

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: 30	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 29349 Resaca DR SAN BENITO, TEXAS 78580				Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 11:03am JAN 15 2020 RECEIVED By: <i>Quade</i>
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (954) 245-9380				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 633 Rey SALOMON BROWNSVILLE, TEXAS 78521				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (954) 203-7529				
9 REPORT TYPE <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month Day Year Month Day Year 6/30/19 THROUGH 1/14/20				
11 ELECTION ELECTION DATE Month Day Year 3/03/20		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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

Omar Lucio

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

\$

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

\$

22,450

EXPENDITURE
TOTALS

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

\$

690.84

4. TOTAL POLITICAL EXPENDITURES

\$

37,906.⁴⁸

CONTRIBUTION
BALANCE

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

\$

37,443.¹⁹

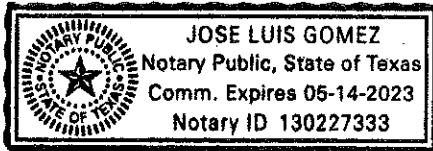
OUTSTANDING
LOAN TOTALS

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 *14th* day of *January*, 20*20*, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Jose Luis Gomez

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,450
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,915
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 37,906. ⁴⁸
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 482. ¹⁰
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Omar Lucio

3 Filer ID (Ethics Commission Filers)

4 Date

7/10/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

ROLANDO RUBIANO

6 Contributor address; City; State; Zip Code

518 E. Woodland DR HARLINGEN TX, 78550

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/11/19

Full name of contributor

out-of-state PAC (ID#: _____)

ALFREDO DE LA FUENTE

Contributor address; City; State; Zip Code

1663 ZAMORA DR BROWNSVILLE, TX, 78526

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/19

Full name of contributor

out-of-state PAC (ID#: _____)

ESPARZA-GARZA

Contributor address; City; State; Zip Code

964 E LOS EBANOS BLVD BROWNSVILLE, TEX, 78520

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/19

Full name of contributor

out-of-state PAC (ID#: _____)

JUAN MARTINEZ

Contributor address; City; State; Zip Code

PO Box 605 HARLINGEN, TX, 78551

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2750

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Omar Lucio

3 Filer ID (Ethics Commission Filers)

4 Date

7/14/19

5 Full name of contributor out-of-state PAC (ID#: _____)

RICK CARDENAS
 Contributor address; City; State; Zip Code
1603 EAST PRICE ROAD
BROWNSVILLE, TX. 78521

7 Amount of contribution (\$)

500.00 TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/17/19

Full name of contributor out-of-state PAC (ID#: _____)

MARIO VILLARREAL
 Contributor address; City; State; Zip Code
700 E NEVEE ST. SUITE 201
BROWNSVILLE, TX. 78521

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/19/19

Full name of contributor out-of-state PAC (ID#: _____)

ADRIANA JUAREZ NEGRETE
 Contributor address; City; State; Zip Code
3472 NOTTINGHAM CT.
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/19/19

Full name of contributor out-of-state PAC (ID#: _____)

JUAN MARTINEZ
 Contributor address; City; State; Zip Code
554 E JACKSON
BROWNSVILLE, TX. 78520

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1550

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/19

5 Full name of contributor

ALBERTO VEGA

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

PO BOX 92
SAN BENITO, TX. 78584

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/11/19

Full name of contributor

JESUS LUCIO

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

634 LAWNDALE
BROWNSVILLE, TX. 78521

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/19

Full name of contributor

ROYSTON RAZER VICKERY-WILLIAMS

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

53 COVE CIRCLE
BROWNSVILLE, TX. 78521

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/19

Full name of contributor

ARAMARK

out-of-state PAC (ID#: C00157678)

Contributor address; City; State; Zip Code

1101 MARKET STREET
PHILADELPHIA, PA. 1907

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

4,000

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

B. QANTU, JR.

6 Contributor address; City; State; Zip Code

**1408 PINE CT.
HARLINGEN, TEXAS 78550**

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

JIM TIPTON

Contributor address; City; State; Zip Code

**701 SANTA ANA AVE
RANCHO VIEJO, TEXAS 78575**

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/19

Full name of contributor

out-of-state PAC (ID#: _____)

Gabby GARCIA

Contributor address; City; State; Zip Code

**1135 E. 12TH ST
BROWNSVILLE, TEXAS 78520**

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/19

Full name of contributor

out-of-state PAC (ID#: _____)

