

**Mr. Omar
Lucio**

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: 5
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>OMAR LUCIO</i> NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received CAMELUN COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 2:42 PM FEB 18 2016 RECEIVED Date Hand-delivered or Date Postmarked By: <i>[Signature]</i>
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>29349 RESACA DR.</i> <input type="checkbox"/> Change of Address <i>SAN BENITO, TEXAS 78584</i>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 245-9380</i>
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>JAVIER REYNA</i> NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>633 Reg SALOMON</i> <i>BROWNSVILLE, TEXAS 78521</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 561-8834</i>
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9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year Month Day Year <i>1/29/16</i> THROUGH <i>2/19/16</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>3/1/14</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <i>Sheriff</i>	13 OFFICE SOUGHT (if known) <i>Sheriff</i>
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GO TO PAGE 2

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

GENERAL

SPECIFIC

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)

\$

250.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

838.97

4. TOTAL POLITICAL EXPENDITURES

\$

1988.19

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

61,184.84

OUTSTANDING
LOAN TOTALS

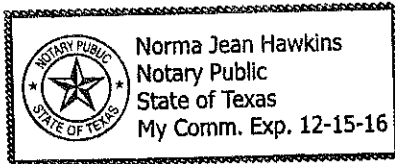
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Omar Lucio

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Omar Lucio, this the 18th day of Feb., 2016, 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

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GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

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TOTALS**

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BALANCE**

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**OUTSTANDING
LOAN TOTALS**

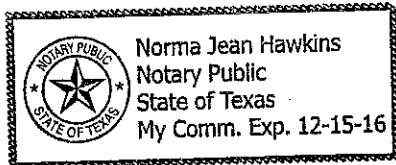
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

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0

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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.



AFFIX NOTARY STAMP / SEAL ABOVE

Omar Lucio

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Omar Lucio, this the 18th day of Feb., 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Omar Lucio

3 Filer ID (Ethics Commission Filers)

4 Date

2-2-16

5 Full name of contributor

JAMES H. DENISON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

City; State; Zip Code

*1627 SAM HOUSTON STREET
HARLINGEN, TEXAS 78550-8138*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

1 Total pages Schedule F: 2		2 FILER NAME Omar Lucio		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-28-16		5 Payee name Chuy's Custom Sports			
6 Amount (\$) 389.70		7 Payee address; City; State; Zip Code 160 E. Stenger SAN BENITO, TEXAS 78586			
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	
Date 1-30-16		Payee name Golden Corral			
Amount (\$) 119.94		Payee address; City; State; Zip Code 1500 W. Tyler HARLINGEN, TEXAS 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Function		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	
Date 2-06-16		Payee name Double Day Champions			
Amount (\$) 104.14		Payee address; City; State; Zip Code 402 W. Highway 100 PORT ISABEL, TEXAS 78578			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Function		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	
Date 2-9-16		Payee name Chuy's Custom Sports			
Amount (\$) 162.38		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) Sample Ballets		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	

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: <u>2</u>	2 FILER NAME <u>OMAR LUCIO</u>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2-9-16</u>	5 Payee name <u>The Brownsville Herald</u>		
6 Amount (\$) <u>373.⁰⁶</u>	7 Payee address; City; State; Zip Code <u>1135 E. VAN BUREN STREET BROWNSVILLE, TEXAS 78520</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>ADVERTISEMENT</u>	(b) Description (If travel outside of Texas, complete Schedule T)	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name <u>OMAR LUCIO</u>	Office sought <u>Sheriff</u>	Office held <u>Sheriff</u>
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code		
	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		
Date	Office sought		
Amount (\$)	Office held		
PURPOSE OF EXPENDITURE	Payee name		
	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		
Date	Office sought		
Amount (\$)	Office held		
PURPOSE OF EXPENDITURE	Payee name		
	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		
Date	Office sought		
Amount (\$)	Office held		

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