Omar Lucio

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		<u>-</u>	
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	NICKNAME LAST	MI / O SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	29349 ResA		OCT 0 6 2016
Change of Address 5 CANDIDATE/ OFFICEHOLDER	SZN BENITO, TAREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE 6 CAMPAIGN TREASURER NAME	(95) 245- 93	МІ	Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 433 Rey San		Date Imaged ZIP CODE
8 CAMPAIGN TREASURER PHONE	BROWNS VOILE, TE AREA CODE PHONE NUMBER (954) 521-8834	EXTENSION	
9 REPORT TYPE			
	January 15 30th day before elso		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 16 / 14	THROUGH 10/	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary 1	ELECTION TYPE Runoff Cither Description Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known) SheriFi	
	go то г	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 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	NITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
- 対 A A A A A A A A A A A A A A A A A A	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	ν, ·		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1415000
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 2,035,48
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 17.364.11
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 49.406:44
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 'Y OF THE REPORTING PERIOD	THE \$ 0
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 ormation required to be reported by me
AFFIX NOTARY STAMP	/SEALABOVE	.	AD
Sworn to and subscrile		y the said <u>QMAL LUCIO</u> o certify which, witness my hand and seal of office.	, this the
Magna Ola	Rush	Mr - NORMA JEAN HAWKING	
Signature of officer ad	ministering oath	Printed name of officer administering cath	Title of officer administering oath

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
	A ACCOUNT # (Filing Commission Files)
2 FILER NAME GHAR LUCIO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC(IDIK)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	Contribution (4)
Thy 3422 NotTINgham ct.	200
//16 BROWNSVILLE, TEXAS 78526	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
700 E Levee St. Suite 201	
1/4 BROWNS VILLEXAS 78521	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
· in application / our and food monature)	
, Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
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HARLINSEN, TEXAS 78550	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Ser	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution
	contribution (\$) description (if applicable)
7/9/ ESPARAZA & GARZA Contributor address; City; State; Zip Code	1
16 964 E LOS EBANOS Blud.	ಖದ
	500
BROWNSVIlle TEXAS 18520	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
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Rey E ES g V; Ve / Contributor address; City; State; Zip Code	
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1 / / 7 1	500
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) ee Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
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2 FILER NAME	0)=		3 ACCOUNT # (Et	hics Commission Filers)
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4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution description (if applicable)
	02024		contribution (\$)	description (ii applicable)
Π /	MIKE GARZA 6 Contributor address; City; State; Zip Code 1001 FAIR PARK Blue	<i></i>	!	;
/191	6 Contributor address; City; State; Zip Code	/	1	
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1/6	HARlingen TEXAS 78.			of Texas, complete Schedule T)
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[74]	Contributor address; City; State; Zip Code			;
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, Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
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16	P.O. BOX 3293		\$500	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
2 FILER NAME			3 ACCOUNT # (Eti	nics Commission Filers)
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4 Date	5 Full name of contributor out-of-state PAC (ID#			8 In-kind contribution
e/l			contribution (\$)	description (if applicable)
8/02/	6 Contributor address; City; State; Zip Code 917 LEACH BENG			
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, +	RANCHO VIETO 785%	5	(If travel outside o	f Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
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	BROWNSVIlle, TEXAS	78320		of Texas, complete Schedule T)
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	LOS FRENOS, TEXAS	78524	(If travel outside	of Texas, complete Schedule T)
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10/	Contributor address; City; State; Zip Code 1663 ZAMORA) e .		
14	1663 ZAMORA	~ ~ ~	500	
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Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	

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SCHEDULE A

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2 FILER NAME	Omar Lucio		3 ACCOUNT# (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
128/14	DAVID MONRIAGE. 6 Contributor address; City; State; Zip Code 1150 PARADES LINE 13 ROWNSVIlle, TEXAS	7852/	500,	of Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See I	nstructions)	
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8/	ROUSTON RAZONE, VICKERY Contributor address; City; State; Zip Code	ELLI.III DANS.		
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114	BROWNSVIlle, TEXAS	18521		of Texas, complete Schedule T)
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, Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
96/	Contributor address; City; State; Zip Code 95 6. PRICE Rd. St	vite"F"	50000	
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9/9/	Contributor address; City; State; Zip Code	1R	. 00	!
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9/11	Adam Arredovdo Contributor address; City; State; Zip Code			{
14/14	P.O. Box 45/4		500	
	MCALLEN, TEXAS 78	502		le of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	e instructions)	
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SCHEDULE A

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The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule A:
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On	AR Lucio		
Date	5 Full name of contributor Cout-of-state PAC (ID# COO 15 767)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
23/	6 Contributor address; City; State; Zip Code 1101 MARKET STREET		
16	Phila delphia PA, 19107	(If travel outside o	Texas, complete Schedule T)
	Phila delphia Phila (See Instructions) 10 Employer (S		
Principal occ	upation / Job title (See Instructions) 10 Employer (S		
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2	Chris Sm. T. Contributor address; City; State; Zip Code		
123/	2200 DANBURY	1,500	•
110	SAN ANTONIO, JEXAS 7821	(If travel outside	of Texas, complete Schedule T)
	SAN 74NO 8NO 10 1 Employer (S	See Instructions)	
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Principal or Date	Contributor address; City; State; Zip Code Employer Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code	(See Instructions) Amount of contribution (\$	description (if applicable of Texas, complete Schedule T) In-kind contribution

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/Co	TON BOX 0(a)		
Accounting/Banking	Legal Services	Solicitation/Fundra	isiae Europa	Loan Repaymo	ent/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel in District	ising Expense	Transportation	Equipment & Related Expense
Event Expense	Polling Expense			Contributions/i	Donations Made By
Fees	Printing Expense	Travel Out Of Dist	rict	Candidate/	Officeholder/Political Committee
1	- ·	Office Overhead/R	ental Expense	OTHER (enter	a category not listed above)
	The Instruction Guide	explains how to	complete this fo	rm.	•
1 Total pages Schedule F	: 2 FILER NAME				
3	10000			3 ACCO	UNT # (Ethics Commission Filers)
4 Date	5 Payee name	22			
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POLITICAL EXPENDITURES

SCHEDULE F

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Consulting Expense	Food/Beverage Expense	Solicitation/Fundr		Transportation	Equipment & Related Expense
Event Expense	Polling Expense			Contributions/I	Conations Made By
Fees	Printing Expense	Travel Out Of Dis		Candidate/	Officeholder/Political Committee
1		Office Overhead/	Rental Expense	OTHER (enter	a category not listed above)
4 Total many S. t. a. t. a.	The Instruction Guide	explains how to	complete this fo	rm.	·
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4 Date	5 Payee name		·		
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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATECORIES FOR DOWN	
Advertising Expense	Gift/Awards/Memorials Expense	CATEGORIES FOR BOX 8(
Accounting/Banking		Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Enadinas =	Travel In District	Transportation Equipment & Related Expense
Event Expense	Date of	Travel Out Of District	Contributions/Donations Made By
Fees	6.2 H =	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
	The Instruction Guida	once Overhead/Rental Expense	OTHER (enter a category not listed above)
1 Total pages Schedule F:	the instruction dende a	explains how to complete this f	orm.
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