LEANDRO RINCONES

Contributor address; City; State; Zip Code

**854 E. VAN BUREN ST
BROWNSVILLE, TEXAS 78520**

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2400

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

LINE BARGER GOGGAN BLAIR SAMPSON

6 Contributor address; City; State; Zip Code

P.O. BOX 19428
AUSTIN, TEXAS 78760

7 Amount of contribution (\$)

4,100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/20/19

Full name of contributor

out-of-state PAC (ID#: _____)

GOMEZ MENDOZA SAENZ

Contributor address; City; State; Zip Code

1150 PAREDES LINE RD.
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

A. GONZALES

Contributor address; City; State; Zip Code

P.O. BOX 5134
BROWNSVILLE, TEXAS 78523

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

M. GONZALES

Contributor address; City; State; Zip Code

P.O. BOX 4324
BROWNSVILLE, TEXAS 78523

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2,500

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

8/14/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jaime Escobedo

6 Contributor address; City; State; Zip Code

55 GALONSKY ST.
BROWNSVILLE, ST. TX. 78521

7 Amount of contribution (\$)

\$1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/21/19

Full name of contributor

out-of-state PAC (ID#: _____)

JESUS R CANALES

Contributor address; City; State; Zip Code

845 E. HARRISON ST.
BROWNSVILLE, TX. 78520-7134

Amount of contribution (\$)

9500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

ZAYAS ZAMORA

Contributor address; City; State; Zip Code

3100 E. 14TH ST.
BROWNSVILLE, TX. 78521-1336

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

JOHN T. Edge

Contributor address; City; State; Zip Code

2645 BARNARD
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

3,000

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

SULEMA CATANO

6 Contributor address; City; State; Zip Code

1705 FARLEY
HARLINGEN, TEXAS 78550

7 Amount of contribution (\$)

4,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

out-of-state PAC (ID#: _____)

Fredie Elizondo

Contributor address; City; State; Zip Code

3331 TREASURE HILL
HARLINGEN, TEXAS 78550

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/19

Full name of contributor

out-of-state PAC (ID#: _____)

JUAN H. ANDRADE

Contributor address; City; State; Zip Code

1040 7th ST.
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

500.⁰⁰

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2,000

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

INTERVENTIONAL - PAIN MGMT.

6 Contributor address; City; State; Zip Code

2484 W. AITON @ 100A BLD.
BROWNSVILLE, TEXAS 78520-0000

7 Amount of contribution (\$)

300.⁰⁰/₂₅

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

L.V. IMAGING

Contributor address; City; State; Zip Code

1900 N. EXPRESS WAY 02
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

200.⁰⁰/₂₅

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/19

Full name of contributor

out-of-state PAC (ID#: _____)

Freddy Elizondo

Contributor address; City; State; Zip Code

3331 TREASURE HILL
HARLINGEN, TEXAS

Amount of contribution (\$)

200.⁰⁰/₂₅

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

ALBERTO E. ALMEIDA

Contributor address; City; State; Zip Code

1134 E NOS EBANOS BLD.
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

500.⁰⁰/₂₅

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1,200

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

Omar Lucio

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Elite Tella

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

**514 MAYORCA AVE,
BROWNSVILLE TEXAS 78526-1764**

150.⁰⁰XX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/24/19

Full name of contributor out-of-state PAC (ID#: _____)

JAVIER VILLARREAL

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**2401 WILD FLOWER LN
BROWNSVILLE, TEXAS 78524**

700.⁰⁰XX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/19

Full name of contributor out-of-state PAC (ID#: _____)

MIKE GARZA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**1001 FAIR PARK BLVD.
HARLINGEN, TEXAS 78550-2300**

500.⁰⁰XX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/19

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1350

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

TONY RODRIGUEZ

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

P.O. BOX 3424
HARLINGEN, TEXAS 78551

300.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/5/19

Full name of contributor

out-of-state PAC (ID#: _____)

JAIME PARRA JR

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4374 MARTINDALE RD.
BROWNSVILLE, TEXAS - 78524-6000

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/19

Full name of contributor

out-of-state PAC (ID#: _____)

ALFREDO DELA FUENTE

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1663 ZAMORA DR.
BROWNSVILLE, TEXAS 78524

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

HECTOR SOLIS

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2310 EMERALD LAKE
HARLINGEN, TEXAS 78552

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1,500

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME OMAR LUCIO		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 11	
5 Date 12/11/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVANA CRISTIANO	8 Amount of Contribution \$ 5,000	9 In-kind contribution description Adv.
7 Contributor address; City; State; Zip Code 35637 BROWNSVILLE, TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CONSTRUCTION		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) CONSTRUCTION		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS FUENTES	Amount of Contribution \$ 2,000.00	In-kind contribution description Adv.
Contributor address; City; State; Zip Code 2901 DEL RIO SAN BENITO, TEXAS 78516		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FORWARDING SERVICE		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

