

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI <i>OMAR LUCIO</i> NICKNAME LAST SUFFIX</p>	<div style="text-align: center;"> <p>OFFICE USE ONLY CAMERON COUNTY</p> <p>DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p>JUL 13 2015</p> <p>RECEIVED</p> <p>BY: <i>[Signature]</i></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>29349 RESACA DR.</i> <i>SAN BENITO, TEXAS 78586</i></p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(956) 245-9380</i></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI <i>JAVIER REYNA</i> NICKNAME LAST SUFFIX</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>633 SAIDMAN</i> <i>BROWNSVILLE, TEXAS 78521</i></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(956) 561-8834</i></p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p><i>12/24/14</i> <i>7/9/15</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</p> <p><i>3/1/16</i></p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p><i>SHERIFF</i></p>	<p>13 OFFICE SOUGHT (if known)</p> <p><i>SHERIFF</i></p>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 1,000.00

EXPENDITURE
TOTALS

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

\$

442.22

4. TOTAL POLITICAL EXPENDITURES

\$

1332.22

CONTRIBUTION
BALANCE

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

\$

26,595.97

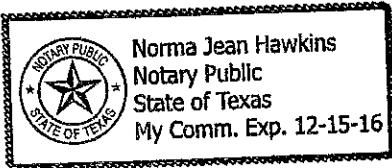
OUTSTANDING
LOAN TOTALS

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 13th day of July, 20 15, to certify which, witness my hand and seal of office.

Norma Jean Hawkins
Signature of officer administering oath

NORMA JEAN HAWKINS
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES 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
	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>2-17-15</i>	5 Payee name <i>TIP-O-TEX KICKBALL</i>	
6 Amount (\$) <i>7350⁰⁰</i>	7 Payee address; City; State; Zip Code <i>24 NOS EBANOS 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>DONATION-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>4-10-15</i>	Payee name <i>BROWNSVILLE POLICE DEPT.</i>	
Amount (\$) <i>360⁰⁰</i>	Payee address; City; State; Zip Code <i>600 E. JACKSON 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>DONATION CHARITY EVENT</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>6-9-15</i>	Payee name <i>A. LOZANO</i>	
Amount (\$) <i>180⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. BOX 1090 RIO HONDO, TEXAS 78583</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>Advertisement</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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/15

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

SAM R. SPARKS

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

P.O. BOX 130
PROGRESSO, TEXAS 78579-0130

\$4,000.00

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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)

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