# OMAR LUCIO

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		-		<del></del>
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MAR / MR FIRST  OMAR LUC  NICKNAME LAST	MI 2/0 SUFFIX	OFFICE US	EONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO 29349 Resacc  SAN BENITO, 1  AREA CODE PHONE NUMBER  (954) 245-938-0	ELAS 78586 EXTENSION	a:08 mOCT	ON COUNTY TOF ELECTIONS EGISTRATION  2'8 2016 CEIVED DATE STORY
6 CAMPAIGN TREASURER NAME	MS7 MRS / MR FIRST  TAVIER REGION  NICKNAME LAST	MI	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SL  433 Rey 5A  BROWNSVILLE, 7  AREA CODE PHONE NUMBER  (954) 561 - 883	TELAS 7853 EXTENSION	ZIP CODE	
9 REPORT TYPE	January 15 30th day before elec	<u> </u>	15th day after ce treasurer appoint (Officeholder Onl	tment (y)
10 PERIOD COVERED	Month Day Year 10 / 6 / 1 6	THROUGH ID /	Day Year / 27/16	
# ELECTION	ELECTION DATE  Month Day Year Primary  11 / 08 / 1C General	ELECTION TYPE Runoff Description Special		
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)  Sherif		
	GO TO F	PAGE 2		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME		. 15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
•,	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		·
	SPECIFIC COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THANS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	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 \$354.17		
	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		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	· · · · · · · · · · · · · · · · · · ·
18 AFFIDAVIT			
Nom Nota	na Jean Hawkins ry Public e of Texas	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	
	omm. Exp. 12-15-1	6	Les - 51
garanessananesimesenses	स्वक्ताक्ष्यक्रम्	- Jane Company	ide or Office I do
		Signature of Candi	idàte-er-Officeholder
AFFIX NOTARY STAMP		Danel Lasari	28E
Sworn to and subscri	ibed before me, b	y the said <u>(V////////////////////////////////////</u>	, this the
day of Value	21,20 16, t	o certify which, witness my hand and seal of office.	
Y DMal Ha	Many	runs - Norma JEAN HAWKINS	
Signature of officer ac	iministering oath	Printed name of officer administering oath	Title of officer administering oath

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

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			1 Total pages Sched	ule A:
The i	Instruction Guide explains how to complete this f			·
			3 ACCOUNT # (Eth	cs Commission Filers)
FILER NAME				
	OMAR Lucio		7 Amount of	8 In-kind contribution
Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
	Bil Spacins		! #	
10/	Bill Sco 99 INS  6 Contributor address; City: State; Zip Code		l 1	
[7]	12862 GRAHAM Rd.			
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1/4	HARLINGEN, TEXAS 7	8552		Texas, complete Schedule T)
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			Cottenbergin (+)	• • •
0/	Contributor address; City; State; Zip Code		1	
/7/	Contributor address; City; State, Zip Code		20	
16	P.O. Box 6290		500	
	BROWNS VILLE, TEXAS	78521	(If travel outside o	of Texas, complete Schedule T)
Oringinal secu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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'/	Confributor address; City; State; Zip Code		00	1
121 .	234 Emerald LN.		50	1
1/16	BROWNSVIlle, TEXAS	78520	(If travel outside	of Texas, complete Schedule T)
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. 14	P.D. BOX 814 PORT ISAbel, TEVAS	28528	(If travel outsid	e of Texas, complete Schedule T)
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Principal occ	cupation 7 300 title (des matteudierie)			
	Full name of contributor   out-of-state PAC (ID#.		) Amount of	In-kind contribution
Date	Full name of contributor  ut-of-state PAC (ID#		contribution (\$	description (if applicab
	Contributor address, City, State, Zip Code		1	1
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			(ii navet outs	
	cupation / Job title (See Instructions)	Employer (Se	ee Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Control of State Con

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
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6 Amount (\$)	7 Payee address; City; State; Zip Code		
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117,24	HARLINGEN, TEXAS	785 80	
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	POLITICAL FUNCTION		
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500	BROWNSVIlle, TEXAS		
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	Political Function		
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	1 dyos hane		
10-7-14	mika batia		
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1100 00			
700	BROWNSVILLE, JEXAS	78520	
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expenditure to benefit C/OF	Omar Lucio		
		SheriFF	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed phous)

1 Total pages Schedule F1: 2 FILER NAME    DMAL   LUCYC    A Date   5 Payee name   D- 7-   1	Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
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Payee address: City: State: Zip Code   32 9 TReASURE HIII   18   Vol.	10-7-14	DAVID MONREAL		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name		
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6 Amount (\$)			
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1,324.98	BROWNS VILLE, TEXAS 78		
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Code		
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10/15/16	Polled Consol		
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1111 171	, , , ,	<i>/</i> 1/	
146,171	HARLINGEN, TETAS	7852	<i>D</i>
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	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	cal Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
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1 Total pages Schedule F1	: 2 FILER NAME OMAR LUCIO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
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4314,00	HARLINGEN, TE		
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PURPOSE			outside of Texas, Complete Schedule T.
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OF		<u>                                   </u>	, TX, officeholder living expense
EXPENDITURE			. ,
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expenditure to benefit C/OH	OMAR LINCIE	sherit	F SheriFF
	11/1912 1/10 1/2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wares/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category pot listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/	Vages/Contract Labor Other (enter a category not listed above)	
7	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)	
4 Date	Omar Lucio	,	
1	5 Payee name		
10/24/16 6 Amount (\$)	7 Payee address; City; State; Zip Code	ONA	
G Alliount (\$)			
01 - 00	1747 cooledge st		
2650 XIC	BROWNS VILLE, TEXI		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Phone BANK		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/ Officeholder name	Office sought Office held	
exponentials to periodic G/O	OMAR LUCIO	SheriFF SheriFF	
Date	Payee name		
10 - 25 - /6 Amount (\$)	SAN BENITO Ne. Payee address; City; State; Zip Code	W5	
Amount (\$)	Payee address; City; State; Zip Code		
990,00	SAN BENITO, TEXA	•	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel cutside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check If Austin, TX, officeholder living expense	
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Complete ONLY if direct	Gandidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	OMAR Lucio	Shariff Shariff	
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Date	. ayou hame		
10/27/16	Chuy's CUSTON	Sports	
'Amount (\$)	Payee address; City; State; Zip Code		
	160 E. STENSER		
481-77	SAN BENITO, TEX	AS- 78584	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Push eards- 519NS		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	OMARLUCIO	SheriFF SheriFA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			