

**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: <b>8</b>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><del>MS / MRS</del> / MR</td> <td style="width:35%;">FIRST</td> <td style="width:15%;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td colspan="2" style="text-align:center;"><i>OMAR LUCIO</i></td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	<del>MS / MRS</del> / MR	FIRST	MI		<i>OMAR LUCIO</i>				NICKNAME	LAST	SUFFIX		<b>OFFICE USE ONLY</b>	Date Received				
<del>MS / MRS</del> / MR	FIRST	MI																	
<i>OMAR LUCIO</i>																			
NICKNAME	LAST	SUFFIX																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>29349 RESACA DR</i> <i>SAN BENITO, TEXAS 78584</i>			CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 2:03 PM OCT 28 2016 RECEIVED BY: <i>Quadr...</i> Date Hand-delivered or Date Postmarked															
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 245-9380</i>			Receipt #	Amount \$														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><del>MS / MRS</del> / MR</td> <td style="width:35%;">FIRST</td> <td style="width:15%;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td colspan="2" style="text-align:center;"><i>JAVIER REYNA</i></td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>			<del>MS / MRS</del> / MR	FIRST	MI		<i>JAVIER REYNA</i>				NICKNAME	LAST	SUFFIX		Date Processed			
<del>MS / MRS</del> / MR	FIRST	MI																	
<i>JAVIER REYNA</i>																			
NICKNAME	LAST	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>633 Rey Salomon</i> <i>Brownsville, TEXAS 78521</i>																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 561-8824</i>																		
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Month</td> <td style="width:15%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:15%; text-align: center;">THROUGH</td> <td style="width:15%; text-align: center;">Month</td> <td style="width:15%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"><i>10</i></td> <td style="text-align: center;"><i>6</i></td> <td style="text-align: center;"><i>16</i></td> <td></td> <td style="text-align: center;"><i>10</i></td> <td style="text-align: center;"><i>27</i></td> <td style="text-align: center;"><i>16</i></td> </tr> </table>					Month	Day	Year	THROUGH	Month	Day	Year	<i>10</i>	<i>6</i>	<i>16</i>		<i>10</i>	<i>27</i>	<i>16</i>
Month	Day	Year	THROUGH	Month	Day	Year													
<i>10</i>	<i>6</i>	<i>16</i>		<i>10</i>	<i>27</i>	<i>16</i>													
11 ELECTION	ELECTION DATE Month Day Year <i>11/08/16</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																
12 OFFICE	OFFICE HELD (if any) <i>Sheriff</i>		13 OFFICE SOUGHT (if known) <i>Sheriff</i>																

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

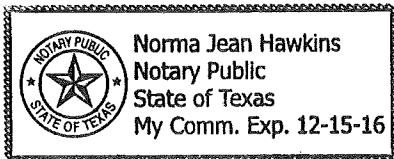
\$ 35,816.04

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

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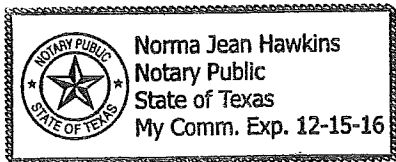
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*Omar Lucio*

Signature of Candidate or Officeholder

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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

*OMAR LUCIO*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/17/14*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Bill Scoggins*

6 Contributor address; City; State; Zip Code

*17862 Graham Rd  
HARLINGEN, TEXAS 78552*

7 Amount of contribution (\$)

*500<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*10/17/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Romeo Esparza*

Contributor address; City; State; Zip Code

*P.O. Box 6290  
BROWNSVILLE, TEXAS 78521*

Amount of contribution (\$)

*500<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/17/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Roy E. & Joanne Reed*

Contributor address; City; State; Zip Code

*234 Emerald Ln.  
BROWNSVILLE, TEXAS 78520*

Amount of contribution (\$)

*50<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/24/14*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*MARTIN CUELLAR CANTU*

Contributor address; City; State; Zip Code

*P.O. Box 814  
PORT ISABEL, TEXAS 78578*

Amount of contribution (\$)

