

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: <div style="font-size: 2em; text-align: center;">15</div>			
3 CANDIDATE / OFFICEHOLDER NAME	-MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Omar Lucio				CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 10:46 AM JAN 14 2016 RECEIVED By: <i>[Signature]</i> Date Hand-delivered or Date Postmarked		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	29349 RESACA DR SAN BENITO, TEXAS 78586					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	245-9380				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
JAVIER REYNA						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	633 Rey SALOMON BROWNSVILLE, TEXAS 78521					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(956)	561-8834				
9 REPORT TYPE	<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)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7 / 9 / 15			THROUGH	1 / 11 / 2016	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
3 / 1 / 16			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Omar Lucio 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

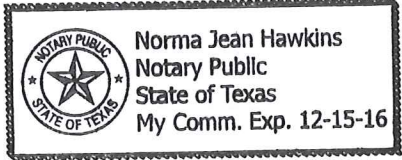
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	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)	\$ 47,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 4,516.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,827.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 61,568.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

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 14th day of January 20 16, to certify which, witness my hand and seal of office.

Norma Jean Hawkins - NORMA JEAN HAWKINS
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

2 FILER NAME **OMAR LUCIO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **7/17/15** 5 Full name of contributor out-of-state PAC (ID#: _____) **JAIME ESCOBEDO**
 6 Contributor address; City; State; Zip Code **4680 LARKSPUR DR. BROWNSVILLE, TEXAS 78526**
 7 Amount of contribution (\$) **1,000.00** 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date **7/23/15** Full name of contributor out-of-state PAC (ID#: _____) **GREG LAMANTIA**
 Contributor address; City; State; Zip Code **3900 N. MCCOIL RD. McALLEN, TEXAS 78501-9160**
 Amount of contribution (\$) **1,000.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **7/29/15** Full name of contributor out-of-state PAC (ID#: _____) **MARIO VILLARREAL**
 Contributor address; City; State; Zip Code **700 E. LEVEE BROWNSVILLE, TEXAS 78520**
 Amount of contribution (\$) **450.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **7/29/15** Full name of contributor out-of-state PAC (ID#: _____) **ZAYAS - ZAMORA**
 Contributor address; City; State; Zip Code **3100 E. 14TH ST. BROWNSVILLE, TEXAS 78521-3316**
 Amount of contribution (\$) **450.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **8/29/15** Full name of contributor out-of-state PAC (ID#: _____) **B.G.S. NARIANDAS**
 Contributor address; City; State; Zip Code **1225 N. EXPRESSWAY BROWNSVILLE, TEXAS 78520**
 Amount of contribution (\$) **250.00** In-kind contribution description (if applicable)
 (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 *Omar Lucio* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>8/4/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim HUNTER</i>	7 Amount of contribution (\$) <i>450.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4909 E. BRIMES ST. HARLINGEN, TEXAS 78550</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>8/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>A. GONZALEZ</i>	Amount of contribution (\$) <i>450.⁰⁰</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>8/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RIEK CANALES</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>815 E. HARRISON ST. BROWNSVILLE, TEXAS 78520</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Heroy GONZALEZ</i>	Amount of contribution (\$) <i>450.⁰⁰</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>8/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jose WAMBARRI</i>	Amount of contribution (\$) <i>3,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 U.S. HiWAY 281 BROWNSVILLE, TEXAS 78520-4403</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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>8/26/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Esquivel</i>	7 Amount of contribution (\$) <i>1,500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 822 Harlingen, Texas 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JIM TIPTON</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>701 SANTA ANA AVE RANCHO VIEJO, TEXAS 78575</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACOB ROMERO</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1221 E. 10TH ST. Weslaco, Texas 78594</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HUMBRETO ZAMORA</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1014 E. HARRISON ST. Harlingen, Texas 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/31/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Romeo ESPARZA</i>	Amount of contribution (\$) <i>450⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 6290 Brownsville, Texas 78523</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>9/11/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Ortiz</i>	7 Amount of contribution (\$) <i>400⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>258 Resaca Bend Olmato, Texas 78575</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronnie Garcia</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>STATE HIWAY 45 SAN BENITO, TEXAS 78582</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Enrique Peña</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>335 Ruben Torres Brownsville, Texas 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Salazar</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>556 W. Elizabeth Brownsville, Texas 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Gurby</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2200 Danbury San Antonio, Texas 78217</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>9/10/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROERIG-OLIVEIRA-FISHER</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>855 West Price Road Brownsville, Texas 78520-8766</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINEBARGER GOGGAN-BLAIR SAMPSON</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>35 PROVIDENCIA CT Brownsville, Texas 78526</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN MARTINEZ</i>	Amount of contribution (\$) <i>450.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>554 E. JACKSON Brownsville, Texas 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN H. ANDRADE JR.</i>	Amount of contribution (\$) <i>400.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1040 E. 7th St. Brownsville, Texas 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE GARZA</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1001 FAIR PARK Harlingen, Texas 78550-2300</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>9/10/15</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>500⁰⁰</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>9/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. M. CORONADO</i>	Amount of contribution (\$) <i>25,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1118 N. 26TH HARLINGEN, TEXAS 78530</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/15/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARTURO MARTINEZ</i>	Amount of contribution (\$) <i>450⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4 HUNTER QUEST RD BROWNSVILLE, TEXAS 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SPENCER GAILE</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1140 PAREDES LINE RD. BROWNSVILLE, TEXAS 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LYNN BROWSE</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>109 WILSHIRE BLVD LOS ANGELES, CA. 90024</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>9/23/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DEAN CARLA</i> 6 Contributor address; City; State; Zip Code <i>785 RESACA SHORES SAN BENITO, TEXAS 78582</i>	7 Amount of contribution (\$) <i>500</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>10/4/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lidia A. Perez</i> Contributor address; City; State; Zip Code <i>13 BROWNSVILLE, TEXAS 78520</i>	Amount of contribution (\$) <i>400</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>10/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ENCARNACION GONZALEZ</i> Contributor address; City; State; Zip Code <i>6840 N. EXPRESS WAY BROWNSVILLE, TEXAS 78521</i>	Amount of contribution (\$) <i>200</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>12/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. T. Edge</i> Contributor address; City; State; Zip Code <i>219 RESACA BOND RANCHO VIEJO, TEXAS 78575</i>	Amount of contribution (\$) <i>1000</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>12/11/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CARLO HERNANDEZ</i> Contributor address; City; State; Zip Code <i>2945 E. 13th ST. BROWNSVILLE, TEXAS 78521</i>	Amount of contribution (\$) <i>500</i> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>12/24/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIO VILLARREAL</i>	7 Amount of contribution (\$) <i>1,000</i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>700 E. Levee Brownsville, TEXAS 78520</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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.

1 Total pages Schedule F: 1-5		2 FILER NAME OMAR LUCIO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/10/15		5 Payee name DIGITAL			
6 Amount (\$) 500⁰⁰		7 Payee address; City; State; Zip Code 3225 INTERNATIONAL BLVD. BROWNSVILLE, TEXAS 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POLITICAL SIGNS		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
				Office held SHERIFF	
Date 9/12/15		Payee name NICOLAS CORDOVA			
Amount (\$) 500⁰⁰		Payee address; City; State; Zip Code 2823 ALAMEDA DR. BROWNSVILLE, TEXAS 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CATERING SERVICE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
				Office held SHERIFF	
Date 10/9/15		Payee name MARK VILLARREAL			
Amount (\$) 600⁰⁰		Payee address; City; State; Zip Code 700 E. BEVEE BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) GOLF TOUR PRIZE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
				Office held SHERIFF	
Date 10/9/15		Payee name JULIO LOZANO			
Amount (\$) 400⁰⁰		Payee address; City; State; Zip Code 118 WESTERN BLVD. BROWNSVILLE, TEXAS 78524			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) GOLF TOUR PRIZE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
				Office held SHERIFF	

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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
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
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: <i>2-5</i>		2 FILER NAME <i>OMAR LUCIO</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/15</i>		5 Payee name <i>FERMIN HEAL</i>			
6 Amount (\$) <i>140⁰⁰</i>		7 Payee address; City; State; Zip Code <i>505 LEGION TRAIL LOS FRESNOS, TEXAS 78566</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>CAMPAIGN WORKER</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Date <i>10/15/15</i>		Payee name <i>BROWNSVILLE GOLF CENTER</i>			
Amount (\$) <i>1062⁰⁰</i>		Payee address; City; State; Zip Code <i>1800 W. SAN MARCELO BLVD. BROWNSVILLE, TEXAS 78526</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>GREEN FEES GOLF TOURNAMENT</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Date <i>10/15/15</i>		Payee name <i>TRACTOR SUPPLY</i>			
Amount (\$) <i>132⁰⁰</i>		Payee address; City; State; Zip Code <i>4710 S. EXPRESSWAY 83 SAN BENITO, TEXAS 78564</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>T-Post- Political Equip</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Date <i>10/22/15</i>		Payee name <i>VALLEY MORNING STAR</i>			
Amount (\$) <i>125⁰⁰</i>		Payee address; City; State; Zip Code <i>1310 S. COMMERCE HARLINGEN, TEXAS 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>DONATE NEWSPAPER VELA MIDDLE SCHOOL</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 3-5		2 FILER NAME OMAR LUCIO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/9/15		5 Payee name JULIO LOZANO, JR.			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 114 WESTIN BLVD. BROWNSVILLE, TEXAS 78524			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) GOLF TOUR PRIZE		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought / Office held SHERIFF / SHERIFF	
Date 11/16/15		Payee name CAMERON COUNTY DEMOCRATIC PARTY PRIMARY			
Amount (\$) 1250.00		Payee address; City; State; Zip Code 622 E. ST. CHARLES ST. BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FILING FEE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought / Office held SHERIFF / SHERIFF	
Date 11/18/15		Payee name GUS REYNA			
Amount (\$) 148.00		Payee address; City; State; Zip Code 1875 DON QUIXOTE BROWNSVILLE, TEXAS 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRACTOR SUPPLY REIMBURSEMENT TO POST		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought / Office held SHERIFF / SHERIFF	
Date 11/20/15		Payee name CHUY'S CUSTOM SPORTS			
Amount (\$) 703.63		Payee address; City; State; Zip Code 160 E. STENGER SAN BENITO, TEXAS 78586			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLITICAL SIGNS		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought / Office held SHERIFF / SHERIFF	

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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.

1 Total pages Schedule F: 4-5	2 FILER NAME OMAR LUCIO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/26/15	5 Payee name TRACTOR SUPPLY
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6 Amount (\$) 259 ³⁷ / _{xx}	7 Payee address; City; State; Zip Code 4710 SOUTH EXPRESSWAY 82 SAN BENITO, TEXAS 78586
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) T-POST POLITICAL SIGNS	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
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Date 10/29/15	Payee name FERMIN LEAL
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Amount (\$) 300 ⁰⁰	Payee address; City; State; Zip Code 505 LEGION TRAIL LOS FRESNOS, TEXAS 78566
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN WORKER-SIGNS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
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Date 11/3/15	Payee name CHUY'S CUSTOM SPORTS
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Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 160 E. STENGER SAN BENITO, TEXAS 78586
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
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Date 11/5/15	Payee name CHUY'S CUSTOM SPORTS
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Amount (\$) 1428 ²⁵ / _{xx}	Payee address; City; State; Zip Code 160 E STENGER SAN BENITO, TEXAS 78586
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL SIGNS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
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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.

1 Total pages Schedule F: 5-5		2 FILER NAME Omar Lucio		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/15		5 Payee name DIGITAL PRINTING			
6 Amount (\$) 2,435.63		7 Payee address; City; State; Zip Code 3380 Ruben M. Torres Blvd, Ste. 102 Brownsville, TEXAS 78524			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Political Push Cards		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Sheriff Omar Lucio		Office sought Office held Sheriff Sheriff	
Date 12/9/15		Payee name TRACTOR Supply			
Amount (\$) 233.82		Payee address; City; State; Zip Code 4710 S. EXPRESSWAY 45.83 SAN BENITO, TEXAS 78566			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) T-POST		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Omar Lucio		Office sought Office held Sheriff Sheriff	
Date 12/11/15		Payee name GVS Regna			
Amount (\$) 152.08		Payee address; City; State; Zip Code 1875 DON QUIXOTE Brownsville, TEXAS 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) T-POST-Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Omar Lucio		Office sought Office held Sheriff Sheriff	
Date 12/15/15		Payee name DIGITAL PRINTING			
Amount (\$) 541.25		Payee address; City; State; Zip Code 3380 Ruben M. Torres Blvd Ste 102 Brownsville, TEXAS 78524			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Material		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Omar Lucio		Office sought Office held Sheriff Sheriff	

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