8000

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3
2 FILER NAME OMAR LUCIO		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 12/11/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIGUEL CABAIIERO	8 Amount of Contribution \$ 500.⁰⁰
7 Contributor address; City; State; Zip Code 1018 W. MILITARY HWY 251 NDS FIELDS, TEXAS 78567		9 In-kind contribution description Adv.
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FORWARDING SERVICE		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 12/4/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN DAVID VALLES	Amount of Contribution \$ \$2000.⁰⁰	In-kind contribution description Adv.
Contributor address; City; State; Zip Code 2402 W. M.S. HWY 77 SAN BENITO, TEXAS 78586		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2500

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3
2 FILER NAME OMAR LUCIO		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date 12/11/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA Cepeda	8 Amount of Contribution \$ 1,415.00 9 In-kind contribution description Adv
7 Contributor address; City; State; Zip Code 2165 U.S. MILITARY HIGHWAY BROWNSVILLE, TEXAS		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PRINTING SHOP		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 12/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIO ALMANZA	Amount of Contribution \$ 1,000.00 In-kind contribution description Adv
Contributor address; City; State; Zip Code 2405 QUAIL SAN BENITO, TEXAS 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2415

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: 12	2 FILER NAME OMAR LUCIO	3 Filer ID (Ethics Commission Filers)
4 Date 7/19/19	5 Payee name CHRY'S CUSTOM	
6 Amount (\$) 162.³⁵/₁₀₀	7 Payee address; City; State; Zip Code 1975 W. BUSINESS 77TH SAN BENITO, TEXAS 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLITICAL MATERIAL	(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 OMAR LUCIO	Office sought SHERIFF
		Office held SHERIFF
Date 7/19/19	Payee name GUS REYNA "HOME DEPOT"	
Amount (\$) 122.93	Payee address; City; State; Zip Code 1875 DON QUITE BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REMBURSE - GUS T-POST-TIES POLITICAL MATERIAL	Description <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 OMAR LUCIO	Office sought SHERIFF
		Office held SHERIFF
Date 6/4/19	Payee name Valley morning star	
Amount (\$) 920.⁰⁰	Payee address; City; State; Zip Code 1310 SOUTH COMMERCE WABLINGEN, TEXAS 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv -	Description <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 Omar Lucio	Office sought SHERIFF
		Office held SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1205, 20

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:		2 FILER NAME <i>OMAR Lucio</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/2/19</i>		5 Payee name <i>J. Mc Hale</i>			
6 Amount (\$) <i>500.⁰⁰</i>		7 Payee address; City; State; Zip Code <i>BROWNSVILLE, TEXAS 77850</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>political Adv.</i>		<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 <i>OMAR Lucio</i>		Office sought <i>Sheriff</i>	
				Office held <i>Sheriff</i>	
Date <i>9/8/19</i>		Payee name <i>CHUYS CUSTOM SPORTS</i>			
Amount (\$) <i>601.⁶⁰</i>		Payee address; City; State; Zip Code <i>1975 W. BUSINESS 77TH SAN BENITO, TEXAS 78584</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>political Adv.</i>		<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 <i>OMAR Lucio</i>		Office sought <i>Sheriff</i>	
				Office held <i>Sheriff</i>	
Date <i>10/23/19</i>		Payee name <i>CHUY CUSTOM</i>			
Amount (\$) <i>4,330.⁰⁰</i>		Payee address; City; State; Zip Code <i>1975 W. BUSINESS 77TH SAN BENITO, TEXAS 78584</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>political Adv.</i>		<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 <i>OMAR Lucio</i>		Office sought <i>Sheriff</i>	
				Office held <i>Sheriff</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

5331.60

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:		2 FILER NAME OMAR LUCIO		3 Filer ID (Ethics Commission Filers)	
4 Date 10/14/19		5 Payee name N. MONTROYA			
6 Amount (\$) 250.⁰⁰/_{xx}		7 Payee address; City; State; Zip Code Brownsville			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.		(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 OMAR LUCIO		Office sought Sheriff		Office held Sheriff
Date 10/8/19		Payee name NICK CORDOBA			
Amount (\$) 350.⁰⁰/_{xx}		Payee address; City; State; Zip Code 3235 EISA AVE. BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL FUNCTION CATERING SERVICE		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 OMAR LUCIO		Office sought Sheriff		Office held Sheriff
Date 10/8/19		Payee name QUALITY PRINT DESIGN			
Amount (\$) 757.⁷⁵/_{xx}		Payee address; City; State; Zip Code 2165 U.S. MILITARY HIGHWAY BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL SIGN		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 OMAR LUCIO		Office sought Sheriff		Office held Sheriff