*300<sup>00</sup>*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: <u>5</u>		2 FILER NAME <u>OMAR LUCIO</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/7/14</u>		5 Payee name <u>CHINA, GREAT</u>			
6 Amount (\$) <u>117.24</u>		7 Payee address; City; State; Zip Code <u>2414 S. SUNSHINE STRIP HARLINGEN, TEXAS 78520</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>2414 S. 77 HARLINGEN</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 ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name <u>OMAR LUCIO</u>		Office sought <u>Sheriff</u>	
				Office held <u>Sheriff</u>	
Date <u>10-7-14</u>		Payee name <u>NICOLAS CORDOVA</u>			
Amount (\$) <u>500.00</u>		Payee address; City; State; Zip Code <u>2823 ALAMEDA DR. BROWNSVILLE, TEXAS 78521</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<u>POLITICAL FUNCTION</u>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>Sheriff</u>	
				Office held <u>Sheriff</u>	
Date <u>10-7-14</u>		Payee name <u>MIKE ORTIZ</u>			
Amount (\$) <u>400.00</u>		Payee address; City; State; Zip Code <u>95 E. PRICE RD. BROWNSVILLE, TEXAS 78520</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<u>G.T. 2ND PRIZE</u>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>Sheriff</u>	
				Office held <u>Sheriff</u>	

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>10-7-14</u>		5 Payee name <u>DAVID MONREAL</u>			
6 Amount (\$) <u>200<sup>00</sup></u>		7 Payee address; City; State; Zip Code <u>3309 TREASURE HILL BLVD. HARLINGEN, TEXAS 78550</u>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <u>G.T. 3rd PRIZE</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		Candidate/Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
Date <u>10-7-16</u>		Payee name <u>CHAS VAHALEZ</u>			
Amount (\$) <u>600<sup>00</sup></u>		Payee address; City; State; Zip Code <u>4708 COTTON TRAIL BROWNSVILLE, TEXAS 78520</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>G.T. 1st PRIZE</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		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
Date <u>10/13/14</u>		Payee name <u>OSCAR PALOMO</u>			
Amount (\$) <u>119.35</u>		Payee address; City; State; Zip Code <u>1200 CENTRAL BLVD BROWNSVILLE, TEXAS 78520</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>POLITICAL T-SHIRTS</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		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
				Office held <u>SHERIFF</u>	

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: <b>5</b>	2 FILER NAME <b>OMAR LUCIO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-14-16</b>	5 Payee name <b>Brownsville Country Club</b>
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6 Amount (\$) <b>1,324.98</b>	7 Payee address; City; State; Zip Code <b>1800 W. SAN MARCELO BLVD. Brownsville, TEXAS 78524</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>G.T. GREEN FEES</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 ONLY 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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Date <b>10-14-16</b>	Payee name <b>GUS REYNA</b>
-------------------------	--------------------------------

Amount (\$) <b>122.48</b>	Payee address; City; State; Zip Code <b>1875 DON QUIXOTE Brownsville, TEXAS 78520</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Reimburse</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>GAS-FOOD-WATER</b>	

Complete ONLY 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>10/15/14</b>	Payee name <b>GOLDEN CORRAL</b>
-------------------------	------------------------------------

Amount (\$) <b>146.71</b>	Payee address; City; State; Zip Code <b>1605 W. TYLER NARLINGEN, TEXAS 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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 ONLY 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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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                        |                               |                                |  |

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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>4314.00</b>		7 Payee address; City; State; Zip Code <b>9201 W. EXPRESSWAY #3 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 ONLY 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 ONLY 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 ONLY 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.

<b>1</b> Total pages Schedule F1: <u>5</u>	<b>2</b> FILER NAME <u>OMAR LUCIO</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/24/16</u>	<b>5</b> Payee name <u>LETICIA CARMONA</u>	
<b>6</b> Amount (\$) <u>2650.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>1747 COOLEGE STREET BROWNSVILLE, TEXAS- 78520</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Phone BANK</u>	<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 <u>Candidate</u> / Officeholder name: <u>OMAR LUCIO</u> Office sought: <u>SHERIFF</u> Office held: <u>SHERIFF</u>	
Date <u>9-25-16</u>	Payee name <u>SAN BENITO NEWS</u>	
Amount (\$) <u>990.00</u>	Payee address; City; State; Zip Code <u>2478 W. BUSINESS 77 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <u>Candidate</u> / Officeholder name: <u>OMAR LUCIO</u> Office sought: <u>SHERIFF</u> Office held: <u>SHERIFF</u>	
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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <u>Candidate</u> / Officeholder name: <u>OMAR LUCIO</u> Office sought: <u>SHERIFF</u> Office held: <u>SHERIFF</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

