirm, under penalty of perjuntrue and correct and includes all informat under Title 15, Election Code. Signature of Candidate	ion required to be reported by me		
		Signature of Carinidati	e di Ollicerioldei		
AFFIX NOTARY STAMI	P/SEALABOVE	<i>(</i>)	1114		
Sworn to and subscr	ibed before me, I	by the said WMar LUCU	, this the		
day of Annu	auj 20 16.	to certify which, witness my hand and seal of office.			
Morma G	tean la	whins - NORMA Jean HAWKI	NS		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SCHEDULE A

					July A.
	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sche	
		/5h		3 ACCOUNT # (Et	hics Commission Filers)
2	FILER NAME	MAR LUCIO			
				7 Amount of	8 In-kind contribution
4	Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
!	7/17/	6 Contributor address; City; State; Zip Code 4680 LARKS PUR D) R.	1,000.	of Texas, complete Schedule T)
	1/3	BROWNSVIlle, TEXAS	18500		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
	_				
	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution description (if applicable)
	580			contribution (\$)	describing (ii abbiicanie)
	71	GREG LAMANTIA			
	1/2/	Contributor address: City: State; ZIP Code	/		լ
/	123/	3900 N. mccoll Rd	. •	1,000	-
	115	MCALLEN, TEXAS 785			of Texas, complete Schedule T)
		111CA/IEN EXITS (See Instructions)	Employer (See		
	Principal occu	pation / Job title (See Instructions)			
=		The state of the s	1	Amount of	In-kind contribution
'	Date	Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
	7/5	Contributor address; City; State; Zip Code	e. 1		
	12.4	700 K. Levee		1100	4
	/ - 1	100 N. WELL		450	
	115	BROWNSVILLE, TEXA	578520	(If travel outside	of Texas, complete Schedule T)
\vdash	Principal acc	upation / Job title (See Instructions)	Employer (See	Instructions)	
	i-intolpai dece	, pano			
F	Date	Full name of contributor		Amount of contribution (\$	In-kind contribution description (if applicable)
1	M	1 7 AUAS - JAMOR	A		1
	1/01	Contributor address; City; State; Zip Code			1
1/	127/	3100 8, 14Th ST.		1	
'	10			450.	
	113	BROWNS VILLE TEXA	5 78521-33	(If travel outside	le of Texas, complete Schedule T)
\vdash	Principal occ	upation / Job title (See Instructions)	Employer (Se	e instructions)	
=		Full name of contributor out-of-state PAC (ID#) Amount of	In-kind contribution
	Date			contribution (description (if applicable)
	8/2	BGS NARIAV & AS Contributor address; City; State; Zip Code			1
	124	1225 N. EXPRESS WAY		10	
1/	10/	11223 N. ENI		250	
'	/15.	BROWNS VI'lle TEXAS 7.	8520		ide of Texas, complete Schedule T)
\vdash	Principal occ	cupation / Job title (See Instructions)	Employer (Se	ee Instructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
	·		3 ACCOUNT # (Et	hics Commission Filers)
2 FILER NAME	ر ا			
	OMAR Lucio			
			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
8/41	6 Contributor address; City; State; Zip Code 4909 E. B. RIMES		450.00	
/ //	14909 B.B.C.		450.	
' //5	1 / / X	70670	/If travel outside	of Texas, complete Schedule T)
	HAR IN GEN, TEXAS	18330		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
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	Full name of contributor	1	Amount of	In-kind contribution
Date	1 difficulties of sections 2		contribution (\$)	description (if applicable)
011	1 Coulz Alex			!
8/1	A, GONZALES Contributor address; City; State; Zip Code		•	
/11/	Contributor address; City; State; Zip Code			1
11/15	p.O. BOX 5136			
110	1 /		450	
	BROWNS VILLE, TEXAS	- 78523	(If travel outside	of Texas, complete Schedule T)
		Employer (See	Instructions)	
Principal occu	pation / Job title (See Instructions)	Employer (CC)	•	
				L. Lind and hution
, Date	Full name of contributor out-of-state PAC(ID#_		Amount of	In-kind contribution description (if applicable)
8/.11	RICIL CANALES Contributor address; City; State; Zip Code		contribution (\$)	uescriptori (ii apprisasio)
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/ '			1 -	I e of Texas, complete Schedule T)
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			Amount of	In-kind contribution
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6.1	LEROY GONZALE	- Z		1
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1/12/	Contributor address; City; State; Zip Code	•		· 2 1
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1.1.3	1 /	000		
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				In-kind contribution
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		o i	COMMIDATION	
3/41	Sose MAMBAR Contributor address; City; State; Zip Cod	e		00
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1 //5	300 N.S. HiWAY 2		1	
	BROWNS VILLE TEXAS	78610-44	(If travel nuts	ide of Texas, complete Schedule T)
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SCHEDULE A

			1 Total pages Sched	lule A:
The	Instruction Guide explains how to complete this f	orm.		:
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2 FILER NAME				
	OMAR LUCIO			8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			CONTIDUTION (4)	description (in approximate)
81	Luis Regulvel		1	
1061	6 Contributor address; City; State; Zip Code		i	
12/-	Luis Esquivel 6 Contributor address; City; State; Zip Code P. U. Box 822		ot	
115	p.0. 130x 000		1,500	
	HARINGEN, TEXAS 78 pation / Job title (See Instructions)	550	(If travel outside o	f Texas, complete Schedule T)
O Dimpinglessur	ection / Joh title (See Instructions)	10 Employer (See	instructions)	
9 Principal occup	Janott 7 Job title (Cac mondations)	• • •		
			Amount of	In-kind contribution
Date	Full name of contributor ut-of-state PAC (ID#		contribution (\$)	description (if applicable)
611	Jim TIPTON			l
8/				
128/	Contributor address; City; State; Zip Code		04	2
1/15	701 SANTA ANA	AVE	1,000	
//-	RANCHO VICTOTE	- 5701-10	1,000	of Toyas, complete Schedule T)
	RANCHO VICTOTE	XAS 18575	(If travel outside o	or lexas, complete scriedule 1/
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
, Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution description (if applicable)
, Date			contribution (\$)	description (if applicable)
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128/	Contributor address; City; State; Zip Code		012	1
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,,,,,,	1201 B. 10		1,000	1
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8/11	City Chata: Zin Code			1
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B. in almost a seri	THE I TO See Instructions)	Employer (Se		
Principal occi	upation / Job title (See Instructions)			
) Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#_		contribution (\$	'
-11	Roman ESARRIA		-	1
8/	Romeo ESPARZA Contributor address; City; State; Zip Code			1
1/31/	Contributor address; City, State, Zip Code		2	6
1/1/2	p.D. BOX 6290		450	l
1	BROWNSVILLE, TEXAS	20522	(If travel outsi	l de of Texas, complete Schedule T)
	15 ROWNSVILLE, IEXAS	Francisco 18	ee Instructions)	uv v. 19/10/21
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SCHEDULE A

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

			1 Total pages Sched	fule A:
The	Instruction Guide explains how to complete this fo	orm.		
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4 Date	5 Full name of contributor out-of-state PAC(ID#		/ / littourite or	8 In-kind contribution description (if applicable)
4 Date			contribution (\$)	description (it applicable)
Gi	michael ORTIZ		i	
1/	City: State: 7in Code		l.	1
/11,	6 Contributor address, City, State, 219 Code		20	
115	Michael Ortiz 6 Contributor address; City; State; Zip Code 258 Resaca Beach		4100	
11-	0. = - 7, 77		(If travel outside o	f Texas, complete Schedule T)
	OlmiTO, TEXAS 7857	5		
9 Principal occu	pation / Job title (See Instructions)	0 Employer (See	instructions)	1
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Q.1	RONNIE GARCIA		!	
1/	Contributor address; City; State; Zip Code			
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	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
, Date	Full name of contributor		contribution (\$)	description (if applicable)
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9/.1	Contributor address: City: State: Zip Code		4	1
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9/11	Contributor address; City; State; Zip Code			1
119/	John Elizabet	b	00	2
115	556 W. Elizabeti		400	1
,	BROWNSVIlle, TEXA	LF 78570	(If travel outside	e of Texas, complete Schedule T)
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Dete	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution description (if applicable)
Date			contribution (\$	description (ii applicable)
91	Joe GURBY Contributor address; City; State; Zip Code 2200 PANBURY			Ì
1/0	Contributor address: City: State; Zip Code		0.5	· 1
110/ -	- 200 DAUBURY		400	1
/15	2200 AM		700	1
/ -		78217	(If travel outsi	de of Texas, complete Schedule T)
	SAN ANTONIO, TEXAS	Employer /S	ee Instructions)	
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SCHEDULE A