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

813.75

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:		2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/1/19</i>		5 Payee name <i>ABRAHAM HERNANDEZ</i>			
6 Amount (\$) <i>350.00</i>		7 Payee address; City; State; Zip Code <i>141 CHAMP LANE DR. BROWNSVILLE, TEXAS 78520</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<i>POLITICAL ADV.</i>			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	
Date <i>10/14/19</i>		Payee name <i>SAM QUERRERO</i>			
Amount (\$) <i>4600.00</i>		Payee address; City; State; Zip Code <i>3565 CALLE BUENOS AIRES BROWNSVILLE, TEXAS 78520</i>			
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	
		<i>1ST PRIZE G.T. WINNER</i>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	
Date <i>10/14/19</i>		Payee name <i>ROBERT GUTIERREZ</i>			
Amount (\$) <i>7400.00</i>		Payee address; City; State; Zip Code <i>205 AVENIDA DELA PLATA BROWNSVILLE, TEXAS 78520</i>			
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	
		<i>G.T. 2ND PRIZE</i>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1350.00

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 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:		2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/14/19</i>		5 Payee name <i>DAVID GONZALES</i>			
6 Amount (\$) <i>\$ 200.00</i>		7 Payee address; City; State; Zip Code <i>1459 VENTURA BROWNSVILLE, TEXAS 78320</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		<i>3RD PRIZE G.T.</i>		<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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Office held <i>SHERIFF</i>					
Date <i>10/22/19</i>		Payee name <i>QUALITY PRINT-DESIGN</i>			
Amount (\$) <i>974.²⁵ XX</i>		Payee address; City; State; Zip Code <i>2165 U.S. MILITARY HWY BROWNSVILLE, TEXAS 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<i>POLITICAL SIGN</i>		<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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Office held <i>SHERIFF</i>					
Date <i>10/25/19</i>		Payee name <i>HAILY VARRITO</i>			
Amount (\$) <i>300.20</i>		Payee address; City; State; Zip Code <i>2209 EL DORADO RANCHO VIEJO- 78525 BROWNSVILLE, TEXAS 78520</i>			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Office held <i>SHERIFF</i>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1474.25

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:		2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/28/19</i>		5 Payee name <i>BROWNSVILLE COUNTRY CLUB</i>			
6 Amount (\$) <i>1127.⁰⁰/₁₀₀</i>		7 Payee address; City; State; Zip Code <i>1800 W. SAN MARCELO BLVD. BROWNSVILLE, TEXAS 78526</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		<i>GOLF TOUR</i>		<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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	
Date <i>10/29/19</i>		Payee name <i>QUALITY PRINTING DESIGN</i>			
Amount (\$) <i>295.⁰⁰/₁₀₀</i>		Payee address; City; State; Zip Code <i>2165 U.S. MILITARY HIGHWAY BROWNSVILLE, TEXAS 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<i>ADV. PUSH CARDS</i>		<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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	
Date <i>10/30/19</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>1522.00</i>		Payee address; City; State; Zip Code <i>S. 4710th S. EXPWY 7 NAILS - HAMMER - TIES</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<i>NAILS - HAMMER - TIES</i>		<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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
				Office held <i>SHERIFF</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1574

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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/31/19</i>	5 Payee name <i>Valley Morning Star</i>	
6 Amount (\$) <i>1100.00</i>	7 Payee address; City; State; Zip Code <i>1310 S. Commerce HARLINGEN, TEXAS 78550</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political Adv.</i>	(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 <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>
Date <i>11/05/19</i>	Payee name <i>JUAN MONTOYA</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>BROWNSVILLE, TEXAS</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Adv.</i>	Description <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 <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>
Date <i>11/05/19</i>	Payee name <i>Breeden E McCumber</i>	
Amount (\$) <i>\$3,000</i>	Payee address; City; State; Zip Code <i>1724 Boca Chica Blvd BROWNSVILLE, TEXAS 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political Adv.</i>	Description <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 <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4350.00

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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/5/19</i>	5 Payee name <i>Breeden-McCumber</i>	
6 Amount (\$) <i>4,375.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1724 BOCA CHICA BLVD BROWNSVILLE, TEXAS 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv.</i>	(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: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	
Date <i>11/12/19</i>	Payee name <i>JARED HOCIMA</i>	
Amount (\$) <i>1,250.⁰⁰</i>	Payee address; City; State; Zip Code <i>1411 N. STUART PLACE RD. SUITE "C" HARLINGEN, TEXAS 78552</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REGISTRATION POLITICAL FEE</i>	Description <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: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	
Date <i>11/15/19</i>	Payee name <i>BREEDEN McCUMBER</i>	
Amount (\$) <i>1,255.⁰⁰</i>	Payee address; City; State; Zip Code <i>1724 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POLITICAL ADV.</i>	Description <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: <i>OMAR LUCIO</i> Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8850.00

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:	2 FILER NAME <i>Omar Lucio</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/22/19</i>	5 Payee name <i>Breeden McCumber</i>	
6 Amount (\$) <i>8,400⁰⁰00</i>	7 Payee address; City; State; Zip Code <i>1724 BOCA CHICA Blvd BROWNSVILLE, TEXAS 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Political Adv.</i>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Omar Lucio</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>
Date <i>12/13/19</i>	Payee name <i>ABRAHAM HERNANDEZ</i>	
Amount (\$) <i>350.⁰⁰00</i>	Payee address; City; State; Zip Code <i>1141 CHAMPLANE DR BROWNSVILLE, TEXAS 78520</i>	
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
	<i>Political Adv.</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Omar Lucio</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>
Date <i>12/13/19</i>	Payee name <i>Gus Reyna "Home Depot"</i>	
Amount (\$) <i>239.⁸²00</i>	Payee address; City; State; Zip Code <i>BROWNSVILLE, TEXAS 78521</i>	
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
	<i>Reburse - Gus Reyna T-Post-Ties</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Omar Lucio</i>	Office sought <i>Sheriff</i>
		Office held <i>Sheriff</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1449.82

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:	2 FILER NAME OMAR LUCIO	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 Date 12/23/19	5 Payee name PROVISION PRODUCTION MEDIA
---------------------------	---

6 Amount (\$) 300.00	7 Payee address; 30 PROVIDENCIA CT. BROWNSVILLE, TEXAS 78521
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV.	(b) Description
	(c) <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 OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
---	--	---------------------------------	-------------------------------

Date 4/9/20	Payee name K R G V
-----------------------	------------------------------

Amount (\$) 11,904.25	Payee address; 900 E. EXPRESSWAY WESLACO, TEXAS 78596
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T.V. ADV.	Description
	(c) <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 OMAR LUCIO	Office sought SHERIFF	Office held SHERIFF
---	--	---------------------------------	-------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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	Office sought	Office held
---	-------------------------------	---------------	-------------

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 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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 Date <i>12/10/19</i>	5 Payee name <i>QUALITY PRINT DESIGN</i>
---------------------------	---

6 Amount (\$) <i>730.00</i>	7 Payee address: <i>2145 U.S. MILITARY HWAY BROWNSVILLE, TEXAS 78520</i>	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>POLITICAL SIGNS</i>	(b) Description
	(c) <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 <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
---	--	---------------------------------	-------------------------------

Date <i>12/10/19</i>	Payee name <i>Gus Reyna</i>
-------------------------	--------------------------------

Amount (\$) <i>277.00</i>	Payee address: <i>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78521</i>	City;	State;	Zip Code
------------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REMBURSE - EXFOR MATERIAL T-POSTS Home Depot</i>	Description
	(c) <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 <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
---	--	---------------------------------	-------------------------------

Date <i>1/9/20</i>	Payee name <i>VALLEY MORNING STAR</i>
-----------------------	--

Amount (\$) <i>11,600</i>	Payee address: <i>1310 South Commerce HARLINGEN, TEXAS 78550</i>	City;	State;	Zip Code
------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	Description
	(c) <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 <i>OMAR LUCIO</i>	Office sought <i>SHERIFF</i>	Office held <i>SHERIFF</i>
---	--	---------------------------------	-------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1007.00

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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-14-20</i>	5 Payee name <i>OMAR LUCIO</i>	
6 Amount (\$) <i>482.10</i>	7 Payee address; <i>29349 RESACA DR.</i> City; State; Zip Code <i>SAN BENITO, TEXAS 78584</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. Expense</i>	(b) Description <i>FACE BOOK</i>
	(c) <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	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Omar Lucio	3 Filer ID (Ethics Commission Filers)
4 Date 1-06-2020	5 Payee name Visa Chase Card	
6 Amount (\$) 482.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; Po Box 15123 City: Wilmington State: DE Zip Code: 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Face Book Ads + Commercial EXPENSE
	(c) <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: _____ Office sought: _____ Office held: _____		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State; / Zip Code
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED