OMAR LUCIO

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide 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 OMA-R	MI	OFFICE USE ONLY	
	NICKNAME LAST	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	11:030 JAN 15 2020	
Change of Address	SAN BENITO, TO	Exas 78580	By: JULIU	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 243-9380	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$	
NAME	NICKNAME LAST	C	Date Processed	
	ReyNA		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 633 Rey SAlon		ZIP CODE	
	BROWNS VILLE, 7	TEXAS 78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 203 - 7529	EXTENSION		
9 REPORT TYPE	January 15 30th day before a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 6/30/19	THROUGH	Day Year / 14 / 20	
11 ELECTION	Month Day Year Primary 3 / 0 3 / 2 0 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II known	1)	
	ShekiFF	Sheri Fl		
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)	
	OMAR	Lucio	· · · · · · · · · · · · · · · · · · ·	
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		
Cit	GENERAL		,	
	SPECIFIC	COMMITTEE ADDRESS		
7 3 5 M		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
Additional Fages		OOUNTEE ON THE OWNER OF THE OWNER OWNE		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN ZED \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 100 All Contributions			
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 \$ 37, 443.19			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ U	
18 AFFIDAVIT				
Notary	SE LUIS GOMEZ Public, State of Texa Expires 05-14-2023	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	
OF THE NOTE	iry ID 130227333	I amar Lice	i	
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMF	P/SEALABOVE			
Sworn to and subscr	ibed before me, b	y the said Omor Lucio	, this the 14^{+1}	
day of framy	, 20 <u>20</u> , t	o certify which, witness my hand and seal of office.		
Joshus Das		Jose Luis Genez		
Signature of officer at			Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4.0		
19	FILER NAME 20 Filer ID (E	thics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 22,450
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$12,915
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	4. SCHEDULE E: LOANS	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	2. 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: /D
2 FILER NAME OMAR Lucio	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: R. S. A. N. C. R. W. B. A. M. D. 6 Contributor address; City; State; Zip Code WARLINGEN 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
9 Employer (See instituctions)	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	,
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: / 0
2 FILER NAME	3 Flier ID (Ethics Commission Filers)
Omar Lucio	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
RICK CAR de N. DS. 6 Contributor address; City; State; Zip Code 1603 EAST PRICE ROAD 19 13 00 WYSTILLS TV. 78521	500 TX
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date Full name of contributorout-of-state PAC (ID#:	, modition some start (4)
Contributor address; City; State; Zip Code 700 E Kever ST. SUITE 201	an
19 13 00 W Sille +x, 78521	500.
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/9 AdRIANA JUARCZ NEGRETE Contributor address; City; State; Zip Code 3472 NOTTINGHAM CT.	2500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1000
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
19 JUAN MARTINEZ Contributor address; City; State; Zip Code 16 5542-JACKSON	
Principal occupation / Job title (See Instructions) ROLL AS WILLE, TX - 76520 Employer (See Instructions)	300,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	

The instruction Guide explains now to complete this form. 2 FILER NAME MAL MAL MAL MAL MAL MAL MAL	Amount of contribution (\$)
A Date 5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Amount of contribution (\$) SUD.
A Date 5 Full name of contributor City; State; Zip Code 6 Contributor address; City; State; Zip Code 78564 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#: Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; BROLD NSUME (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address; City; State; Zip Code Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of contribution (\$) 5 UD .
Date Full name of contributor Out-of-state PAC (ID#) State	Amount of contribution (\$) 5 UD .
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Contributor address; City; State; Zip Code 19 BRO LES N SUPPLE TX - 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	ns)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) RMSTerr RAZER Vicional Graph Contributor address; City; State; Zip Code	ns)
Date Full name of contributor out-of-state PAC (ID#:) 8/5/ ROYSTON RAZOR VICKOR 4 - WilliAMS Contributor address; City; State; Zip Code	Amount of contribution (\$)
ROYSTON RAZOR VICKOR 9 - WILLIAMS Contributor address; City; State; Zip Code STORY CONTRIBUTION OF PROPERTY OF THE PROPERTY O	Amount of contribution (\$)
BROW N50:11-78521 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of continuous (4)
Principal occupation / Job title (See Instructions)	500,00
	ns)
Date Full name of contributor Out-of-state PAC (ID#C 00157677)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1101 MARKET STREET	2 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	2,500, ×3
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: / O
2 FILER NAME	MAR LUCIO	3 Fifer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/12/19	13. CANTY TR 6 Contributor address; City; State; Zip Code 1408 PINE CT 14ARINGEN, TEXAS, 78550 pation / Job title (See Instructions) 9 Employer (See Instruc	100°
8 Principal occu	pation / Job title (See Instructions)	autoj
Date	Full name of contributor	Amount of contribution (\$)
1/23/	Contributor address; City; State; Zip Code 70/ SANTA ANA AVE	
///	RANCHO Vieso, TEXAS 78 5 75- pation / Job title (See Instructions) Employer (See Instruc	1,000
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/24/2	Full name of contributor out-of-state PAC (ID#:) Cabby CARCIA Contributor address; City; State; Zip Code 1135 £. 1274 ST	Amount of contribution (\$)
199	Contributor address; City, State; Zip Code 1/35 E. 1274 ST BROWNSVIIIE, TEXAS 78520	500
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	dions) .
Date	Full name of contributor	Amount of contribution (\$)
124/109	Contributor address; City; State; Zip Code 85 4 E. VAN 13 JREN ST	1,0000
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME OMAR Lucio 7 Amount of contribution (\$) LINE BARGER GOGGAN BIAIR Sampson 6 Contributor address; City; State; Zip Code P.O. 130×17428 AUSTIN, TEXAS 78260 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 1150 PARESES LINE Rd. 500-00 Brown's V'i //e TEXAS 7852) tion / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAG (ID#:_ Amount of contribution (\$) Date A. GoNZA/25 Contributor address; City; State; Zip Code P. B. Box 5/34 Principal occupation / Job title (See Instructions) Employer Employer (See Instructions) Full name of contributor Amount of contribution (\$) Date out-of-state PAC (ID#: Mr Gowznies Contributor address; City; State; Zip Gode P.O. 13 04 4324 Principal occupation / Job title (See Instructions) | BROWNSVIIIe | TEXAS | 78.523 | | 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date me Esca beda.... City; State; Zip Code GAIONSKY ST. 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAG (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 1,000 Employer (See Instructions) Principal occupation / Job title (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.

The Instruction Guide explains how to complete this form. 2 FILER NAME 8 MAR LUCID 4 Date 5 Full name of contributor	MONETARY POLITICAL CONTRIBUT	IONS SCHEDULE A1
## Date S Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) ## S U / em A C A T A V D ## G Contributor address: City: State: Zip Code	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: / ð
4 Date 5 Full name of contributor out-of-state PAC (IDF: 7 Amount of contribution (\$)	<u>~</u>	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (ID#:	4 Date 5 Full name of contributor	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	8 Principal occupation / Job title (See Instructions) 9 Em	8550 1,000. player (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	10/ FRELIE & 12 20Nd Contributor address; City; State; Zip 19 2331 TREASURE HILL	P
TUAN III. A NOR Ade Contributor address; City; State; Zip Code BROWNSWILE TEXAS 78520 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)
Date Full name of contributor	JUAN H. ANDRAGE Contributor address; City; State; Zip	Code
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions)	ployer (See Instructions)
2,000	Principal occupation / Job title (See Instructions) En	nployer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 5 Full name of contributor INTERVENTIONAL - PAIN MGMT. 6 Contributor address; City; State; Zip Code 2484 W. AITON Ello OR BING. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) Contributor address; City; State; Zip Code BROWNS Ville, TEXAS. 78521 Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) Fireddy Elizardo Contributor address; City; State; Zip Code 33331 TREASURE Hill Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Alberto Fi Almeida Contributor address; City; State; Zip Code 1134 E NOS Ebanos 13/Vd-BRUWNSVINE TEXAS 78520 Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME mAR bucio 7 Amount of contribution (\$) ___ out-of-state PAC (ID#:_____ 4 Date 8 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) ROWNSVIlle, TEXAS 78524 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAG (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	
	1 Total pages Schedule A1:
DMAR Lucio	3 Filer ID (Ethics Commission Filers
ate 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code P.O. 13 0x 3424 HARINGEN, TEXAS 78551 rincipal occupation / Job title (See Instructions) 9 Employer (See Instructions)	300- 00
9 Employer (See Ins	structions)
ate Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
Jaime PARRA JR Contributor address; City; State; Zip Code 4374 MARTINGALE RL	
BROWNSVILLETEXAS-78506-6	-do 500
nclpal occupation / Job title (See Instructions) Employer (See Inst	tructions)
te Full name of contributor [] out-of-state PAC (ID#:	Amount of contribution (\$)
19 Contributor address; Clty; State; Zip Code 1613 ZAMBRA DR. BROWNSVILLE TEXAS 78526	500 EN
ncipal occupation / Job title (See Instructions) Employer (See Inst	ructions)
Full name of contributor out-of-state PAC (ID#: ### JUNE 150/15 Contributor address; City: State: Zio Code	Amount of contribution (\$)
19 2310 EMERAID LAKE	200 00
cipal occupation / Job title (See Instructions) Employer (See Instructions)	
	1,500
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAM	E OMAR Lucio		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 11,
5 Date	6 Full name of contributor out-of-state PAC (ID#: SILVANA CRISTIAND 7 Contributor address; City; State; Zip Coc 35-637 BROWNS VILLE, TX	ie 78520	8 Amount of 9 In-kind contribution Contribution \$ description 5,800 AdV
/ /		· •	Check if travel outside of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
CONS	Principal occupation (FOR JUDICIAL)		
12 Contributor's	principal occupation (FOR JUDICIAL) TRUCTION	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 124 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	Full name of contributor out-of-state PAC (ID#: LUIS FUENTS- Contributor address; City; State; Zip Co 2901 De/RIO SAN BENITO, TEXAS 786		Amount of In-kind contribution description 2,000 A AV Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
FORWA	reding Service		
Contributor's principal occupation (FOR JUDICIAL) Contril		Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firr	π of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
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l If	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC. please see instruction		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

rm. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
8 Amount of 9 In-kind contribution Contribution \$ description 500 Adv. ode Check if travel outside of Texas. Complete Schedule
11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL
Amount of In-kind contribution description Contribution \$ DUD Code Check if travel outside of Texas. Complete Schedule
Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL
F THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	OMAR hugio		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
12/1	7 Confributor address; City; State; Zip Coc 2145 U.5, Military HIV BRUWNS WILLIAM (See Instructions)	ie <i>Vr-9</i>	1,415.24 Adv
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10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description Amount of In-kind contribution description AUV.
119	2405 GUAIL SAN BONITO, TEXAS 7852	de 20	Check if travel outside of Texas. Complete Schedule
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contrib		utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED
If	contributor is out-of-state PAC please see instruction		

Forms provided by Texas Ethics Commission

SCHEDULE F1

		EXPEN	DITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense morials Expense	Office Overhe Polling Exper Printing Expe		Transportation E Travel In Distric Travel Out Of D	
. Green Card Payment		The Instruc	tīon Guide explai	ns how to con	plete this form.		
1 Total pages Schedule F1:			Luc	10		3 Filer ID (E	thics Commission Filers)
4 Date 7/19/19	5 Payeena		C USTO	m			
6 Amount (\$)	7 Payee at 197.	ddress; w	City; State; んちんん	Zip Code	77 th		
162, 100	SAN	1 Ba	NITO.	TEV	45 785	58%	
8	<u> </u>		listed at the top of this		(b) Description	09	
PURPOSE					Check if travel	outside of Texas. Comp	ete Schedule T.
OF EXPENDITURE					Check if Aust	in, TX, officeholder l	iving expense
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9 Complete ONLY if direct	Candic	late / Officehol			Office sought		Office held
expenditure to benefit C/Ol	1	MAR	Luc	10	Sheri	FF	SheriFF
Date 7/	Payee na			1			
1/19/19	GUS	Reg	City; State;	Ho	Me I	epot	<u> </u>
Amount (\$)	Payee at	ddress;	City; State; こ ろん しん	Zip Code LIXT		·	
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	Category	/ (See Categories	listed at the top of this	schedule)	Description		
PURPOSE	Ren	bure	e-60	5	Check if travel o	utside of Texas. Compl	ete Schedule T.
OF EXPENDITURE	TP		1 130 0		Check If Austi	n, TX, officeholder li	ving expense
	10.	,	MATE	eine			
Complete ONLY if direct expenditure to benefit C/OF	Candid	late / Officehol			Office sought		Office held
experionare to beliefit 0/01		MAR	240	10	Sheri	FF	SHERRIFE
Date	Payee n	<i></i>					
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14/19	1/all	ley n	name	ug St	ar		
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	J		listed at the top of this		Description		
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SCHEDULE F1

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Forms provided by Texas Ethics Commission 5331.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel in District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salarles/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 3 Filer ID (Ethics Commission Filers) BROWN 5 Ville (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF _ Check if Austin, TX, officeholder living expense **EXPENDITURE** AdV. Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH DMAR Lucio SheWFF SheriFF Payee name NiCK CORdobA Payee address; City; State; Zip Code 3235 E/SA Ave. BROWNSVI'/e TEXAS 18.520 Category (See Categories listed at the top of this schedule) Description Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense Political FUNCTION CATERING SEXVICE Candidate / Officeholder name **EXPENDITURE** Office sought Complete ONLY if direct expenditure to benefit C/OH Omar Lucio Payee name SheriFF 2165 N.S. Milistary High way BROWNIILE TEXAS 78520 Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Light Check if Austin, TX, officeholder living expense **EXPENDITURE** Political SigN Office sought Office held Complete ONLY if direct expenditure to benefit C/OH SheriFF 5 heritt

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SCHEDULE F1

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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Glft/Awards/Memorials Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District 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 3 Filer ID (Ethics Commission Filers) OMAR Lucio 5 Payee name 11/22/19 6 Amount (\$) Breeden Mecumber 7 Payee address; City; State; Zip Code 1724 BORA CHICA Blud BROWNS VI 1/e, TEXAS 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Political Adv. Gandidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH OMAR Luci SheriFF Abraham Hervandez Payee address; City; State; Zip Code 1141 Champhane Dr BROWNVILLE, TEXAS 78320 Category (See Categories listed at the lop of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH OMAR LUCIO SheriFF Date SROWNS VIIIe TEXAS 7852/ Category (See Categories listed at the top of this schedule) Description **PURPOSE** ___ Check if Iravel outside of Texas. Complete Schedule T. Reburse-Bus ReyNA Check if Austin, TX, officeholder living expense T-PosT-Ties Genelidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held OMAR LUCIO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Saleries/Manas/Contract Labor

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8	(a) Category (See Categories listed at the top of this schedule)	100 December 1	
PURPOSE	and the state of t	(b) Description	
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EXPENDITURE	Adv.		
	(c) Check if travel outside of Texas. Complete Schedule T.		
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	T.V. Adv.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
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OF EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	

3- -

SCHEDULE F1

		EXPENDITURE CAT	EGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	e By tical Committee	Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Loan Repayr Office Overh Polling Expe Printing Expe	nent/Reimbursement ead/Rental Expense nse	Travel Out Of Dis	quipment & Related Expense
		The Instruction Guide expla	ins how to cor	nplete this form.	outor (diffic) a ca	regory not listed above)
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OF EXPENDITURE	Poli	TICAL Sign	V5			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder liv	ing sypones
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expenditure to benefit C/O	1 On	PAR WUC	· ^	She Ric-	سر ج	Office held
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12/0/10						
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	Category (See Categories listed at the top of this si	EXAS	18521		
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experience to benefit C/OH	•	AR LUCIO	_	**		Office held
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rms provided by Texas Ethic	s Commission	www.ethics.s				
1007,00						Revised 9/26/2019

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	gal contides Sai	htng Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains ho	
1 Total pages Schedule F1	2 FILER NAME OMAR LUCIO	3 Filer ID (Ethics Commission File
4 Date	5 Payee name	
1-14-20	OMAR GUETO	
6 Amount (\$)	7 Payee address; 29349 Resaca 4	City; State; Zip Code
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PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description
OF EXPENDITURE	Adv. Expense	FACE BOOK
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
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	B.T.T.A.O.L.	
ns provided by Tayon Ethion	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
		Solicitation/Fundraising Expense
Advertising Expense Accounting/Banking	Fees Office C	Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense	Cie/Augris/Memorials Expense Printing	d Expense Travel Out Of District
Contributions/Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services Salarie	
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780.10	7 Payee address; Po Box 15123	willington DE 19850-5
Reimbursement from political contributions intended	· ·	(b) Description
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	Candidate / Officeholder name	Office sought Office held
) Complete <u>ONLY</u> if direct	Candidate / Officeriolder Harris	<u>-</u>
expenditure to benefit C/OH	1	
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Reimbursement from political contributions		
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	Candidate / Officeholder name	Office sought Office held
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expenditure to benefit C/O	44	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED
1		Revised 9/26/2