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:
3 CANDIDATE/	- MS-/-MRS7 MR FIRST	. MI	OFFICE USE ONLY
OFFICEHOLDER NAME	10/	· ·	OFFICE USE ONLY
NAME	NICKNAME MAR LAST	SUFFIX	Date Received
			CAMEHUNCUUNTY
4 CANDIDATE/ OFFICEHOLDER	- Command	CITY; STATE; ZIP GODE	DEPARTMENT OF ELECTIONS VOTER REGISTRATION
MAILING ADDRESS	29349 ResideA	DR.	2:439°FEB 1 8 2016
Change of Address	SAN BENITO, T.	EXAS 78586	7. 75 1 0 2010
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	PECEWED
OFFICEHOLDER PHONE	(954) 245- 938	0	Date/Hand-delivered of Date/Formarked
6 CAMPAIGN TREASURER	*MS/MRS7 MR FIRST	MI	Receipt # Amount \$
NAME	TRVIER REYN	SUFFIX	Date Processed
	THOUGHT EAST	SULLY	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	633 Reg SAloi	mon	
(Residence or Business)	603 29 311121		
,	BROWNSVIlle, TE	-x 25 78521	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	L
TREASURER PHONE	(956) 561-8834	•	
, none	, , , , , ,		
9 REPORT TYPE			
	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ete	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
		- And the section of	
10 PERIOD COVERED	Month Day Year	Month	Day Year
0012.1.20	1/29/16	THROUGH 2/	19 /16
11 ELECTION	ELECTION DATE	ELECTION TYPE	<u> </u>
	Month Day Year	Runoff Other	
	3/1/16 General	Deścription Special	
40 OFFICE			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	SheziFF	Sheril	
	GO ТО	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)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH JRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMM!TTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
	i	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 838.27
	4. TOTAL	POLITICAL EXPENDITURES	\$1988.19
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 61, 184,84
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ O
18 AFFIDAVIT	****		
No.	rma Jean Hawkins tary Public	true and correct and includes all inf	perjury, that the accompanying report is formation required to be reported by me
	te of Texas Comm. Exp. 12-1!	5-16 Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		^
Sworn to and subsci	// ~		, this the 18%
day of	, 20	to certify which, witness my hand and seal of office	
1 lema Jea	n Kau	hins - NORMA JEAN HAWKI	Ws
Signature of officer a	dministering 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	7	1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL. COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	
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TOTALS	PLEDGE 2. TOTAL	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 838,97
	4. TOTAL	POLITICAL EXPENDITURES	\$1988.19
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 61, 184,84
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$ O
No. No. Sta My	rma Jean Hawkins tary Public te of Texas Comm. Exp. 12-15	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me didate or Officeholder
Sworn to and subscribed of Sworn to and subscribed of Sworn to an and subscribed of Sworn to an and subscribed of Sworn to an	P/SEALABOVE ibed before me, b	Dina L. in	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 4 Date JAMES H. DENISON 6 Contributor address; City; State; Zip Code 1627 SAM HOUSTON STREET HARLINGEN, TEXAS 78550- 8138 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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 C	ATEGORIES FOR BOX 8	B(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Şervices	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	ravel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Fravel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense (Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide e	xplains how to complete this	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2	1 Bmal Luc	210	1 11013)
4 Date	5 Payee name		
1-28-16	10, 10		
6 Amount (\$)	7 Payee address: City: State	Tom Spor ; Zip Code	/5
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389	SAN BENITO,	TE 100 70 -	771
8 PURPOSE	10 Cotago 15		
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Date		SHEE	PIF SheriEF
	Payee name		· ·
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Date	Payee name		
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Amount (\$)	Payee address; City; /State:	ChampioNS Zip Code	
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104114	PORT ISAbel	TEXAS 78.	-75
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20	160 K, SYENG		
11.250	Earl Davita	T= V1= 700	ינבי איי
DUDDOOD	SAN BENTIO,	IEXAS 783	· · · · · · · · · · · · · · · · · · ·
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	SAMPLE BALLET	5	
Complete ONLY if direct	Candidate / Officeholder name	Office so	ight Office held
expenditure to benefit C/C	H OMAR WUC	io sher	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE A	AS NEEDED
			

POLITICAL EXPENDITURES

SCHEDULE F

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

Gift/Awards/Memorials Expense

Legal Şervices Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to	•	enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		CCOUNT # (Ethics Commission Filers)
2	OMAR Lucio	" "	COOM # (Eliacs Commission Filers)
4 Date	5 Payee name		
2-9-16	The BROWNSVIlle of Payee address; City; State; Zip Code 1135 E. VAN BUREN	HORAL	
6 Amount (\$)	7 Payee address; City; State; Zip Code	1010010	
12/2	1135 E. VAN BUREN	STREET	
373.	BROLD NSVIIIO TEVA		
8 PURPOSE	BROWNSVIILE, TEXA	(b) Description (litravelouts	side of Texas, complete Schedule T)
OF EXPENDITURE		(-)	was at touch, complete contourns by
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	Payee address: City; State; Zip Code		
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