

**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:  <div style="text-align: center; font-size: 2em;">22</div>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">Omar</div>	MI	<b>OFFICE USE ONLY</b>  Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  2:30pm JUL 06 2020  RECEIVED BY: <u>[Signature]</u>  Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">Lacio</div>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
23949 Kesaca Dr. San Benito, TX 78586						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(956) 245-9380						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">Javier</div>	MI	Receipt #      Amount \$  Date Processed  Date Imaged		
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">Keyna</div>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
633 Rey Salomon Brownsville, TX 78521						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(956) 203-7529						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month      Day      Year		THROUGH	Month      Day      Year		
2 / 3 / 2020      7 / 3 / 2020						
11 ELECTION	ELECTION DATE		ELECTION TYPE			
Month      Day      Year		<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description		
7 / 14 / 20						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
Sheriff		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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

*22,000*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

*1,034.55*

4. TOTAL POLITICAL EXPENDITURES

\$

*40,329.84*

CONTRIBUTION  
BALANCE

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

\$

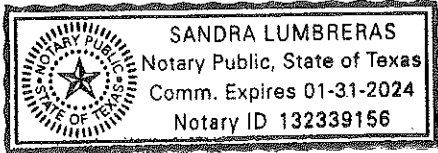
*15,360.54*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 *6<sup>th</sup>* day of *July*, 20 *20*, to certify which, witness my hand and seal of office.

*Sandra Lumberas* *Sandra Lumberas* Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME *Omar Lucio* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>23,388.37</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>13,858.37</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ .
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>40,329.84</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>757.59</i>

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*OMAR Lucid*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/4/20*

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

*JOHN Edge*

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

*2645 BARNARD  
BROWNSVILLE, TEXAS 78520*

*\$1,000.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/7/20*

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

*MARTIN CANTU*

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*106 JACKSON  
PORT ISABEL, TEXAS 78578*

*\$300.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/12/20*

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

*A. ELIZONDO*

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*1002 K. HARRISON  
HARLINGEN, TEXAS 78555*

*100.00*

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)

*1400*

**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

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

7 Amount of contribution (\$)

*2/29/20*

*LAM BARRI*  
 6 Contributor address; City; State; Zip Code  
*9345 U.S. HIGHWAY 281  
 BROWNSVILLE, TEXAS 78520 -*

*1000.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

*2/4/20*

*BEN FRY*  
 Contributor address; City; State; Zip Code  
*311 N. SAM HOUSTON BLVD  
 SAN BENITO, TEXAS 78584*

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*3/3/20*

*ALBERTO M. VERA*  
 Contributor address; City; State; Zip Code  
*P.O. Box 1423  
 SAN BENITO, TEXAS 78584*

*1000.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*3/4/20*

*REGAN McMILLIN*  
 Contributor address; City; State; Zip Code  
*3105 LEON CIR.  
 HARLINGEN, TX. 78550-8640*

*1000.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*3100*

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

3/6/20

5 Full name of contributor

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

Jose Luis Esquivel

6 Contributor address; City; State; Zip Code

P.O. BOX 605  
HARLINGEN, TEXAS 78531-0605

7 Amount of contribution (\$)

1,000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/6/20

Full name of contributor

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

MAURY BARTNICKI

Contributor address; City; State; Zip Code

5600 BUCKEYE  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/20

Full name of contributor

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

JUAN R. GALLEGOS

Contributor address; City; State; Zip Code

1402 EL JARDIN HEIGHTS RD  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

500.<sup>00</sup>/<sub>XX</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/20

Full name of contributor

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

RICK CARDENAS

Contributor address; City; State; Zip Code

1403 PRICE RD.  
BROWNSVILLE, TEXAS

Amount of contribution (\$)

500.<sup>00</sup>/<sub>XX</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

3,000

**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

3/9/20

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

ENRIQUE NEGRETE

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

3472 NOTTINGHAM CT  
BROWNSVILLE, TEXAS 78526

250.<sup>00</sup>/<sub>XX</sub>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/20

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

ZAYAS-ZAMORA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

3100 E. 14TH ST.  
BROWNSVILLE, TEXAS - 78521 3314

500.<sup>00</sup>/<sub>XX</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/20

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

SILVANO CRISTIAN

Amount of contribution (\$)

Contributor address; City; State; Zip Code

35437 CALLE PIZARRA PR.  
BROWNSVILLE, TEXAS 78520

2000.<sup>00</sup>/<sub>XX</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/20

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

Abel Gonzalez

Amount of contribution (\$)

Contributor address; City; State; Zip Code

P.O. BOX 3293  
BROWNSVILLE, TEXAS 78523

500.<sup>00</sup>/<sub>XX</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

3250.

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

3/17/20

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

Craig H. Vittitoe  
6 Contributor address; City; State; Zip Code

2810 Becky Ln.  
Harlingen, Texas 78550-8516

7 Amount of contribution (\$)

200.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/26/20

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

Jose Negrette  
Contributor address; City; State; Zip Code

3472 NOTTINGHAM CT  
Brownsville, Texas 78526

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/20

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

J. Escobedo  
Contributor address; City; State; Zip Code

55 GAIONSKY ST  
Brownsville, 78521

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/20

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

Jaime PARR  
Contributor address; City; State; Zip Code

1700 BRAIRWYCK DR  
Brownsville, Texas 78521

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2450

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

5/29/20

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

ANTONIO MARRIVA

6 Contributor address; City; State; Zip Code

6529 FM 1932  
BROWNSVILLE, TEXAS

7 Amount of contribution (\$)

400.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/29/20

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

RICKY CARDENAS

Contributor address; City; State; Zip Code

1603 PRICE RD 78521  
BROWNSVILLE, TEXAS

Amount of contribution (\$)

500.<sup>00</sup><sub>xx</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/20

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

Eddie Trevino Jr.

Contributor address; City; State; Zip Code

5145 SUGAR MILL RD.  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

500.<sup>00</sup>

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)

27,583.<sup>32</sup>

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

*3/10/20*

5 Full name of contributor

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

*MANZI*

6 Contributor address; City; State; Zip Code

*17 PIZZARRO AVE  
RANCHO VICTO, TEXAS 78575*

7 Amount of contribution (\$)

*100<sup>00</sup> X*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/11/20*

Full name of contributor

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

*A. MORTERO*

Contributor address; City; State; Zip Code

*12302 MAJESTIC FOREST  
SPRING, TEXAS 77379-4853*

Amount of contribution (\$)

*250<sup>00</sup> X*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/12/20*

Full name of contributor

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

*YVETTE MARIE CANO*

Contributor address; City; State; Zip Code

*2817 MARIPOSA LANE  
HARLINGEN, TEXAS 78550*

Amount of contribution (\$)

*500<sup>00</sup> X*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/14/20*

Full name of contributor

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

*REAGAN McMillin*

Contributor address; City; State; Zip Code

*3105 LEON CIR  
HARLINGEN, TEXAS 78550-8640*

Amount of contribution (\$)

*1,000<sup>00</sup> X*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*1850*

**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

*3/7/20*

5 Full name of contributor

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

*Luis Villareal*

6 Contributor address; City; State; Zip Code

*5420 Southmost Rd.  
Brownsville, Texas 78521*

7 Amount of contribution (\$)

*1000<sup>00</sup> KR*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/9/20*

Full name of contributor

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

*Alfredo De la Fuente*

Contributor address; City; State; Zip Code

*1663 Zamora Dr.  
Brownsville, Texas 78526*

Amount of contribution (\$)

*500<sup>00</sup> KR*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/9/20*

Full name of contributor

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

*Mike Garza*

Contributor address; City; State; Zip Code

*1001 Fair Park Blvd.  
Harlingen, Texas 78550-2300*

Amount of contribution (\$)

*300<sup>00</sup> KR*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/9/20*

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 (\$)

*500<sup>00</sup> KR*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*2300.*

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

*6/16/20*

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

*NATALIE PERALES*

6 Contributor address; City; State; Zip Code

*1987 ROYAL OAK  
BROWNSVILLE, TEXAS 78521*

7 Amount of contribution (\$)

*1,500.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*6/16/20*

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

*JUAN D. LEAL*

Contributor address; City; State; Zip Code

*4401 TAHOE LAKE DR.  
BROWNSVILLE, TEXAS 78521*

Amount of contribution (\$)

*1,000<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/16/20*

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

*JOSE G. DOMES*

Contributor address; City; State; Zip Code

*597 W. SESAME DR.  
HARRINGEN, TEXAS 78550*

Amount of contribution (\$)

*750<sup>00</sup> XX*

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)

*3,250.*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>Omar Lucio</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>12,500</b>	
5 Date <b>6-29-20 thru 7-14-20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eduardo Gallegos</b>	8 Amount of Contribution \$ <b>10,000</b>	9 In-kind contribution description <b>RADIO ADVERTISEMENTS</b>
7 Contributor address; City; State; Zip Code <b>3901 N. JACKSON McAllen, TX 78501</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>June thru July 14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Perales</b>	Amount of Contribution \$ <b>2,500</b>	In-kind contribution description <b>FACE BOOK ADVERTISEMENT</b>
Contributor address; City; State; Zip Code <b>1987 Royal Oak Brownsville, TX</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Omar Lucio</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1358.37</u>	
5 Date <u>6-15-20</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jose Luis Gomez</u>	8 Amount of Contribution \$ <u>\$1,358.37</u>	9 In-kind contribution description <u>Campaign Signs</u>
7 Contributor address; City; State; Zip Code <u>2262 Concorde Pl. Brownsville, TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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.

1 Total pages Schedule F1: <b>7</b>		2 FILER NAME <b>OMAR Lucio</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/27/20</b>		5 Payee name <b>LAMAR SIGN</b>			
6 Amount (\$) <b>940.<sup>00</sup> NT</b>		7 Payee address; City; State; Zip Code <b>2001 INDUSTRIAL WAY SAN BENITO, TEXAS 78584</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Adv.</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 ONLY 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>2/25/20</b>		Payee name <b>M. Rodriguez</b>			
Amount (\$) <b>300.<sup>00</sup> NT</b>		Payee address; City; State; Zip Code <b>2425 BERNARD BROWNSVILLE, TEXAS 78520</b>			
<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	
		<b>PH. BANK</b>			
Complete ONLY 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>2/15/20</b>		Payee name <b>Pepe's RESTAURANT</b>			
Amount (\$) <b>317.37</b>		Payee address; City; State; Zip Code <b>2410 HUDSON BLVD BROWNSVILLE, TEXAS 78526</b>			
<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	
		<b>Food</b>			
		<b>CAMPAIGN WORKERS</b>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>OMAR Lucio</b>		Office sought <b>sheriff</b>	
				Office held <b>Sheriff</b>	

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1557.37



# 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:	2 FILER NAME <i>Omar Lucio</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>3/5/20</i>	5 Payee name <i>JUAN de DIOS OZONA</i>			
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>2322 BOCA CHICA BROWNSVILLE, TEXAS 78520</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>political Food - Gas - function</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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i></td> <td style="width:25%;">Office sought <i>Sheriff</i></td> <td style="width:25%;">Office held <i>Sheriff</i></td> </tr> </table>		<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>	Office held <i>Sheriff</i>		
Date <i>3/6/20</i>	Payee name <i>TIP-O-TEX LMK B</i>			
Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>105 EL PASO REAL BROWNSVILLE, TEXAS 78520</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i></td> <td style="width:25%;">Office sought <i>Sheriff</i></td> <td style="width:25%;">Office held <i>Sheriff</i></td> </tr> </table>		<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>	Office held <i>Sheriff</i>		
Date <i>3/13/20</i>	Payee name <i>HAITY JANET YARRITU</i>			
Amount (\$) <i>595.00</i>	Payee address; City; State; Zip Code <i>2209 EL DORADO RANCHO VIEJO, TEXAS 78575</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i></td> <td style="width:25%;">Office sought <i>Sheriff</i></td> <td style="width:25%;">Office held <i>Sheriff</i></td> </tr> </table>		<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>
<del>Candidate</del> / Officeholder name <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>	Office held <i>Sheriff</i>		

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4195

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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>4/6/20</i>	5 Payee name <i>Pedro Cardenas - Mi Pubelito</i>	
6 Amount (\$) <i>500.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>JOSE MARTI BROWNSVILLE, TEXAS 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food - BENEFIT COVID-19</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
	9 Complete <u>ONLY</u> 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>4/21/20</i>	Payee name <i>ABRAHAM HERNANDEZ</i>	
Amount (\$) <i>200.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1141 CHAMPAGNE DR. BROWNSVILLE, TEXAS 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADD.</i>	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: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	
Date <i>5/14/20</i>	Payee name <i>QUALITY PRINTS DESIGN</i>	
Amount (\$) <i>730<sup>49</sup>/<sub>100</sub></i>	Payee address; City; State; Zip Code <i>2145 U.S. MILITARY HWY 281 BROWNSVILLE, TEXAS 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SIGNS</i>	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: <i>OMAR LUCIO</i> Office sought: <i>SHERIFF</i> Office held: <i>SHERIFF</i>	

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# 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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/19/20</i>	5 Payee name <i>Alexis Lerma</i>	
6 Amount (\$) <i>700.00</i>	7 Payee address; City; State; Zip Code <i>PROVISION PRODUCTION MEDIA BROWNSVILLE, TEXAS 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>T.V. Ads</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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 <i>6/5/20</i>	Payee name <i>KRGV CH.5</i>		
Amount (\$) <i>11,305</i>	Payee address; City; State; Zip Code <i>900 E. EXPRESWAY WESLACO, TEXAS 78596</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>T.V. Adv.</i>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			

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 <i>6/5/20</i>	Payee name <i>Home Depot</i>		
Amount (\$) <i>125.45</i>	Payee address; City; State; Zip Code <i>4710 SOUTH EXPWAY 88 WARRINGEN, TEXAS 78550</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>T-POSTS</i>		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			

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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12130.45

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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>4/2/20</i>	5 Payee name <i>Alexis Lerma</i>	
6 Amount (\$) <i>700.00</i>	7 Payee address; City; State; Zip Code <i>PROVISIONAL PRODUCTION MEDIA BROWNSVILLE, TEXAS 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv.</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
	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>4/11/20</i>	Payee name <i>Alexis Lerma</i>	
Amount (\$) <i>1050.00</i>	Payee address; City; State; Zip Code <i>PROVISIONAL PRODUCTION MEDIA BROWNSVILLE, TEXAS 78550</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 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>4/12/20</i>	Payee name <i>HASTY GRAPHIC DESIGN</i>	
Amount (\$) <i>130.00</i>	Payee address; City; State; Zip Code <i>2209 EL DORADO RANCHO VIEJO, TEXAS 78575</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 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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# 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:	2 FILER NAME <i>OMAR LUCIO</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/23/20</i>	5 Payee name <i>SAN BENITO NEWS</i>
--------------------------	--

6 Amount (\$) <i>300.<sup>00</sup></i>	7 Payee address; <i>SAN BENITO, TEXAS 78580</i>	City;	State;	Zip Code
---	--	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Adv.</i>	(b) Description
	(c) <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	Office sought	Office held
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Date <i>4/24/20</i>	Payee name <i>M. Perez</i>
------------------------	-------------------------------

Amount (\$) <i>200.<sup>00</sup></i>	Payee address; <i>Highland BROWNSVILLE, TEXAS</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>political function</i>	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
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Date <i>4/22/20</i>	Payee name <i>Blip</i>
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Amount (\$) <i>714.<sup>00</sup></i>	Payee address; <i>1371 W. 1250 DREM, UTAH</i>	City;	State;	Zip Code
---	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Adv.</i>	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 <i>OMAR LUCIO</i>	Office sought <i>Sheriff</i>	Office held <i>Sheriff</i>
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*1214.00*

# 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: _____		2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <i>6/17/20</i>		5 Payee name <i>PRINTERS' BORDER PRESS</i>			
6 Amount (\$) <i>10,468.19</i>		7 Payee address; City; State; Zip Code <i>620 E. PRICE RD BROWNSVILLE, TEXAS 78521</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>MAIL OUT</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	
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 <i>6/22/20</i>		Payee name <i>PRINTERS' BORDER PRESS</i>			
Amount (\$) <i>1,220.28</i>		Payee address; City; State; Zip Code <i>620 E PRICE RD BROWNSVILLE, TEXAS 78521</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>MAIL OUT</i>		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 <i>OMAR LUCIO</i>		Office sought <i>SHERIFF</i>	
Date <i>6/23/20</i>		Payee name <i>VALLEY MORNING STAR</i>			
Amount (\$) <i>8200.00</i>		Payee address; City; State; Zip Code <i>1310 S. COMMERCIAL HARLINGEN, TEXAS 78550</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>ADV.</i>		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 _____			

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*19,884.67*

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>OMAR LUCIO</i>		3 Filer ID (Ethics Commission Filers)
4 Date  <i>2/14/20</i>	5 Name of person from whom amount is received <i>BREEDEN MCCUMBER</i>	8 Amount (\$)  <i>757.59</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>P.O. BOX 78523 BROWNSVILLE, TEXAS 78523</i>	
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <i>ADV. CAMPAIGN REFUND</i>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**