

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) 00020257 | 2 Total pages filed: 15 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Eduardo A. | MI | OFFICE USE ONLY | |
| | NICKNAME Eddie | LAST Lucio | SUFFIX Jr. | | Date Received ELECTRONICALLY FILED 07/17/2023 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 5958 Brownsville, TX 78523 | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | |
| | | | | Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Dr. | FIRST Lorenzo | MI | | |
| | NICKNAME | LAST Pelly | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 34 Robin's Ln. Brownsville, TX 78520 | | APT / SUITE #; | CITY; | |
| | | | STATE; | ZIP CODE | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (956) | 592-4967 | | | |
| 8 REPORT TYPE | <input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | |
| | 01/01/2023 | | | 06/30/2023 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) State Senator District 27 | | 12 OFFICE SOUGHT (if known) | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 15

| | |
|---|---|
| 13 C / OH NAME Lucio Jr., Eduardo A. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00020257 |
|---|---|

| | | |
|---|--|---|
| 15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |

| | | | |
|--------------------------------|---|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 900.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 5,164.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 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.

 The Honorable Eduardo A. Lucio Jr.
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 15

| | | |
|---|--|---|
| 18 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00020257 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 900.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 4,551.78 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 612.94 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 3,349.45 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/15 |
| 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 02/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brechot Jr., Julius (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Rancho Viejo, TX 78575 | 7 Amount of Contribution (\$) \$400.00 |
| 8 Principal occupation / Job title (See Instructions) Market President | | 9 Employer (See Instructions) Lone Star National Bank |
| Date 01/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Jonathan (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Food Service | | Employer (See Instructions) Self |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/5 Rpt: 5/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 03/13/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$10.34 | 7 Payee address; City; State; Zip Code 777 AMERICAN EXPRESSWAY Ft Lauderdale, FL 33337 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$2,010.77 | Payee address; City; State; Zip Code 777 AMERICAN EXPRESSWAY Ft Lauderdale, FL 33337 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/14/2023 | Payee name Eddie Lucio Jr. Scholarship Fund | |
| Amount (\$) \$659.20 | Payee address; City; State; Zip Code PO Box 5958 Brownsville, TX 78523 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to non-profit |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES 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: Sch: 2/5 Rpt: 6/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 02/28/2023 | 5 Payee name INTERNATIONAL BANK OF COMMERCE | |
| 6 Amount (\$) \$15.20 | 7 Payee address; City; State; Zip Code 1600 RUBEN TORRES BLVD BROWNSVILLE, TX 78526 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/31/2023 | Payee name INTERNATIONAL BANK OF COMMERCE | |
| Amount (\$) \$50.20 | Payee address; City; State; Zip Code 1600 RUBEN TORRES BLVD BROWNSVILLE, TX 78526 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2023 | Payee name LONE STAR NATIONAL BANK | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 520 E NOLANA AVE MCALLEN, TX 78501 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Returned Contribution | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution returned to entity |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 7/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 01/05/2023 | 5 Payee name READYREFRESH | |
| 6 Amount (\$) \$14.07 | 7 Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy Dallas, TX 75236 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water service for capitol office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2023 | Payee name TEXAS SENATE | |
| Amount (\$) \$360.00 | Payee address; City; State; Zip Code 1100 CONGRESS AVE AUSTIN, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavels for constituents |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2023 | Payee name TEXAS STATE EMPLOYEES UNION | |
| Amount (\$) \$8.00 | Payee address; City; State; Zip Code 1700 S 1ST STREET AUSTIN, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 4/5 Rpt: 8/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 02/03/2023 | 5 Payee name TEXAS STATE EMPLOYEES UNION | |
| 6 Amount (\$) \$8.00 | 7 Payee address; City; State; Zip Code 1700 S 1ST STREET AUSTIN, TX 78704 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 03/03/2023 | Payee name TEXAS STATE EMPLOYEES UNION | |
| Amount (\$) \$8.00 | Payee address; City; State; Zip Code 1700 S 1ST STREET AUSTIN, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 04/03/2023 | Payee name TEXAS STATE EMPLOYEES UNION | |
| Amount (\$) \$8.00 | Payee address; City; State; Zip Code 1700 S 1ST STREET AUSTIN, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 5/5 Rpt: 9/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 03/10/2023 | 5 Payee name Watson, Brenda (Mrs.) | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 51 Alberta Brownsville, TX 78526 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F4: Sch: 1/3 Rpt: 10/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
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|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 01/29/2023 | 6 Payee name AMERICAN EXPRESS |
|-----------------------------|---|

| | |
|--|---|
| 7 Amount (\$) \$46.23 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code 777 AMERICAN EXPRESSWAY Ft Lauderdale, FL 33337 |
|--|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Interest fee |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 02/26/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|---|--|
| Amount (\$) \$10.34 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 777 AMERICAN EXPRESSWAY Ft Lauderdale, FL 33337 |
|---|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Interest fee |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 2/3 Rpt: 11/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
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|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

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|-----------------------------|------------------------------------|
| 5 Date 01/04/2023 | 6 Payee name AT&T MOBILE |
|-----------------------------|------------------------------------|

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|----------------------------------|---|
| 7 Amount (\$) \$257.00 | 8 Payee address; City; State; Zip Code 208 S AKARD ST DALLAS, TX 75202 |
|----------------------------------|---|

| | |
|---|--|
| <input type="checkbox"/> Expenditure from corporate funds | 9 TYPE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone service to maintain communication with constituents |
|----------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 01/01/2023 | Payee name SIRIUS XM |
|--------------------|-------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$279.37 | Payee address; City; State; Zip Code 1221 AVENUE OF THE AMERICAS FLOOR 19 NEW YORK, NY 10020 |
|-------------------------|---|

| | |
|---|---|
| <input type="checkbox"/> Expenditure from corporate funds | TYPE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription service for campaign vehicle |
|-------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 3/3 Rpt: 12/15 | 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 01/25/2023 | 6 Payee name SOLICE TECHNOLOGIES | |
| 7 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code 4115 OLD HIGHWAY 77 BROWNSVILLE, TX 78520 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: Sch: 1/2 Rpt: 13/15 |
| 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 03/03/2023 | 5 Name of person from whom amount is received INTERNATIONAL BANK OF COMMERCE | 8 Amount (\$) \$70.44 |
| | 6 Address of person from whom amount is received; City; State; Zip Code BROWNSVILLE, TX 78526 | |
| | 7 Purpose for which amount is received Refund of overpayment of loan | |
| <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 01/11/2023 | Name of person from whom amount is received Sirius XM | Amount (\$) \$273.26 |
| | Address of person from whom amount is received; City; State; Zip Code New York, NY 10020 | |
| | Purpose for which amount is received Prorated refund for subscription service for campaign vehicle | |
| <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 01/27/2023 | Name of person from whom amount is received Texas Comptroller of Public Accounts | Amount (\$) \$74.82 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received Travel reimbursement for state business | |
| <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 01/27/2023 | Name of person from whom amount is received Texas Comptroller of Public Accounts | Amount (\$) \$165.30 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received Travel reimbursement for state business | |
| <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 01/27/2023 | Name of person from whom amount is received Texas Comptroller of Public Accounts | Amount (\$) \$878.79 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received Travel reimbursement for state business | |
| <input type="checkbox"/> Check if political contribution returned to filer | | |

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: Sch: 2/2 Rpt: 14/15 |
| 2 FILER NAME Lucio Jr., Eduardo A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020257 |
| 4 Date 01/27/2023 | 5 Name of person from whom amount is received Texas Comptroller of Public Accounts | 8 Amount (\$) \$820.16 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Travel reimbursement for state business | |
| Date 01/27/2023 | Name of person from whom amount is received Texas Comptroller of Public Accounts | Amount (\$) \$1,066.68 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Travel reimbursement for state business | |

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

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|--|---|
| 1 C/OH NAME Lucio Jr., Eduardo A. (The Honorable) | 2 Filer ID (Ethics Commission Filers) 00020257 |
|--|---|

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

The Honorable Eduardo A. Lucio Jr.
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
** Complete A & B below only if you are not an officeholder **

A CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

The Honorable Eduardo A. Lucio Jr.
Signature of Candidate

5 OFFICEHOLDER
** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder