

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MR / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">OMAR LUCIO</td> <td style="width:10%; font-size: small;">FIRST</td> <td style="width:10%; border-bottom: 1px solid black;">MI</td> <td style="width:10%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="border-bottom: 1px solid black;"></td> <td style="font-size: small;">LAST</td> <td style="border-bottom: 1px solid black;"></td> <td style="font-size: small;">SUFFIX</td> </tr> </table>	MR / MRS / MR	OMAR LUCIO	FIRST	MI	MI	NICKNAME		LAST		SUFFIX	OFFICE USE ONLY										
MR / MRS / MR	OMAR LUCIO	FIRST	MI	MI																		
NICKNAME		LAST		SUFFIX																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;">29349 RESACA DR.</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;">SAN BENITO, TEXAS 78584</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	29349 RESACA DR.					SAN BENITO, TEXAS 78584					Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION OCT 06 2016 RECEIVED BY:					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
29349 RESACA DR.																						
SAN BENITO, TEXAS 78584																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:35%; font-size: small;">EXTENSION</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(956)</td> <td style="border-bottom: 1px solid black;">245-9380</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(956)	245-9380		Date Hand-delivered or Date Postmarked														
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(956)	245-9380																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MR / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">JAVIER REYNA</td> <td style="width:10%; font-size: small;">FIRST</td> <td style="width:10%; border-bottom: 1px solid black;">MI</td> <td style="width:10%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="border-bottom: 1px solid black;"></td> <td style="font-size: small;">LAST</td> <td style="border-bottom: 1px solid black;"></td> <td style="font-size: small;">SUFFIX</td> </tr> </table>	MR / MRS / MR	JAVIER REYNA	FIRST	MI	MI	NICKNAME		LAST		SUFFIX	Receipt #	Amount \$									
MR / MRS / MR	JAVIER REYNA	FIRST	MI	MI																		
NICKNAME		LAST		SUFFIX																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;">633 Rey SALOMON</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black;">BROWNSVILLE, TEXAS 78521</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	633 Rey SALOMON					BROWNSVILLE, TEXAS 78521								
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BROWNSVILLE, TEXAS 78521																						
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)											
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:10%; font-size: small;">THROUGH</td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;">7</td> <td style="border-bottom: 1px solid black;">/ 16</td> <td style="border-bottom: 1px solid black;">/ 14</td> <td style="border-bottom: 1px solid black;">THROUGH</td> <td style="border-bottom: 1px solid black;">10</td> <td style="border-bottom: 1px solid black;">/ 6</td> <td style="border-bottom: 1px solid black;">/ 14</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/ 16	/ 14	THROUGH	10	/ 6	/ 14					
Month	Day	Year	THROUGH	Month	Day	Year																
7	/ 16	/ 14	THROUGH	10	/ 6	/ 14																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%;"><input type="checkbox"/> Primary</td> <td style="width:10%;"><input type="checkbox"/> Runoff</td> <td style="width:10%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="border-bottom: 1px solid black;">11</td> <td style="border-bottom: 1px solid black;">/ 8</td> <td style="border-bottom: 1px solid black;">/ 14</td> <td style="border-bottom: 1px solid black;"><input checked="" type="checkbox"/> General</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Special</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	11	/ 8	/ 14	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
ELECTION DATE			ELECTION TYPE																			
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11	/ 8	/ 14	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																				
	SHERIFF	SHERIFF																				

3:50pm

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$

14,150.00

EXPENDITURE
TOTALS

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

\$

2,035.68

4. TOTAL POLITICAL EXPENDITURES

\$

17,304.71

CONTRIBUTION
BALANCE

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

\$

49,406.44

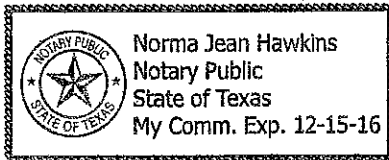
OUTSTANDING
LOAN TOTALS

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 5th

day of October, 2016, to certify which, witness my hand and seal of office.

Norma Jean Hawkins - NORMA JEAN HAWKINS

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>Emar Lucio</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <i>7/7/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ADRIANA Negrette</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable)		
	6 Contributor address; City; State; Zip Code <i>3422 Nottingham Ct. Brownsville, TEXAS 78524</i>	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>7/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MARIO Villareal</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>700 E Levee St. Suite 201 Brownsville, TEXAS 78521</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>7/12/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rolando Rubiano</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>518 E Woodland Dr Harlingen, TEXAS 78550</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>7/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ESPARAZA & GARZA</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>964 E Los Ebanos Blvd. Brownsville, TEXAS 78520</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>7/19/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ray E. Esquivel</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>P.O. Box 822 Harlingen, TEXAS 78551</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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

POLITICAL 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>7/19/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MIKE GARZA</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1001 FAIR PARK BLVD HARLINGEN TEXAS 78550-2300</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/24/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jaime Escobedo</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4680 WARKS PUR DR BROWNSVILLE, TEXAS 78524</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/27/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>SPENCER GAILLE</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1140 PAREDES LINE RD BROWNSVILLE, TEXAS 78521-2628</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/02/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lee Roy Gonzalez</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 3293 BROWNSVILLE, TEXAS 78523</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/02/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Abel Gonzalez</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 5734 BROWNSVILLE, TEXAS</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

8/02/16

5 Full name of contributor

out-of-state PAC (ID# _____)

J. T. Edge
6 Contributor address; City; State; Zip Code
917 RESACA BEND
RANCHO VIEJO, 78575

7 Amount of contribution (\$)

1,000

(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

8/18/16

Full name of contributor

out-of-state PAC (ID# _____)

WINEBARGER-COGGAN-BLAIR-SAMPSON
Contributor address; City; State; Zip Code
P.O. Box 17428
AUSTIN, TEXAS 78760

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/16

Full name of contributor

out-of-state PAC (ID# _____)

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

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/24/16

Full name of contributor

out-of-state PAC (ID# _____)

Felix De la Fuente
Contributor address; City; State; Zip Code
1106 S. ARROYO BLVD.
LOS FRENOS, TEXAS 78524

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/16

Full name of contributor

out-of-state PAC (ID# _____)

Alfredo De la Fuente
Contributor address; City; State; Zip Code
1663 ZAMORA DR.
BROWNSVILLE, TEXAS 78524

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 <i>OMAR LUCIO</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <i>7/28/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DAVID.. MONRIAS</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)		
	6 Contributor address; City; State; Zip Code <i>1150 PARADES LINE RD BROWNSVILLE, TEXAS 78521</i>	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>8/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROYSTON, RAZOR, VICKERY & WILLIAMS</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>55 AOVE CIRCLE BROWNSVILLE, TEXAS 78521</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>9/6/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MIKE... O.R.T.I.Z.</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>95 E. PRICE RD. SUITE "F" BROWNSVILLE, TEXAS 78521</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOE... SALAZAR</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>556 W. ELIZABETH BROWNSVILLE, TEXAS 78520</i>	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>9/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ADAM.. ARREDONDO</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code <i>P.O. BOX 4514 MCALLEN, TEXAS 78502</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

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4 Date <i>8/23/16</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <i>CO0157677</i>) <i>ARRAMARK</i>	7 Amount of contribution (\$) <i>2,500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1101 MARKET STREET Phila delphia, PA. 19107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/23/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS SMIT</i>	Amount of contribution (\$) <i>1,500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2200 DANBURY SAN ANTONIO, TEXAS 78217</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 3		2 FILER NAME Omar Lucio		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/16		5 Payee name Chuy's Custom Sports			
6 Amount (\$) 1970¹⁵ 16		7 Payee address; City; State; Zip Code 160 E. Stenger San Benito, Texas 78566			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Political Signs		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Omar Lucio		Office sought Sheriff	
Date 7/18/16		Payee name Oscar Palomo			
Amount (\$) 800⁰⁰		Payee address; City; State; Zip Code 1752 Iris St. Brownsville, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Signs		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Omar Lucio		Office sought Sheriff	
Date 8/5/16		Payee name Ronnie Canales			
Amount (\$) 600⁰⁰		Payee address; City; State; Zip Code 35322 Grande Vista Ar San Benito, Texas 78586			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Putting up Political Signs		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Omar Lucio		Office sought Sheriff	
Date 8/12/16		Payee name Chuy's Sports			
Amount (\$) 835⁸³ xx		Payee address; City; State; Zip Code 160 E. Stenger San Benito, Texas 78566			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Signs		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Omar Lucio		Office sought Sheriff	

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME OMAR LUCIO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/12/14		5 Payee name RONNIE CANALES			
6 Amount (\$) 420⁰⁰		7 Payee address; City; State; Zip Code 35322 GRANDE VISTA DR. SAN BENITO, TEXAS 78586			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POLITICAL SIGNS		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
Date 8/23/14		Payee name CHUY'S CUSTOM SHOP			
Amount (\$) 155.88		Payee address; City; State; Zip Code 160 E. STENGER SAN BENITO, TEXAS 78586 465			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLITICAL SIGNS		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
Date 9/14/14		Payee name LAMAR OUTDOOR ADV.			
Amount (\$) 9426⁰⁰		Payee address; City; State; Zip Code 2001 INDUSTRIAL WAY SAN BENITO, TEXAS 78586			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLITICAL SIGN		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	
Date 9/15/14		Payee name CHUY'S CUSTOM SHOP			
Amount (\$) 887⁶⁵		Payee address; City; State; Zip Code 160 E. STENGER SAN BENITO, TEXAS 78586 465			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLITICAL MATERIAL		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name OMAR LUCIO		Office sought SHERIFF	

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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>3</i>	2 FILER NAME <i>Omar Lucio</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/1/14</i>	5 Payee name <i>SANTA ROSA CAFE</i>	
6 Amount (\$) <i>172 ⁹² / 2</i>	7 Payee address; City; State; Zip Code <i>120 N. MAIN AVE SANTA ROSA, TEXAS 78593</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Political Function</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name <i>Omar Lucio</i>	Office sought <i>Sheriff</i>
Date	Office held <i>Sheriff</i>	
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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