# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH instruction G	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS (MBS) MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received FILED FOR RECORD
	Pulsio	AT 330 PM
4 CANDIDATE/ OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1713 C:+A+io.DR.	OCT <b>0 8 2018</b>
ADDRESS  Change of Address	Corpus Christi, TexAs 78417	CLEBOOL A VICE NUESES COLATY TEX
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	8
OFFICEHOLDER PHONE	(361) 774-0465	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MRS / MRS MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Sundquist	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  700 EVER hart Rb., Suite	ZIP CODE
(Residence or Business)	Corpus Christi, Texas	18414
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (341) 854-448	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 07 01 2018 THROUGH 09	Day Year 27 2018
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
12 OFFICE		of the Peace
	Council Member, Dist. 3 Pct.1,	Place 3

**GO TO PAGE 2** 

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME Lucy Rubio  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			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$ \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 12.90		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12.90		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6 19.62				
OUTSTANDING LOAN TOTALS		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.  Notary Public, State of Texas Comm. Expires 06-21-2020					
	Notary ID 12		late or Officeholder		
Oignature of Candidate of Cincertotte					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said LUCY Rubio , this the					
day of DOOL, 20 18 , to certify which, witness my hand and seal of office.					
Yvonne Michiele Mechell Yvonne Michile Mechell Notory Public					
\$ignature of officer administering oath Pri⊯ted name of officer administering oath Title of officer administering oath					

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

1			
19	19 FILER NAME 20 Filer ID (Ethics Con		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12.90	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
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 CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) 4 Date 5 Payee name Service 07/16/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code SSO N. Centeal 12.90 75070 (b) Description 8 other-Mailed Campaign Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH hucy Rubio Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE \_\_ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED