

**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: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME: <b>OMAR</b> LAST: <b>LUCIO</b> SUFFIX:		<b>OFFICE USE ONLY</b>  Date Received  <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b>  <b>J. Zap</b> JAN 12 2018  Date Hand-delivered or Date Postmarked BY: <b>Quail</b> Receipt #      Amount \$  Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>29349 RESACA DR. SAN BENITO, TEXAS 78584</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(952) 245-9380			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME: <b>GUSTAVO</b> LAST: <b>REYNA</b> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1875 DON QUIXOTE BROWNSVILLE, TEXAS 78521</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(952) 245-9380			
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 <b>6 / 30 / 17</b> THROUGH <b>1 / 12 / 18</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	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	
3 / 20			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
<b>Sheriff</b>		<b>Sheriff</b>	

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)

\$

*14,100*

EXPENDITURE  
TOTALS

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

\$

*3,200.00*

4. TOTAL POLITICAL EXPENDITURES

\$

*2,456.63*

CONTRIBUTION  
BALANCE

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

\$

*40,819.81*

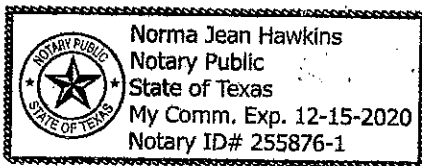
OUTSTANDING  
LOAN TOTALS

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 *10th* day of *January* 20*18*, 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 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: <b>1</b>	2 FILER NAME <b>OMAR LUCIO</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/12/18</b>	5 Payee name <b>BROWNSVILLE GOLF CENTER</b>	
6 Amount (\$) <b>76,136.63</b>	7 Payee address; City; State; Zip Code <b>BROWNSVILLE, TEXAS</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>T. GREEN FEES</b>	(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: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>	
Date <b>1/12/18</b>	Payee name <b>ESQUIVEL TEAM</b>	
Amount (\$) <b>600.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 522 WARLINGER, TEXAS 78551</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>G.T. PRIZE</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: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>	
Date <b>6/12/18</b>	Payee name <b>JOE SALAZAR</b>	
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>ELIZABETH ST. BROWNSVILLE, TEXAS - 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>G.T. PRIZE</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: <b>OMAR LUCIO</b> Office sought: <b>SHERIFF</b> Office held: <b>SHERIFF</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 F1:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/12/18</i>	5 Payee name <i>GMS TEAM</i>
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6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>1115 PAREDES LANE RD. BROWNSVILLE, TEXAS- 78521</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>G.T. PRIZE</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
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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>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 <i>OMAR Lucio</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/4/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reg. Esquivel</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1009 FAIR PARK BLVD DARLINGTON, TEXAS 78530</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/11/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ADRIANA JUAREZ NEGRETTE</i>	Amount of contribution (\$) <i>250.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3472 NOTTINGHAM CT. BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/20/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ESPARAZA &amp; GARZA</i>	Amount of contribution (\$) <i>250.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>964 E LOS EBANOS BLVD BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/20/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John T Edge</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>219 RESACA BEND 78575 RANCHO VIEJO, TEXAS</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/17/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALFREDO DE LA FUENTE</i> 6 Contributor address; City; State; Zip Code <i>1663 ZAMORA DR. BROWNSVILLE, TEXA 78524</i>	7 Amount of contribution (\$) <i>\$1,000.<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN MARTINEZ</i> Contributor address; City; State; Zip Code <i>554 E. JACKSON BROWNSVILLE, TEXAS 78520</i>	Amount of contribution (\$) <i>\$250.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAIMES ESCOBEDO</i> Contributor address; City; State; Zip Code <i>4680 WARKS PUR DR. BROWNSVILLE, TEXAS 78524</i>	Amount of contribution (\$) <i>\$1,500.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/10/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROLANDO R. RUBIANO</i> Contributor address; City; State; Zip Code <i>518 E. WOODLAND DR. HARLINGEN, TEXAS 78550-4980</i>	Amount of contribution (\$) <i>\$500.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/27/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROYSTON, RAYZOR, VICKERY &amp; WILLIAMS</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>55 COVE CIRCLE BROWNSVILLE, TEXAS 78521</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/1/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abel Gonzalez</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 5136 BROWNSVILLE, TEXAS 78523</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/1/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lery Gonzalez</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 4324 BROWNSVILLE, TEXAS 78523</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/1/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricky Cardenas</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1603 E. Price Rd. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ZAYAS - ZAMORA</i> 6 Contributor address; City; State; Zip Code <i>3100 E. 14TH ST. BROWNSVILLE, TEXAS 785213314</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/15/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARRIE PINGAL</i> Contributor address; City; State; Zip Code <i>2200 Danbury SAN ANTONIO, TX. 78217</i>	Amount of contribution (\$) <i>750.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gomez Mendez SAENZ</i> Contributor address; City; State; Zip Code <i>1115 PAREDES LINE RD. BROWNSVILLE, TEXAS 78521</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/28/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAIME RAMIREZ</i> Contributor address; City; State; Zip Code <i>2480 W. BUSINESS 77TH SAN BENITO, TEXAS 78586</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>OMAR LUCIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/9/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIO R VILLARREAL</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>700 E Levee ST. SUITE 201 BROWNSVILLE, TEXAS 78521</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/7/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDBARGER-GOGGAN BLAIR-SAMPSON</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 17428 AUSTIN, TEXAS 78760</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/5/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AZENETH RINCON</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>89 CENTRAL PARK DR BROWNSVILLE, TEXAS 78520</b>		
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 (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>OMAR LUCIO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/28/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTINE HUNT</b> 6 Contributor address; City; State; Zip Code <b>77 SANTA ISABEL BLVD. APT. N7 LAGUNA VISTA, TEXAS 78578 2687</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/14/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL ORTIZ</b> Contributor address; City; State; Zip Code <b>258 RESACA BEND OLMITO, TEXAS 78575</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN H. ANDRADE JR.</b> Contributor address; City; State; Zip Code <b>1727 ROYAL OAK BROWNSVILLE, TEXAS 78521</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GILBERT GONZALEZ</b> Contributor address; City; State; Zip Code <b>305 CLIFTON, TEXAS 76634</b>	Amount of contribution (\$) <b>91500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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