

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST Lucy	MI
	NICKNAME Rubio	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	1713 Citation Dr. Corpus Christi, Texas		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 774-0465	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST Wayne	MI
	NICKNAME Lundquist	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Everhart Rd., Suite 11 Corpus Christi, Texas 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 854-4448	EXTENSION
9 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2015 THROUGH Month Day Year 06 / 30 / 2015		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) Lucy Rubio City Council, Dist. 3		13 OFFICE SOUGHT (if known)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,600. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,007. ¹³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,099. ³¹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Lucy Rubio
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lucy Rubio, this the 15TH day of July, 2015, to certify which, witness my hand and seal of office.

Lisa Hernandez
Signature of officer administering oath

Lisa Hernandez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Lucy Rubio</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,600. 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	\$ 2,007.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Lucy Rubio

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2015

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

Alex HARRIS

7 Amount of contribution (\$)

350.00

6 Contributor address; City; State; Zip Code

2138 Highway 286 Corpus Christi, Tx. 78415

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/03/2015

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

Christopher C. Hight

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

189 SAVANNAH ST. S.E. ATLANTA, GA 30316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

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

MARGARET R. HIGHT

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2800 Waymaker Way Unit 64, Austin, TX. 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/2015

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

John D. DER

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

Post Office Drawer 90, Chapman Ranch Tx. 78347

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lucy Rubio

3 Filer ID (Ethics Commission Filers)

4 Date

06/05/2015

5 Full name of contributor

out-of-state PAC (ID#: _____)

ROXANA HIGHT

6 Contributor address; City; State; Zip Code

615 N. Upper Broadway St.
Corpus Christi, Texas 78401

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/05/2015

Full name of contributor

out-of-state PAC (ID#: _____)

DIAN O. VANDEMARK

Contributor address; City; State; Zip Code

12 FRANKLIN ST., ANNAPOLIS, MD 21401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/06/2015

Full name of contributor

out-of-state PAC (ID#: _____)

DANNA L. ORR

Contributor address; City; State; Zip Code

7003 MEADOW LAKE AVE., DALLAS, TX 75214

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/10/2015

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID K. OWEN

Contributor address; City; State; Zip Code

P.O. Box 69 Crested Butte CO 81224

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lucy Rubio

3 Filer ID (Ethics Commission Filers)

4 Date

06/15/2015

5 Full name of contributor out-of-state PAC (ID# _____)

Elise McClain

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

4040 Southwestern St., Houston, Tx. 77005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/15/2015

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

Louise Chapman

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 6771, Corpus Christi, Tx. 78466

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)

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)

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 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
	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>Lucy Rubio</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/15/2015</i>		5 Payee name <i>U E I RESTAURANT</i>			
6 Amount (\$) <i>109.44</i>		7 Payee address; City; State; Zip Code <i>309 S. Water St. Corpus Christi, Texas 78401</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food { Fed some of my volunteers }</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>Lucy Rubio</i>		Office sought		Office held <i>City Council, Dist 3</i>
Date <i>02/04/2015</i>	Payee name <i>American Legion Post #364</i>				
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>5323 Rostoryz Rd. Corpus Christi, Texas 78415</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions / Donation</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>Lucy Rubio</i>		Office sought		Office held <i>City Council, Dist 3</i>
Date <i>02/09/2015</i>	Payee name <i>SAM'S CLUB</i>				
Amount (\$) <i>96.05</i>	Payee address; City; State; Zip Code <i>4833 S. Padre Island Dr. Corpus Christi, Texas 78411</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies / Overhead (Paper & Ink)</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>Lucy Rubio</i>		Office sought		Office held <i>City Council, Dist 3</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: _____	2 FILER NAME <i>Lucy Rubio</i>	3 Filer ID (Ethics Commission Filers) _____
----------------------------------	-----------------------------------	---

4 Date <i>02/14/2015</i>	5 Payee name <i>JASON'S Deli</i>
-----------------------------	-------------------------------------

6 Amount (\$) <i>78.78</i>	7 Payee address; City; State; Zip Code <i>5325 Saratoga Blvd. Corpus Christi, Texas 78413</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food</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>Lucy Rubio</i>	Office sought _____	Office held <i>City Council, Dist 3</i>
--	--	---------------------	--

Date <i>02/20/2015</i>	Payee name <i>Cookies by Design # 264</i>
---------------------------	--

Amount (\$) <i>28.99</i>	Payee address; City; State; Zip Code <i>4709 S. Alameda Corpus Christi, Texas 78412</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food - 1/2 on cookie basket for</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Police Officer that was shot</i>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Lucy Rubio</i>	Office sought _____	Office held <i>City Council, Dist 3</i>
--	--	---------------------	--

Date <i>04/10/2015</i>	Payee name <i>American Legion Post # 364</i>
---------------------------	---

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>5323 Kostoryz Rd. Corpus Christi, Texas 78415</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions/Donation</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Lucy Rubio</i>	Office sought _____	Office held <i>City Council, Dist 3</i>
--	--	---------------------	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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 F1:	2 FILER NAME <i>Lucy Rubio</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/25/2015</i>	5 Payee name <i>Hooks Baseball - Whataburger Field</i>	
6 Amount (\$) <i>19.00</i>	7 Payee address City: State: Zip Code <i>734 E. Post Ave. Corpus Christi, Texas 78401</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food</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>Lucy Rubio</i> Office sought: Office held: <i>City Council, Dist 3</i>	
Date <i>06/10/2015</i>	Payee name <i>Water Street Oyster Bar</i>	
Amount (\$) <i>\$54.87</i>	Payee address: City: State: Zip Code <i>309 N. Water St. Corpus Christi, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food</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>Lucy Rubio</i> Office sought: Office held: <i>City Council, Dist 3</i>	
Date <i>06/23/2015</i>	Payee name <i>Abel Alonzo - Nueces County I Believe In Me Foundation</i>	
Amount (\$) <i>100.00</i>	Payee address: City: State: Zip Code <i>1701 Thames Apt. 133 Corpus Christi, Texas 78412</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution / Donation</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>Lucy Rubio</i> Office sought: Office held: <i>City Council, Dist 3</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