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2 FILER NAIVI	~	1		
	OMAR LUCIO			
4 5 45	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of	8 In-kind contribution
4 Date			contribution (\$)	description (if applicable)
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/ /	855 West PRICE ROA	a	1,000.00	
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O Bringinal occ	supation / Job title (See Instructions) 10 Em	ployer (See I	nstructions)	
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				In-kind contribution
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9/	Full name of contributor understate PAC(ID#			
1/2/	Contributor address; City; State; Zip Code	•	ļ	
/3/	Continuator address, Stay, State, Sp.			
1/15	35 PROVIDENCIA CT.		00	<u> </u>
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19/	MIKE GARZA Contributor address; City; State; Zip Code 1001 FAIR PARK		.1	1
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1/10/	Continuator address, Sign Dack		1 0	0
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1	HARLINGEN, TEXAS 78550-	2300		de of Texas, complete Schedule T)
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SCHEDULE A

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
2 (LL: () () ()	OMAR Lucio			
			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
9/	ROYSION-RAYZOR-VICKO 6 Contributor address; City; State; Zip Code	ery Willian	ns 00	
11/15	55 cove circle		500	of Texas, complete Schedule T)
/ '	BROWNS VILLE, TEXAS	18321		of lexas, complete conedule 1)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
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Date			contribution (\$)	description (if applicable)
9/.	J. M. CORONAdo Contributor address; City; State; Zip Code			
11/2	1118 N. 24Th		20	<u> </u>
//5			25,000	
	HARlingen, TEXAS	78550	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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/23/	Contributor address; City; State; Zip Code	αI	05	0 1
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	was Angles, Ca. 900 cupation / Job title (See Instructions)	024	(If travel outs	ide of Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Sche	
FILER NAME	Omar Lucio		3 ACCOUNT # (Et	nics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	6 Contributor address; City; State; Zip Code 785 Kesaca Shore San Benito TEXAS 78 pation / Job title (See Instructions)	0 Employer (See I		of Texas, complete Schedule T)
	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
Date [0 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
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Principal occ	JB ROWNS VILLE TEXAS TO upation / Job title (See Instructions)	Employer (See		or rexas, complete doneddio 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/	ENCARNACION GON 2 Contributor address; City; State; Zip Code	Ale.Z		\
/1/ /15	BROWNSVILLE TEXAS ?	Í	2 Port outside	of Texas, complete Schedule T)
Principal occ	upation / 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)
11/1/5	Contributor address; City; State; Zip Code	 Z	1000.	
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Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	Z	Amount of contribution (\$	In-kind contribution description (if applicable)
	BROWNSVIILE, TEXAS 7	8521	(If travel outs	de of Texas, complete Schedule T)
Principal of	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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(TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 8 In-kind contribution 7 Amount of description (if applicable) 4 Date contribution (\$) MARIO VIII ARREAL. 6 Contributor address; City; State; Zip Code 700 E, Levee (If travel outside of Texas, complete Schedule T) 320 WNSVILLE, TEXAS 78520 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#: Full name of contributor description (if applicable) Date contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#. description (if applicable) Date contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#, description (if applicable) Full name of contributor contribution (\$) Date Contributor address; City; State; Zip Code

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SCHEDULE F

A almost at .	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	ontract Labor	Loan Repayment/Reimburse	ment
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipment &	
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Mad	ie Bv
Fees	Polling Expense	Travel Out Of Dis	trict	Candidate/Officeholder/Po	olitical Committee
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SCHEDULE F

EXPENDITURE				
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SCHEDULE F

A	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wage		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fu		
Consulting Expense	Food/Beverage Expense Travel In Distr		Transportation Equipment & Related Expense
Event Expense	D-111 E		Contributions/Donations Made By
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SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Office Overhead	ID-at-I F
	The Instruction Guide explains how t	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4-5	OMAR LUCIO 5 Payee name	3 Account # (Editics Commission Filers)
4 Date	5 Payee name	
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OF		(b) Description (If travel outside of Texas, complete Schedule T)
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PURPOSE	SAN RONITO, TENAS Category (See categories listed at the top of this schedule)	8584
OF		Description (If travel outside of Texas, complete Schedule T)
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PURPOSE	San Benito, TEXAS	78584
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SCHEDULE F

Advertising Expense	EXPENDITURE						
Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/C		Loan Repayment/F			
Consulting Expense	Food/Beverage Expense	Solicitation/Fundr Travel In District			ipment & Related Expense		
Event Expense	Polling Expense	Travel Out Of Dis	strict	Contributions/Dona Candidate/Offic	ations Made By eholder/Political Committee		
Fees	Printing Expense	Office Overhead/					
The Instruction Guide explains how to complete this form.							
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED