CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

ADDRESS / PO BOX; APT / SUITE #; CO AREA CODE PHONE NUMBER (954) 245-9380 MS / MRS / MR FIRST AND A CODE PHONE NUMBER (954) 245-9380 MS / MRS / MR FIRST NICKNAME LAST STREET ADDRESS (NO PO BOX PLEASE); APT / SU	STATE; ZIP CODE A P. AS 7858 EXTENSION	OFFICE L Date Received CA DEPARTI VOT	Pages USE ONLY MERON COUNTY MENT OF ELECTION ER REGISTRATION AN 29 2016 RECEIVED	
ADDRESS / PO BOX; APT / SUITE #; C 29349 Resacc SAN Benito Ten AREA CODE PHONE NUMBER (954) 245-9380 MS/MRS/MR FIRST NICKNAME LAST	SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX MI MI MI	Date Received CA DEPARTI VOT July Date Hand-delivered Receipt # Date Processed	MERON COUNTY VENT OF ELECTION ER REGISTRATION AN 2 9 2016 RECEIVED or Date Postmarked	1 3 7.00 4
29349 Resaco SAN BENITO, TEXA AREA CODE PHONE NUMBER (956) 245-9380 MSTMRS/MR FIRST NICKNAME LAST	4 DR. 45 78586 EXTENSION MI	Date Hand-delivered Receipt #	RECEIVED (or Date Postmarked	121:004
AREA CODE PHONE NUMBER (954) 245-9380 MS/MRS/MR FIRST NICKNAME LAST	EXTENSION MI	Date Hand-delivered Receipt # Date Processed	·	5
MS/MRS/MR FIRSTT.A.VIER. RENICKNAME	y N.A	Date Processed	Amount \$	
STREET ADDRESS (NO PO BOX PLEASE); APT / SU				
•	omon	ZIP CODE		
AREA CODE PHONE NUMBER (954) 561-8834	EXTENSION			
		treasurer ap (Officeholder	ppointment r Only)	
Month Day Year		129/16	in the state of th	
ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	E		
OFFICE HELD (If any)				
(BROWNSVIVE AREA CODE PHONE NUMBER (954) 561- 8834 January 15 Solth day before elected Month Day Year 1 / 13 / 16 ELECTION DATE Month Day Year 3 / 1 / 16 General DEFICE HELD (if any)	AREA CODE PHONE NUMBER EXTENSION (954) 561- S834 January 15 30th day before election Runoff Month Day Year Exceeded \$500 limit Month Day Year Month ELECTION DATE Month Day Year Runoff Other Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	BROWNS VILLE TEXAS 78521 AREA CODE PHONE NUMBER EXTENSION (956) 561-8834 January 15 South day before election Runoff treasurer as (Officeholde International Internati	BROWNS VI / E TEXAS 7852 (AREA CODE PHONE NUMBER EXTENSION 1954) 561- 8134 January 15 South day before election Runoff Istit day after campaign treasurer appointment (Officeholder Only) July 15 Stit day before election Exceeded \$500 limit Final Report (Attach C/OH - FFI) Month Day Year Month Day Year 1 / 13 / Bunoff Description ELECTION DATE ELECTION TYPE Month Day Year Runoff Description DEFFICE HELD (If any) 13 OFFICE SOUGHT (If known)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	14 C/OH NAME	÷.	15	Filer ID (Ethics Commission Filers)		
	16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
		COMMITTEE TYPE	COMMITTEE NAME	<u> </u>		
e was jiins	** .	GENERAL		5		
		SPECIFIC	COMMITTEE ADDRESS			
				12		
			COMMITTEE CAMPAIGN TREASURER NAME			
	Additional Pages					
			COMMITTEE CAMPAIGN TREASURER ADDRESS			
	17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	, \$		
			POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00		
	EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 342.37		
		4. TOTAL	POLITICAL EXPENDITURES	\$ 1899.43		
	CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DIPORTING PERIOD	\$ 62,168.76		
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$62,168.76 E \$_0-		
	18 AFFIDAVIT					
	Notan	a Jean Hawkins Public	I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	하게 가득하게		
		of Texas mm. Exp. 12-15-3	6 Eman L	ueis		
			Signature of Candi	date or Officeholder		
	AFFIX NOTARY STAM	P/SEALABOVE	$\mathcal{O}_{\mathcal{O}}$.	anth		
	Sworn to and subsci	3.7	by the said <u>UMAR LUCIO</u>	, this the		
-	day of Hamua	M. 20 16	, to certify which, witness my hand and seal of office.			
ä	Dorma Ja	Kawh	uns - Norma Jean Hawkins			
	Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				and the second s
The	Instruction Guide explains how to complete this form			
		3	ACCOUNT # (Ethic	s Commission Filers)
FILER NAME	KMAR Lucio			In-kind contribution
Date	5 Full name of contributor out-of-state PAC (ID# C D C	157677)	7 Amount of 8 contribution (\$)	description (if applicable)
15/	6 Contributor address; City: State; Zip Code 1101 market Street		2,500	
/16	Philapelphia, PA 1910			Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	,			Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Littoibe: oco				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
	. •		1	
			(If travel outside o	of Texas, complete Schedule T)
Oringinal occ		Employer (See	<u> </u>	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See	<u> </u>	
Principal occ		Employer (See I	<u> </u>	In-kind contribution
	cupation / Job title (See Instructions)	Employer (See I	Instructions) Amount of	In-kind contribution
	cupation / Job title (See Instructions) Full name of contributor		Amount of contribution (\$)	
Date	cupation / Job title (See Instructions) Full name of contributor	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)
Date Principal oc	Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$) (If travel outside Instructions)	In-kind contribution description (if applicable of Texas, complete Schedule T)
Date Principal oc	Cupation / Job title (See Instructions) Full name of contributor		Amount of contribution (\$) (If travel outside Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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	9			

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)	
Advertising Expense		Salaries/Wages/C		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services S	Solicitation/Fundra		Transportation Equipment & Related Expense
Event Expense	The state of the s	ravel In District		Contributions/Donations Made Rv
Fees		ravel Out Of Dis		Candidate/Officeholder/Political Committee
1000		Office Overhead/I		OTHER (enter a category not listed above)
4 Tabel and Date of	The Instruction Guide ex	xplains how to	complete this for	m.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers
_2-/	OMAR LUC,	10		
4 Date	5 Payee name			
1-28-14	Chur's austra	5 0 a 0 i	Ten	
6 Amount (\$)	Chuy's CusTom 7 Payee address; City; State;	Zip Code	_>	
	110 15 5-1-100			
200 90	160 E. Stewge.			
387.	SAN BENITO,	TEXAS	78584	
8 PURPOSE	SAN BENITO, (a) Category (See categories listed at the top of the	lhis schedule)		(If travel outside of Texas, complete Schedule T)
OF			()	(4 man an anima at taxon) complete octified (1)
EXPENDITURE	PulitiCAL 5191	V5		•
9 Complete ONLY if direct	Gandidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	H OMAR LUCIC)	Shepl	TETE STATE
Date			Svier	FF SheriFF
D416	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF	Category (See categories listed at the top of the	nis schedule)	Description (I	If travel outside of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY 6 dis-	Condidate / Office hald			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought	Office held
	•	-		
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zin Code		
(,,	, ayee address, Oily, State,	Zip Code		
PURPOSE	Category (See categories listed at the top of th	is pohodulo)	Description (16	Charged as held as Town
OF	Sand for a series and action tob of the	io scriedule)	Beautipuon (1	f travel outside of Texas, complete Schedule T)
EXPENDITURE				•
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/OF	ŧ			- mod hold
Data				
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
ļ	,,		1	
PURPOSE	Category (See categories listed at the top of thi	is schedule)	Description /If	f travel outside of Texas, complete Schedule T)
OF	• •	"		
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	H		-	
	ATTACH ADDITIONAL COPI	ES OF THIS S	CHEDINE	
		EG OF TRISS	CHEDULE AS N	echen

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	,			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 6 Amount (\$) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder fiving expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Chuy's Custom Sport
Payee address; City; State; Zip Code 1-22-16 Amount (\$) 160 E. STENGER SAN BENITO, TEXAS Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF POLITICA! **EXPENDITURE** Tee-Shirts-CA -Candidate-7 Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH SheriFF Date 1-22-16 ddress; City; State; Zip Code
Regency Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Political Adv. Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Gandidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH YMAR LUCIO SheRIFF

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender ut-of-state PAC (ID#:____ 9 Loan Amount (\$) 6 is lender 10 Interest rate 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:____ Loan Amount (\$) Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.