

**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: 8

**3 CANDIDATE / OFFICEHOLDER NAME**  
~~MS / MRS~~ / MR FIRST MI  
OMAR Lucio  
 NICKNAME LAST SUFFIX

**OFFICE USE ONLY**  
 Date Received  
 CAMERON COUNTY  
 DEPARTMENT OF ELECTIONS &  
 VOTER REGISTRATION  
 2:08 PM OCT 28 2016  
 RECEIVED  
 BY: [Signature]  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount \$  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
29349 RESACA DR.  
 Change of Address SAN BENITO, TEXAS 78584

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(954) 245-9380

**6 CAMPAIGN TREASURER NAME**  
~~MS / MRS~~ / MR FIRST MI  
JAVIER REYNA  
 NICKNAME LAST SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
633 Rey SALOMON  
 (Residence or Business) BROWNSVILLE, TEXAS 78521

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(954) 561-8824

**9 REPORT TYPE**  
 January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year    Month Day Year  
10 / 6 / 16    THROUGH    10 / 27 / 16

**11 ELECTION**  
 ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
11 / 08 / 16     General     Special

**12 OFFICE**  
 OFFICE HELD (if any)  
Sheriff

**13 OFFICE SOUGHT (if known)**  
Sheriff

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

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1370.00

EXPENDITURE  
TOTALS

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

\$ 384.17

4. TOTAL POLITICAL EXPENDITURES

\$ 14,940.40

CONTRIBUTION  
BALANCE

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

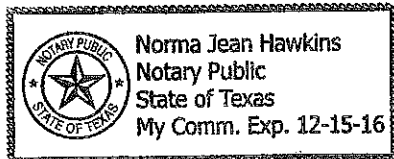
\$ 35,816.04

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.

*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 28<sup>th</sup> day of October, 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

# 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>10/17/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BILL SCOGGINS</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>17862 GRAHAM RD. HARLINGEN, TEXAS 78552</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROMEO ES. PARRA</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 6290 BROWNSVILLE, TEXAS 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROY E. &amp; JOANNE REED</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>234 EMERALD LN. BROWNSVILLE, TEXAS 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARTIN CUELLAR CANTU</i>	Amount of contribution (\$) <i>300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 814 PORT ISABEL, TEXAS 78578</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>OMAR LUCIO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/7/14</b>		5 Payee name <b>CHINA, GREAT</b>			
6 Amount (\$) <b>117.24</b>		7 Payee address; City; State; Zip Code <b>2414 S. SUNSHINE STRIP HARLINGEN, TEXAS 78520</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>2414 S. 77 HARLINGEN</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<b>POLITICAL FUNCTION</b>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/ Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	
Date <b>10-7-14</b>		Payee name <b>NICOLAS CORDOVA</b>			
Amount (\$) <b>500<sup>00</sup></b>		Payee address; City; State; Zip Code <b>2823 ALAMEDA DR. BROWNSVILLE, TEXAS 78521</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<b>POLITICAL FUNCTION</b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	
Date <b>10-7-14</b>		Payee name <b>MIKE ORTIZ</b>			
Amount (\$) <b>400<sup>00</sup></b>		Payee address; City; State; Zip Code <b>95 E. PRICE RD. BROWNSVILLE, TEXAS 78520</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>G.T. 2ND PRIZE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>OMAR LUCIO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-7-14</b>		5 Payee name <b>DAVID MONREAL</b>			
6 Amount (\$) <b>200<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>3309 TREASURE HILL BLVD. HARLINGEN, TEXAS 78550</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>G.T. 3RD PRIZE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>				
Date <b>10-7-16</b>	Payee name <b>CHRIS VAHADEZ</b>				
Amount (\$) <b>600<sup>00</sup></b>	Payee address; City; State; Zip Code <b>4708 COTTON TRAIL BROWNSVILLE, TEXAS 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>G.T. 1ST PRIZE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>				
Date <b>10/13/14</b>	Payee name <b>OSCAR PALOMO</b>				
Amount (\$) <b>119.35</b>	Payee address; City; State; Zip Code <b>1200 CENTRAL BLVD BROWNSVILLE, TEXAS 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POLITICAL T-SHIRTS</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>5</i>	<b>2</b> FILER NAME <i>OMAR LUCIO</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10-14-16</i>	<b>5</b> Payee name <i>Brownsville Country Club</i>	
<b>6</b> Amount (\$) <i>4,324.98</i>	<b>7</b> Payee address; City; State; Zip Code <i>1800 W. SAN MARCELO BLVD. Brownsville, TEXAS 78524</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>G.T. Green Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
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Date <i>10-14-16</i>	Payee name <i>Gus Reyna</i>		
Amount (\$) <i>122.48</i>	Payee address; City; State; Zip Code <i>1825 DON QUIXOTE Brownsville, TEXAS 78520</i>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Reimburse GAS-FOOD-WATER</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
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Date <i>10/15/16</i>	Payee name <i>GOLDEN CORRAL</i>		
Amount (\$) <i>146.71</i>	Payee address; City; State; Zip Code <i>1605 W. TYLER HARLINGEN, TEXAS 78520</i>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>POLITICAL FUNCTION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>OMAR LUCIO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-20-14</b>		5 Payee name <b>KGBT-TV</b>			
6 Amount (\$) <b>4214.00</b>		7 Payee address; City; State; Zip Code <b>9201 W. EXPRESSWAY 83 HARLINGEN, TEXAS 78553</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<b>T.V. ADVERTISEMENT</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	
Date <b>10-18-14</b>		Payee name <b>BROWNSVILLE HERALD</b>			
Amount (\$) <b>2200</b>		Payee address; City; State; Zip Code <b>1135 E. VAN BUREN BROWNSVILLE, TEXAS 78520</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<b>ADVERTISMENT</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	
Date <b>10-21-14</b>		Payee name <b>CHUY'S CUSTOM SPORTS</b>			
Amount (\$) <b>389.70</b>		Payee address; City; State; Zip Code <b>160 E. STENSER SAN BENITO, TEXAS 78586</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<b>PUSH CARDS</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name <b>OMAR LUCIO</b>		Office sought <b>SHERIFF</b>	
				Office held <b>SHERIFF</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>OMAR LUCIO</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/24/16</u>	5 Payee name <u>LETICIA CARMONA</u>	
6 Amount (\$) <u>2650.00</u>	7 Payee address; City; State; Zip Code <u>1747 COOLEGE STREET BROWNSVILLE, TEXAS 78520</u>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>PHONE BANK</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> Officeholder name <u>OMAR LUCIO</u>	Office sought <u>SHERIFF</u>	Office held <u>SHERIFF</u>
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Date <u>10-25-16</u>	Payee name <u>SAN BENITO NEWS</u>		
Amount (\$) <u>990.00</u>	Payee address; City; State; Zip Code <u>2478 W. BUSINESS ST SAN BENITO, TEXAS 78584</u>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>NEWSPAPER ADV.</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> / Officeholder name <u>OMAR LUCIO</u>	Office sought <u>SHERIFF</u>	Office held <u>SHERIFF</u>
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Date <u>10/27/16</u>	Payee name <u>CHUY'S CUSTOM SPORTS</u>		
Amount (\$) <u>481.77</u>	Payee address; City; State; Zip Code <u>160 E. STENGER SAN BENITO, TEXAS - 78584</u>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PUSH CARDS - SIGNS</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<del>Candidate</del> / Officeholder name <u>OMAR LUCIO</u>	Office sought <u>SHERIFF</u>	Office held <u>SHERIFF</u>
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