

**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:  11
3 CANDIDATE / OFFICEHOLDER NAME	<small>MS / MRS / MR</small> FIRST MI <i>OMAR LUCIO</i> <small>NICKNAME LAST SUFFIX</small>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> <i>29349 RESACA DRIVE</i> <i>SAN BENITO, TEXAS 78584</i>	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <i>JAN 09 2019</i> RECEIVED <i>[Signature]</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> <i>(956) 245-9380</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<small>MS / MRS / MR</small> FIRST MI <i>GUSTAVO REYNA</i> <small>NICKNAME LAST SUFFIX</small>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> <i>1875 DON QUIXOTE</i> <i>BROWNSVILLE, TEXAS 78521</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> <i>(956) 459-3226</i>	Date Imaged	
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	<small>Month Day Year</small> <i>7 / 17 / 18</i> THROUGH <small>Month Day Year</small> <i>1 / 8 / 19</i>		
11 ELECTION	<small>ELECTION DATE</small> <small>Month Day Year</small> <i>3 / 120</i>	<small>ELECTION TYPE</small> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <i>Sheriff</i>	13 OFFICE SOUGHT (if known)  <i>Sheriff</i>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

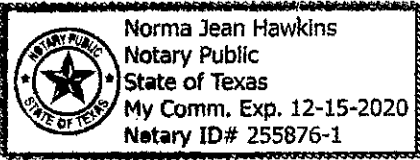
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 17,550
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 199.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,159.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,210.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Luccio*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Omar Luccio, this the 8<sup>th</sup> day of January, 2019, 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

# 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>7/17/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAIME ESCOBEDO</i>	7 Amount of contribution (\$) <i>1,000<sup>00</sup> TX</i>
6 Contributor address; City; State; Zip Code <i>55 GALONSKY ST. BROWNSVILLE, TEX. 78521</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/19/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ADRIANA NEGRETE</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3472 NOTTINGHAM BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/24/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROLANDO R. RUBIANO</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>518 E. WOODLAND DR. HARLINGEN, TX. 78550-4980</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/27/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIO R. VILLARREAL</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>700 E. LEVEE ST. SUITE 201 BROWNSVILLE, TEXAS 78521</i>		
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.

# 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

*7/30/18*

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

*DINO ESPARAZA*  
 6 Contributor address; City; State; Zip Code  
*964 E. LOS EBANOS BLVD*  
*BROWNSVILLE, TX. 78520*

7 Amount of contribution (\$)

*\$250.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*8/1/18*

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 (\$)

*250.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/8/18*

Full name of contributor  out-of-state PAC (ID# *000157677*)

*ARAMARK*  
 Contributor address; City; State; Zip Code  
*1101 MARKET STREET*  
*PHILADELPHIA, PA. 19107*

Amount of contribution (\$)

*\$2000.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/2/18*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Rey. Esquivel*  
 Contributor address; City; State; Zip Code  
*1009 FAIR PARK BLVD*  
*WARTLINGER, TEXAS 78550*

Amount of contribution (\$)

*\$1,000.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*3500*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

*OMAR LUCIO*

3 Filer ID (Ethics Commission Filers)

4 Date

*8/13/18*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*LINDA RAGER GOGGAN BLAIR SAMPSON*

6 Contributor address; City; State; Zip Code

*P.O. Box 17428  
AUSTIN, TEXAS 78760*

7 Amount of contribution (\$)

*1,000.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*8/15/18*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*JUAN ANDRADE FR.*

Contributor address; City; State; Zip Code

*1040 E 7TH STREET  
BROWNSVILLE, TEXAS 78520*

Amount of contribution (\$)

*500.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/14/18*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*ROYSTON, RAZOR VICKERY WILLIAMS*

Contributor address; City; State; Zip Code

*55 COVE CIRCLE  
BROWNSVILLE, TX 78521*

Amount of contribution (\$)

*500.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/18/18*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*LEONARDO RINCONES JR.*

Contributor address; City; State; Zip Code

*854 E VAN BUREN  
BROWNSVILLE, TEXAS 78520*

Amount of contribution (\$)

*500.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Omar Lucio

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/18

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

John Edge

7 Amount of contribution (\$)

9,000

6 Contributor address; City; State; Zip Code

219 RESACA BOND  
RANCHO VIEJO, TEXAS 78575

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RANCHO AUTO COLLISION

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

6636 WOODLAND AVE  
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUAN H. ANDRADE, JR.

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

1727 ROYAL OAK  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

E. PENA P.C.

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

S. E. ELIZABETH ST.  
BROWNSVILLE, TEXAS 78520

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.

2250

# 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

*9/14/18*

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

*Gomez Mendez*  
 6 Contributor address; City; State; Zip Code  
*1150 PAREDES LANE RD.*  
*BROWNSVILLE, TEXAS 78521*

7 Amount of contribution (\$)

*\$500<sup>02</sup> XX*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/14/18*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*CARLOS R. MASSO*  
 Contributor address; City; State; Zip Code  
*1000 E. MADISON ST*  
*BROWNSVILLE, TEXAS 78520*

Amount of contribution (\$)

*\$2,000*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

OMAR LUCIO

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/18

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

Abel Gonzalez  
 6 Contributor address; City; State; Zip Code  
 P.O. BOX 5136  
 BROWNSVILLE, TEXAS 77823

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CARIE W. PINGAL  
 Contributor address; City; State; Zip Code  
 2200 DANBURY  
 SAN ANTONIO, TEXAS 78217

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jose SALAZAR  
 Contributor address; City; State; Zip Code  
 952 PINE BLUFF DR.  
 BROWNSVILLE, TEXAS 77824

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

# 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

*10/2/18*

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

*JOE SALAZAR*

7 Amount of contribution (\$)

*500.00*

6 Contributor address; City; State; Zip Code

*1603 E. PRICE DR.  
BROWNSVILLE, TX. 78521*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/5/18*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*ALFREDO GERUSA ELIZANDE*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*3321 TREASURE HILL BLVD  
HARLINGEN, TEXAS 78550*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/18/18*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*BILL RYAN*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*8538 U.S. HWY 281  
ROUND MOUNTAIN, TEXAS 78663*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
2	OMAR LUCIO		
<b>4</b> Date	<b>5</b> Payee name		
10/5/18	JOE SALAZAR		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
400 <sup>00</sup>	465 STONARD BROWNSVILLE, TEXAS 78520		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		
	<b>(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		
GOLF TOUR PRIZE			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
OMAR LUCIO		SHERIFF	SHERIFF
Date	Payee name		
10/5/18	JOSE HORANTE		
Amount (\$)	Payee address; City; State; Zip Code		
400 <sup>00</sup>	205 AVENIDA LANE W. PLATA BROWNSVILLE, TEXAS 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	GOLF TOUR 2ND PRIZE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
OMAR LUCIO		SHERIFF	SHERIFF
Date	Payee name		
10/5/18	GILBERT GONZALEZ		
Amount (\$)	Payee address; City; State; Zip Code		
200 <sup>00</sup>	1324 E. MADISON BROWNSVILLE, TEXAS 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	GOLF TOUR 3RD PRIZE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
OMAR LUCIO		SHERIFF	SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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>2</b>	2 FILER NAME <b>OMAR LUCIO</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/8/18</b>	5 Payee name <b>BROWNSVILLE GOLF COURSE</b>	
6 Amount (\$) <b>1280.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1800 W. SAN MARCELO BLVD. BROWNSVILLE, TEXAS 78526</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>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>10/1/18</b>	Payee name <b>FERMIN LEAL</b>	
Amount (\$) <b>180.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>BADOWNSVILLE, TEXAS 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>GOLF TOUR</b>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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>10/3/18</b>	Payee name <b>NICO CORDOBA</b>	
Amount (\$) <b>300.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2823 ALONEDA AVE. BROWNSVILLE, TEXAS 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CATERING GOLF TOUR</b>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED