OMAR LUCIO

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MACI NICKNAME LAST LACIO	MI SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	· · · · · · · · · · · · · · · · · · ·	78586 EXTENSION	DEPARTMENT OF ELECTIONS VOTER REGISTRATION 2:308 JUL 0 6 2020 BY: Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Javier NICKNAME LAST Keywa	Mi	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT /S BYOWN SVILLE AREA CODE PHONE NUMBER (956) 203-7529	alomon, TX 785	STATE; ZIP CODE
9 REPORT TYPE 10 PERIOD	July 15 30th day before elements and state of the state o	-	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
COVERED	$\frac{2}{3}/3/2020$	-	3/2020
11 ELECTION	Month Day Year Primary 7 / 14/20 General	Runoff Other Description Special	
12 OFFICE	Sheriff	13 OFFICE SOUGHT (If known	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Omai	- Lucio 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	URES MADE BY POLITICAL COMMITTEES TO FHOUT THE CANDIDATE'S OR OFFICEHOLDER'S BINFORMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
,	SPECIFIC	COMMITTEE ADDRESS	
•		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS .	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,000 \$ 1,034,55 \$ 40,329,84 DAY \$ 15,360.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 1,034,55
	4. TOTAL	POLITICAL EXPENDITURES	\$ 40,329,84
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I ORTING PERIOD	DAY \$ 15, 360.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		j 1
18 AFFIDAVIT			
	SANDRA LUMBRE stary Public, State o cmm. Expires 01-3: Notary ID 132339	true and correct and includes all inforunder Title 15, Election Code. 1-2024 156	rjury, that the accompanying report is mation required to be reported by me
	NOEM ABOUT	Signature of Candi	uate of Officerroider
AFFIX NOTARY STAME	//SEALABOVE	^	
Sworn to and subscri	bed before me, b	y the said UMAR Lucio	this the
day of Suly	, 20 <u>_00</u> _, to	o certify which, witness my hand and seal of office.	
Danaradi	pillani	o Sandralum brevas	Notary
Signature of officer ad	iministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Mat Lacio 20 Filer ID (Ethics Com			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12 3,30°.3	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 13858;3	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$,	
J 4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$40,329.84	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$757.59	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME YMAR bucid 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) | April | Fig. 45 | 7855 | Employer (See Instru Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (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.

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)
2/1/2/1	5 Full name of contributor out-of-state PAC (ID#:) A.M. BARR! 6 Contributor address; City; State; Zip Code 9345 74.5. Hichway 281	7 Amount of contribution (\$)
20 Principal occu	9345 2.5. Hichway 281 BROWNSVILLE TEXAS 78520 - upation / Job title (See Instructions) 9 Employer (See Instructions)	1000. 00 ctions)
Date 2/4/	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	SAN BENITO TEXAS 78584 pation / Job title (See Instructions) Employer (See Instructions)	100 TV
Date	Full name of contributor out-of-state PAC (ID#:) Alberto M. Veg 4 Contributor address; City; State; Zip Code P.O. Box 1423	Amount of contribution (\$)
Principal occup	P.O. Box 1423 SAN BENTIO TEXAS 7858L pation / Job title (See Instructions) Employer (See Instructions)	1000 = F
Date 3/4/20	Full name of contributor out-of-state PAC (ID#:) Regan Memillin Contributor address; City; State; Zip Code 3105 Leon CiR,	Amount of contribution (\$)
Principal occup	HARI) N gen, Tx. 78550-8640 pation / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IFFDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	OMAR Lucio		3 Filer ID (Ethics Commission Filers)
4 Date 3/	5 Full name of contributor out-of-state PAC . J.O.S.e. L.U.I.S. F.S.O.U.I. 6 Contributor address; City; State	Vel	7 Amount of contribution (\$)
0.0	P-D. BOX 605 HARINGEN, TEXAS T pation / Job title (See Instructions)	18531-0605	1,000,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 3/6/	Full name of contributor out-of-state PAC MAURY BARTNIC Contributor address; City; State 5600 Buckeye	C (ID#:) C; Zip Code	Amount of contribution (\$)
100	BROWNS VI 11e, TEXA	25 78524	1.000,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 3/6/20	TUAN P.G.A./leges Contributor address; City: State 1402 El TARDIN HE	Zip Code	Amount of contribution (\$)
Principal occup	BROWNSVILLE, TEXAS ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 5/24/20	Rick. CARden		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	<u> </u>
3,	; 5 9		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	he Instruction Guide explains how to complete t	nis torm.	1 Total pages Schedule A1:
FILER NAM	15 BMAR Lucio		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
20 Principal oc	6 Contributor address; City; St 3 4 72 NoTTiN9 hAM BROWNSVIII TEXAS	ate; Zip Code	230, 25 tions)
Date	l	PAC (ID#:)	Amount of contribution (\$)
9/20	Contributor address; City; St 3100 E. 14th 5 +: BROWNSVIIIE, TEXAS-	ate; Zip Code	500 20
rincipal occ	rupation / Job title (See Instructions)	Employer (See Instruct	ions)
ate	1	PAC (ID#:)	Amount of contribution (\$)
3/	SILVAND CRISTIAN		
20 rincipal occ	Silvano CRistian Contributor address; City; Sta 3-5437 CAILE PIZAR BROWNSVIIIE, TENA upation / Job title (See Instructions)	0000	2000 XX
	BROWNSVILLE, TENS upation / Job title (See Instructions)	RAPR. 25 78 520 Employer (See Instruct	ons)
	BROWNSVILLE, TENS upation / Job title (See Instructions) Full name of contributor out-of-state P Abel Gowza/es	Employer (See Instruct	
	BROWNSVILLE TENS upation / Job title (See Instructions) Full name of contributor out-of-state P Abel Gowza/es Contributor address; City; State P. D. Box 3293	Employer (See Instruct	Amount of contribution (\$)
) 10/ 20	BROWNSVILLE, TENS upation / Job title (See Instructions) Full name of contributor out-of-state P Abel Gowza/es	Employer (See Instruct	Amount of contribution (\$)
ate	BROWNSVILLE FEXAS	Employer (See Instruct AC (ID#:) Ate; Zip Code	Amount of contribution (\$)
ate	BROWNSVILLE, TENDER upation / Job title (See Instructions) Full name of contributor out-of-state P Abe/ Gowza/e 5 Contributor address; City; State P BROWNSVILLE, TEXAS To upation / Job title (See Instructions)	Employer (See Instruct AC (ID#:) Ate; Zip Code	Amount of contribution (\$)

Forms provided by Texas Ethics Commission

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME OMAR Lucio	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Contributor Contributor	7 Amount of contribution (\$)
Chaig H. VITTITOR 6 Contributor address; City; State; Zip Code 2810 Becky L N. 1+ ARI: NGEN TEXAS 78550-85/6 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	2001 — tions)
Date Full name of contributor Gout-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3 4 72 NOTTING HAM CT BROWNSV;) IC, TEXAS 78 5 26 Principal occupation / Job title (See Instructions) Employer (See Instructions)	250, 000 ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City, State; Zip Code 55 G 10 V 5 K 4 5 T BROWN SU / 116 7852) Principal occupation / Job title (See Instructions) Employer (See Instructions)	1,000 × x
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1700 BRAIRWYCK DR 13ROWNSV/12 TCXAS 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions)	1000.00
2 4 5 2	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) ANTONIO MARAIVA 6 Contributor address; City; State; Zip Code 65291-M1732 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code 1603 PRICE Rd 78521 Principal occupation / Job title (See Instructions) BROWNSV: | | EXAS Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code S145 SUGAR M: 11 BRUWNSV///a TEXAS 78521 500 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Full name of contributor

Contributor address;

Date

out-of-state PAC (ID#:_______) Amount of contribution (\$)

Employer (See Instructions)

27.58, 32

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

SCHEDULE A1

······································		
TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	OMBR Lucio	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/0/20	6 Contributor address; City; State; Zip Code 17 P122 ARRO AVE RANCHO VICTO TEXAS 78575 Cupation / Job title (See Instructions) 9 Employer (See Instructions)	100 21
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instruc	blions)
Date	Full name of contributor	Amount of contribution (\$)
11/1	Contributor address; City; State; Zip Code 1307 MATESTIC FOREST SPRING, TEXAS 77379-4853 upation / Job title (See Instructions) Employer (See Instructions)	
~ <u> </u>	SPRING, TEXAS 77379-4853	250 7
Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Vette maki = CANO	Amount of contribution (\$)
12-1	Contributor address; City; State; Zip Code 2817 MARIOPOSA LANE	
1 4-2	HAR/iNgen, TEXAS 78550	500 00
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Reagan Memillin	Amount of contribution (\$)
11/20	Contributor address; City; State; Zip Code	يصد
	NAR1; NgeN, TEXAS 78550-8640	1,000 XX
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	ions)
180.	50	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME OMRR Lucio	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 3 4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 5420 Southmost Rd. BROWNSVIIIe, TEXAS 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	1000 K/
Date Full name of contributor out-of-state PAC (ID#:) AIFRELO DELA FUENTE Contributor address; City; State; Zip Code 1663 ZAMORA DR.	Amount of contribution (\$)
20 BROWNS VILLE TEXAS 78536 Principal occupation / Job title (See Instructions) Employer (See Instructions)	500 ××
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#:) JVAN MARTINEZ Contributor address; City; State; Zip Code 554 E. JACKSON	Amount of contribution (\$)
BROWNSV; 11e, 1EXRS 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions)	500 XX
23004	

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 The Instruction Guide explains how to complete this form. 1 Total page

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		9 CH-1D /CHI- O 1 1 C ET 1
Z FILLIN IVAIVAL	DMAR LUCIO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
14/20	MATA SE PERA ES 6 Contributor address; City; State; Zip Cod 1987 Royal On K BROWNSVIIE TEXAS 285 pation / Job title (See Instructions) 9 Employer (See	e
	BROWNSVIII TEXAS 785	211,500.
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4	JUAN P. Leal	
116/	Contributor address; City; State; Zip Cod	e
/20	Contributor address; City; State; Zip Cod 4401 TAhoe LAKE DR-	
	BROWNSVIlle, TEXAS 785	21 1,000
Principal occup	eation / Job title (See Instructions) Employer (See	
Date	Full name of contributor	Amount of contribution (\$)
16/	Tose G DONES Contributor address; City; State; Zip Code 597 W. SeSane DR.	
<i>V</i>	HODINGEN TEXAS 78500	750 XX
Principal occup	HARIINGEN, TEXAS 78550 Pation / 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 occup	ation / Job title (See Instructions) Employer (See	Instructions)
325	70.	

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

SCHEDULE A1

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS	SCHEDOLL AL
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME OMOTLUGO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	sutions \$ 12,500
5 Date 6 Full name of contributor out-of-state PAC (ID#: 6-29-20 Eduardo Gallego 5 7 Contributor address; City; State; Zip Cod 7-14-20 390/ N. Jack Son McAllen 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 out-of-state PAC (ID#:	Amount of In-kind contribution description Contribution \$ description 2,500 FACE BOOK Advertisement 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

Ti	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAM	Dwar Lucio		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1358.37	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution \$ description \$ 1,358.37		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n 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		Amount of . In-kind contribution Contribution \$. description	
:	Contributor address; City; State; Zip Contributor	. <i></i>	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
!				
i	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction	THIS SCHED	OULE AS NEEDED additional reporting requirements.	

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 Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundralsing 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 FILED NAME

i iotai pages Scriedole Ft:	1 -	3	Flier ID (Ethics Commission Filers)
4 Date	5 Payee name		
2/27/20 6 Amount (\$)	7 Payee address; City; State; Zip Code		
O Tanount (4)			
Co. L. eggan	2001 IN dUSTRIAL		
940. 2	SAN BENTTO, TEX	45 78584	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			ie of Texas, Complete Schedule T,
EXPENDITURE		Check if Austin, T	X, officeholder living expense
	Adv.	 	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	OMAR bucio	ShewiFl	
Date	Payee name		Street
7. j	- ayou hathe		
125/20	m. Radiona		
/25/20 Amount (\$)	M. Rodriguez Payee address; City; State; Zip Code		
	2426 BERNALL	. •	
		<i>~</i>	
	BROWNS VILLE TEXAS	1	
	Category (See Categories listed at the lop of this schedule)	Description	
PURPOSE OF			e of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, 1)	K, officeholder living expense
300 %	Ph. BANK		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Ompe Lucio	Sherit	-E SheriFE
Date	Payee name		
2/15/20 Amount (\$)	Pepe's Restaur Payee address; City; State; Zip Code	av T	•
Amount (\$)	Payee address; City; State; Zlp Code		
	2410 HUSON B	100	
312.37	BROWNSVILLE TEX	45 785	26
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside	a of Texas. Complete Schedule T,
OF EXPENDITURE	and a said	Check If Austin, T)	C, officeholder living expense
	=00 d		
	CAMPAIGN WORKERS		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	₁ Candidate- / Officeholder name i	Office sought	Office held
1	Omap Lucio	Sherit	F SheriFF
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDI	ED .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	1 201/		3 Filer ID (Ethics Co	mmission Filers)	
	OMAR buei	.)			
4 Date	5 Payee name				
3/5-/20 6 Amount (\$)	Tuan de Ojos Oj 7 Pavee address: City: State: Zip Code	ONE			
6 Amount (\$)	7 Payee address; City; State; Zip Code		***************************************		
3	2322 BOCA Chica		_		
250 XX	(a) Category (See Categories listed at the top of this schedule)	4s 785	20		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outs	side of Texas. Complete Sched	ule T.	
OF EXPENDITURE	A C 5 - (Check if Austin,	TX, officeholder living expe	ense	
	POLITICAL				
	Frod- GAS-FUNCTION	and the same of th			
9 Complete ONLY if direct	Gandidater/ Officeholder name	Office sought	Off	ice held	
expenditure to benefit C/OF	OMARLUCIO	Sheri	FF 51	BeRIFI	
Date	Payee name			•	
3/4/20 Amount (\$)	Tip-o-TEX LMKB Payee address; City; State; Zip Code				
Amount (\$)	Payee address; City; State; Zip Code				
105 El PASO ReAl					
350. X	BROWNSU; He, IZXA	5 78520	9		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Check if travel outside of Texas, Complete Schedule T.			fe T.	
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shows)

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 3 Filer ID (Ethics Commission Filers) Pedro Cardenas mi Pubelito
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor

Solicitation/Fundraising Expense
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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 Gifl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Lebes

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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Revised 9/26/2019

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

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

SCHEDULE K

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