

**MR. 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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Omar Lucio
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JUL 13 2016

1:43pm

RECEIVED
BY: *[Signature]*

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

29349 Resaca Dr.
SAN BENITO, TEXAS 78586

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 245-9380

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
JAVIER REYNA
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

633 Rey Salomon
BROWNSVILLE, TEXAS 78521

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 561-8834

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
2/18/16 THROUGH *7/11/16*

11 ELECTION

ELECTION DATE

Month Day Year
11/8/16

ELECTION TYPE

Primary Runoff Other Description
 General 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)

\$

1,700.00

EXPENDITURE
TOTALS

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

\$

729.95

4. TOTAL POLITICAL EXPENDITURES

\$

34,810.64

CONTRIBUTION
BALANCE

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

\$

57,703.32

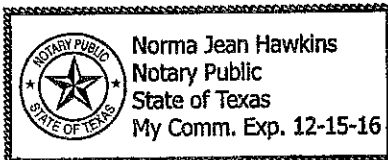
OUTSTANDING
LOAN TOTALS

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 *12th* day of *July*, 20 *16*, to certify which, witness my hand and seal of office.

Norma Jean Hawkins - *NORMA JEAN HAWKINS*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2</i>		2 FILER NAME <i>Omar Lucio</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-8-16</i>		5 Payee name <i>TIP-O-TEX-LMKB</i>			
6 Amount (\$) <i>350⁰⁰/_{NT}</i>		7 Payee address; City; State; Zip Code <i>24 West Los Ebanos Brownsville, Texas - 78520</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertisement</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Omar Lucio</i>		Office sought <i>Sheriff</i>	
Date <i>3-8-16</i>		Payee name <i>Gus Reyna</i>			
Amount (\$) <i>115⁸²</i>		Payee address; City; State; Zip Code <i>1875 Don Quixote Brownsville, Texas 78521</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Reimbursement - Food Campaign Workers</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Omar Lucio</i>		Office sought <i>Sheriff</i>	
Date <i>5-18-16</i>		Payee name <i>Jerry McHale</i>			
Amount (\$) <i>200⁰⁰/_{NT}</i>		Payee address; City; State; Zip Code <i>1900 Coffee Port Brownsville, Texas 78521</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertisement</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Omar Lucio</i>		Office sought <i>Sheriff</i>	
Date <i>6/14/16</i>		Payee name <i>Jerry McHale</i>			
Amount (\$) <i>300⁰⁰</i>		Payee address; City; State; Zip Code <i>1900 Coffee Port Brownsville, Texas 78521</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertisement</i>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Omar Lucio</i>		Office sought <i>Sheriff</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F: <u>2</u>		2 FILER NAME <u>OMAR LUCIO</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2-19-14</u>		5 Payee name <u>AVIS RENTAL CAR</u>			
6 Amount (\$) <u>508.79</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 4875 CORPUS CHRISTI, TEXAS-78469</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>POLITICAL CAMPAIGN</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
				Office held <u>SHERIFF</u>	
Date <u>2-24-14</u>		Payee name <u>AVIS RENTAL CAR</u>			
Amount (\$) <u>254.⁴⁰XX</u>		Payee address; City; State; Zip Code <u>AVIS RENTAL CAR P.O. BOX 4875 - CORPUS CHRISTI, TEXAS 4875</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>POLITICAL CAMPAIGN</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
				Office held <u>SHERIFF</u>	
Date <u>2-25-16</u>		Payee name <u>BROWNSVILLE, HERALD</u>			
Amount (\$) <u>864.⁰⁰XX</u>		Payee address; City; State; Zip Code <u>1135 VAN BUREN BROWNSVILLE, TEXAS-78520</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertisement</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
				Office held <u>SHERIFF</u>	
Date <u>3-1-16</u>		Payee name <u>AVIS RENTAL CAR</u>			
Amount (\$) <u>158.68</u>		Payee address; City; State; Zip Code <u>P.O. Box 4875 CORPUS CHRISTI, TEXAS 78469</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>POLITICAL CAMPAIGN</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>OMAR LUCIO</u>		Office sought <u>SHERIFF</u>	
				Office held <u>SHERIFF</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>OMAR LUCIO</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/19/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>WALTER PLITT III</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>107 COUNTRY CLUB RD. BROWNSVILLE, TEXAS 78520</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/19/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>W. BENJAMIN FRY</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>311 N. SAM HOUSTON BLVD, SAN BENITO, TEXAS 78586</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/19/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TOM E. MATHIS III</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>193 ISABELLA PT-DR. CB9320 PORT ISABELLA, TEXAS 78578</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/22/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KRISTA L. SANDRA JOHNSON</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>111730 HASTINGS ST. NE. BLAINE, MINNESOTA 55449-7912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/23/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANDY AYDUB</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>169 LAKEVIEW SAN BENITO, TEXAS 78586</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Omar Lucio

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/24/16

5 Full name of contributor

Hector Salis

Contributor address; City; State; Zip Code

2310 EMERALD LAKE DR
HARLINGEN, TEXAS 78550

7 Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/4/16

Full name of contributor

MARIO VILLARREAL

Contributor address; City; State; Zip Code

700 B. WEEVE
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

1,000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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