

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="radio"/> | FIRST <i>Lucy</i> | MI |
| | NICKNAME | LAST <i>Rubio</i> | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1713 Citation Dr. Corpus Christi, Texas 78417</i> | | |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>774-0465</i> |
| 6 CAMPAIGN TREASURER NAME | MS / MRS <input checked="" type="radio"/> MR | FIRST <i>Wayne</i> | MI |
| | NICKNAME | LAST <i>Lundquist</i> | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>700 Everhart Rd., Suite 11 Corpus Christi, Texas 78414</i> | | |
| | 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>854-4448</i> |
| 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 type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year <i>09 / 30 / 2016</i> <i>10 / 29 / 2016</i> | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month Day Year <i>11 / 08 / 2016</i> | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | <input type="checkbox"/> Other Description |
| 12 OFFICE | OFFICE HELD (if any) <i>Corpus Christi Council Member, Dist. 3</i> | 13 OFFICE SOUGHT (if known) <i>Corpus Christi Council Member, Dist. 3</i> | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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 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)

\$ 13,705.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ ~~0~~

4. TOTAL POLITICAL EXPENDITURES

\$ 5,566.86

CONTRIBUTION
BALANCE

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

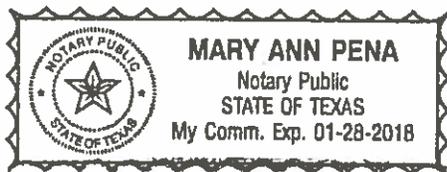
\$ 30,811.64

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.

Mrs. 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 31st day of October, 2016, to certify which, witness my hand and seal of office.

Mary Ann Pena
Signature of officer administering oath

Mary Ann Pena
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Lucy Rubio

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|--------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,705.00 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,060.00 |
| 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 | \$ 5,566.86 |
| 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 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:

14

2 FILER NAME

Lucy Rubio

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/16

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

DIAN OWEN VANDEMARK

6 Contributor address; City; State; Zip Code

12 Franklin St.
Annapolis, MD. 21401

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/16

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

Elise McClain

Contributor address; City; State; Zip Code

1327 Hawthorn
Houston, Texas 77006

Amount of contribution (\$)

1,100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

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

TRF PAC / TEXAS ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Contributor address; City; State; Zip Code

P.O. Box 2246
Austin, Texas 78768

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

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

DAVID OWEN

Contributor address; City; State; Zip Code

214 Dolphin
Corpus Christi, Texas 78411

Amount of contribution (\$)

1,000.00

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

10/4/16

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

Louise Chapman

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

4350 Chapman Dr. Unit 1001
Corpus Christi, Texas 78412

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/16

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

Peterson Properties LTD, MMA
(Regan Brown)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 8229
Corpus Christi, Texas 78468

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

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

David Engel

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

230 Amistad
Corpus Christi, Texas 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/16

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

Vicki Sarza

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

526 Harrison St.
Corpus Christi, Texas 78404

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

10/04/16

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

LAURA ARKOLA

7 Amount of contribution (\$)

40.00

6 Contributor address; City; State; Zip Code

5729 Crestford Dr.
Corpus Christi, Texas 78415

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/05/16

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

Willard H. HAMMONDS

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4025 Ocean Dr.
Corpus Christi, Texas 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/16

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

Kent Nielsen

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

4822 Woolridge
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/16

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

NINFA BARRIA

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1111 W. Stamper St.
Beeville, Texas 78102

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

10/21/14

5 Full name of contributor

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

Sandra Alvarez

6 Contributor address; City; State; Zip Code

5606 Leicester
Corpus Christi, Texas 78414

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/21/16

Full name of contributor

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

Thelma Rodriguez

Contributor address; City; State; Zip Code

2428 Cricket Hollow St.
Corpus Christi, Texas 78414

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/16

Full name of contributor

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

Johnny Garcia (Hamlin Barber Shop)

Contributor address; City; State; Zip Code

4032 Weber Rd.
Corpus Christi, Texas 78411

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/16

Full name of contributor

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

Janie Rodela

Contributor address; City; State; Zip Code

7633 Witer Park
Corpus Christi, Texas 78413

Amount of contribution (\$)

50.00

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

10/23/16

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

Jose Moreno

6 Contributor address; City; State; Zip Code

130 Walker Ave.
Portland Texas 78374

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

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

Rolando Barrera

Contributor address; City; State; Zip Code

2621 Camargo
Corpus Christi, Texas 78415

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

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

Roxanna Hight

Contributor address; City; State; Zip Code

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

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

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

Margaret Hight

Contributor address; City; State; Zip Code

2800 Waymaker Way Unit 64
Austin, Texas 78746

Amount of contribution (\$)

1,000.00

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

10/24/16

5 Full name of contributor

Rudy Garza

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

6221 Michaux
Corpus Christi, Texas 78414

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

Adam Garcia

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

Amount of contribution (\$)

100.00

Contributor address;

4402 Kirkwood
Corpus Christi, Texas 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

Leonard Gonzalez

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

Amount of contribution (\$)

50.00

Contributor address;

4713 Willowick
Corpus Christi, Texas 78413

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

Michael Hunter

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

Amount of contribution (\$)

40.00

Contributor address;

7201 Pharaoh Dr.
Corpus Christi, Texas

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.

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

10/24/16

5 Full name of contributor

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

Christophee Ceuz

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

304 Cabaniss Rd.
Corpus Christi, Texas 78415

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

Rose Mary Gonzalez

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

423 Clifford St.
Corpus Christi, Tx. 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

David De los Santos

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3705 Betel St
Corpus Christi, Texas 78416

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

Martin E. Pisciella deal

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4738 Cheryl Dr
Corpus Christi, Texas 78415

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

10/24/16

5 Full name of contributor

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

Filiberto Garcia

6 Contributor address;

City; State; Zip Code

4614 Greensboro
Corpus Christi, Texas 78413

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

Val E. Diana Serduba

Contributor address;

City; State; Zip Code

4558 Silver
Corpus Christi, Texas 78413

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

Eloy Salazar

Contributor address;

City; State; Zip Code

2434 Sackey
Corpus Christi, Texas 78415

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

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

Esmeralda Chapa

Contributor address;

City; State; Zip Code

3709 Betel St.
Corpus Christi, Texas 78416

Amount of contribution (\$)

50.00

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

10/27/16

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

Jim & Sharon Kaelin

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7505 Exeter
Corpus Christi, Texas 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/27/16

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

Angelique Guajardo

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4525 Dandridge
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/16

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

Kenneth Berry

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

P.O. Box 868
Corpus Christi, Texas 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/16

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

Raul Donzales

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4433 Sutton Lane
Corpus Christi, Texas 78411

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

10/28/16

5 Full name of contributor

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

HARRY FALCON

6 Contributor address;

City; State; Zip Code

4602 Cobblestone
Corpus Christi, Texas 78411

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/16

Full name of contributor

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

MANLO E NOCIA CORTES

Contributor address;

City; State; Zip Code

5705 Lynn Crest
Corpus Christi, Texas 78415

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/16

Full name of contributor

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

Corpus Christi Firefighters Assoc. (COPE FUND)

Contributor address;

City; State; Zip Code

6014 Ayers St.
Corpus Christi, Texas 78415

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/16

Full name of contributor

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

DORIAN E ANNA AVAWKIN

Contributor address;

City; State; Zip Code

316 N. Staples St.
Corpus Christi, Texas 78401

Amount of contribution (\$)

50.00

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

10/29/16

5 Full name of contributor

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

Rachel Cawales

6 Contributor address; City; State; Zip Code

1374 Sandpiper
Corpus Christi, Texas 78412

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Antonio & Mary Alice Abarca

Contributor address; City; State; Zip Code

6930 Pharaoh Dr.
Corpus Christi, Texas 78412

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Ignacio & Mary Alice Garcia

Contributor address; City; State; Zip Code

6109 Mahoney Circle
Corpus Christi, Texas 78413

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Ricardo & Diane Almandarez Jr.

Contributor address; City; State; Zip Code

6526 Mirawda Dr.
Corpus Christi, Texas 78414

Amount of contribution (\$)

50.00

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

10/29/16

5 Full name of contributor

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

Jaime Arredondo

6 Contributor address; City; State; Zip Code

7410 Vatter Dr.
Corpus Christi, Texas 78413

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Deborah Saavedra

Contributor address; City; State; Zip Code

121 Lake Shore Dr.
Corpus Christi, Texas 78413

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Rosie Hicks

Contributor address; City; State; Zip Code

5313 River Oaks
Corpus Christi, Texas 78413

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

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

Felix Soliz

Contributor address; City; State; Zip Code

4537 Coody Lane
Corpus Christi, Tx. 78413

Amount of contribution (\$)

50.00

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

10/29/14

5 Full name of contributor

Rose NAVA

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

6 Contributor address;

City; State; Zip Code

5525 Woolbridge
Corpus Christi, TX 78413

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/14

Full name of contributor

Sergio Garcia

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

Contributor address;

City; State; Zip Code

3301 Northland Dr, Suite 505
Corpus Christi, Texas 78413

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/16

Full name of contributor

Dabi Canales

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

Contributor address;

City; State; Zip Code

14134 Palo Seco
Corpus Christi, TX 78418

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/14

Full name of contributor

Theresa Williams

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

Contributor address;

City; State; Zip Code

3633 Crooked Crest
Corpus Christi, Texas

Amount of contribution (\$)

50.00

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

10/29/16

5 Full name of contributor

Paulette Duajardo

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

6409 Fummy
Corpus Christi, TX 78414

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <i>Lucy Rubio</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>10/29/14</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corpus Christi Police Officers Association</i> | 8 Amount of Contribution \$ <i>985.00</i> | 9 In-kind contribution description <i>Hall Rental</i> |
| 7 Contributor address; City; State; Zip Code <i>3122 Leopold St. Corpus Christi, Texas</i> | | <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 <i>10/29/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aloia Cortez</i> | Amount of Contribution \$ <i>75.00</i> | In-kind contribution description <i>Candy Apples</i> |
| Contributor address; City; State; Zip Code <i>5705 Lynn Crest Corpus Christi, Tx. 78415</i> | | <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) | | | |

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

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: 11 | 2 FILER NAME Lucy Rubio | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/03/16 | 5 Payee name I Hop | |
| 6 Amount (\$) 41.34 | 7 Payee address; City; State; Zip Code 2037 S. Padre Island Dr. Corpus Christi, Texas 78415 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food | (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: Lucy Rubio Office sought: City Council Member, Dist 3 Office held: | | |
| Date 10/03/16 | Payee name Walmart | |
| Amount (\$) 17.29 | Payee address; City; State; Zip Code 1821 S. Padre Island Dr. Corpus Christi, Texas 78416 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Supplies - Ink | 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: Lucy Rubio Office sought: City Council Member, Dist 3 Office held: | | |
| Date 10/04/16 | Payee name Corpus Christi Police Officers' Association | |
| Amount (\$) 300.00 | Payee address; City; State; Zip Code 3122 Leopard St. Corpus Christi, Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution to (CCPOA) for Sweepstakes, Benefit Br-B-Que & Dance | 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: Lucy Rubio Office sought: City Council Member, Dist 3 Office held: | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/08/16</i> | 5 Payee name <i>PAWS Across TEXAS</i> | |
| 6 Amount (\$) <i>50.00</i> | 7 Payee address; City; State; Zip Code <i>P.O. Box 164084 Fort Worth, Texas 76161</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Donation to save Dogs, cats (All animals)</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 <i>City Council Member, Dist 3</i> |
| Date <i>10/08/16</i> | Payee name <i>Miller High School Scholarship Fundraiser</i> | |
| Amount (\$) <i>50.00</i> | Payee address; City; State; Zip Code <i>1 Battlin Buc Blvd. Corpus Christi, Texas 78408</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation for Scholarships</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 <i>City Council Member, Dist 3</i> |
| Date <i>10/10/16</i> | Payee name <i>Walmart</i> | |
| Amount (\$) <i>14.04</i> | Payee address; City; State; Zip Code <i>1821 S. Padre Island Dr. Corpus Christi, Texas 78414</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Supplies - 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 <i>City Council Member, Dist 3</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/21/16</i> | 5 Payee name <i>Office Depot</i> | |
| 6 Amount (\$) <i>40.70</i> | 7 Payee address; City; State; Zip Code <i>5426 S. Padre Island Dr Corpus Christi, Texas 78411</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Supplies</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 <i>City Council Member, Dist. 3</i> |
| Date <i>10/17/16</i> | Payee name <i>Office Depot</i> | |
| Amount (\$) <i>\$ 45.45</i> | Payee address; City; State; Zip Code <i>5426 S. Padre Island Dr Corpus Christi, Texas 78411</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Supplies for Event</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>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist. 3</i> |
| Date <i>10/17/16</i> | Payee name <i>South Texas Botanical Gardens</i> | |
| Amount (\$) <i>40.00</i> | Payee address; City; State; Zip Code <i>8545 S. Staples Street Corpus Christi, Texas 78413</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>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 <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Candidate / Officeholder name <i>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist. 3</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/17/16</i> | 5 Payee name <i>W.F. Restaurant</i> | |
| 6 Amount (\$) <i>141.20</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 - Honoring South Vietnam War Veterans</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 <i>City Council, Dist 3</i> |
| Date <i>10/17/16</i> | Payee name <i>Majic 104.9 Radio</i> | |
| Amount (\$) <i>200.00</i> | Payee address; City; State; Zip Code <i>2209 N. Padre Island Dr. Corpus Christi, Texas 78408</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</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>Lucy Rubio</i> | Office sought <i>City Council Member, Dist 3</i> |
| Date <i>10/18/16</i> | Payee name <i>Vicente CARRANZA</i> | |
| Amount (\$) <i>300.00</i> | Payee address; City; State; Zip Code <i>2209 N. Padre Island Dr. Corpus Christi, Texas 78408</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</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>Lucy Rubio</i> | Office sought <i>City Council Member, Dist 3</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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/19/16</i> | 5 Payee name <i>Spirit Halloween Store</i> | |
| 6 Amount (\$) <i>28.04</i> | 7 Payee address; City; State; Zip Code <i>4985 Ayers Street Corpus Christi, Texas 78415</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Supplies for a skit for the H.E.L.P. Fundraiser</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: <i>City Council Member, Dist 3</i> Office held: | |
| Date <i>10/19/16</i> | Payee name <i>Light House Graphics</i> | |
| Amount (\$) <i>779.39</i> | Payee address; City; State; Zip Code <i>3046 South Padre Island Dr. Corpus Christi, Texas 78415</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</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>Lucy Rubio</i> Office sought: <i>City Council Member, Dist. 3</i> Office held: | |
| Date <i>10/20/16</i> | Payee name <i>Pete's Chicken-N-More</i> | |
| Amount (\$) <i>21.80</i> | Payee address; City; State; Zip Code <i>4101 S. Port Corpus Christi, Texas 78416</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Lucy Rubio</i> Office sought: <i>City Council Member, Dist. 3</i> Office held: | |

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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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/20/16</i> | 5 Payee name <i>Spirit Nalawzew Store</i> | |
| 6 Amount (\$) <i>23.80</i> | 7 Payee address; City; State; Zip Code <i>4985 Ayres St. Corpus Christi, Texas 78415</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Supply for skit for H.E.L.P. Fundraiser</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: <i>City Council Member, Dist 3</i> Office held: | |
| Date <i>10/20/16</i> | Payee name <i>Hammonds Education Foundation</i> | |
| Amount (\$) <i>40.00</i> | Payee address; City; State; Zip Code XXXXXXXXXXXXXXXXXXXX <i>4833 SACATOGA Dr. Corpus Christi, Texas</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation for a silent Auction Item</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>Lucy Rubio</i> Office sought: <i>City Council Member, Dist 3</i> Office held: | |
| Date <i>10/20/16</i> | Payee name <i>Grassroots</i> | |
| Amount (\$) <i>400.00</i> | Payee address; City; State; Zip Code <i>4710 Harkel Dr. Corpus Christi, Texas 78415</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</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>Lucy Rubio</i> Office sought: <i>City Council, Dist 3</i> Office held: | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/21/16</i> | 5 Payee name <i>Cup Graphics</i> | |
| 6 Amount (\$) <i>485.00</i> | 7 Payee address; City; State; Zip Code <i>4701 Ayres Street, Suite 404 Corpus Christi, Texas 78415</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Donation for T-Shirts for West OSO Students</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: <i>City Council Member, Dist 3</i> Office held: <i>Dist 3</i> | |
| Date <i>10/25/16</i> | Payee name <i>Party City</i> | |
| Amount (\$) <i>76.65</i> | Payee address; City; State; Zip Code <i>5425 S. Padre Island Dr. Corpus Christi, Texas 78411</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</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>Lucy Rubio</i> Office sought: <i>City Council Member, Dist 3</i> Office held: <i>Dist 3</i> | |
| Date <i>10/26/16</i> | Payee name <i>Eddie's Restaurant & Bakery</i> | |
| Amount (\$) <i>900.00</i> | Payee address; City; State; Zip Code <i>4810 Kostogoyz Rd. Corpus Christi, Texas 78413</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food for my Event (Down Payment)</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>Lucy Rubio</i> Office sought: <i>City Council Member, Dist 3</i> Office held: <i>Dist 3</i> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/28/14</i> | 5 Payee name <i>Spirit Halloween Store</i> | |
| 6 Amount (\$) <i>15.12</i> | 7 Payee address; City; State; Zip Code <i>4985 Ayers St. Corpus Christi, Texas 78415</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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 <i>City Council Member, Dist 3</i> |
| Date <i>10/28/14</i> | Payee name <i>Dillard's</i> | |
| Amount (\$) <i>84.44</i> | Payee address; City; State; Zip Code <i>5488 S. Padre Island Dr. Corpus Christi, Texas 78411</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</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>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist 3</i> |
| Date <i>10/28/14</i> | Payee name <i>Target Store</i> | |
| Amount (\$) <i>59.54</i> | Payee address; City; State; Zip Code <i>5425 S. Padre Island Dr. #125 Corpus Christi, Texas 78411</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</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>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist. 3</i> |

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POLITICAL EXPENDITURES MADE 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: | | 2 FILER NAME <i>Lucy Rubio</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10/28/16</i> | | 5 Payee name <i>Party City</i> | | | |
| 6 Amount (\$) <i>89.73</i> | | 7 Payee address; City; State; Zip Code <i>4101 Hwy. 77, Suite K2 Corpus Christi, Texas 78410</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</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 <i>City Council Member, Dist. 3</i> | |
| Date <i>10/28/16</i> | | Payee name <i>P.O.E.T.'s Family Restaurant</i> | | | |
| Amount (\$) <i>40.43</i> | | Payee address; City; State; Zip Code <i>4825 SACATOGA Blvd. Corpus Christi, Texas 78413</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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist. 3</i> | |
| Date <i>10/28/16</i> | | Payee name <i>Doughsden</i> | | | |
| Amount (\$) <i>33.99</i> | | Payee address; City; State; Zip Code <i>5488 S. Padre Island Dr. Corpus Christi, Texas 78411</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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Lucy Rubio</i> | | Office sought <i>City Council Member, Dist. 3</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>Lucy Rubio</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/28/16</i> | 5 Payee name <i>Party City</i> | |
| 6 Amount (\$) <i>86.23</i> | 7 Payee address; City; State; Zip Code <i>5425 S. Padre Island Drive Corpus Christi, Texas 78411</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</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: <i>City Council Member, Dist. 3</i> Office held: <i>City Council Member, Dist. 3</i> | |
| Date <i>10/29/14</i> | Payee name <i>H.E.B.</i> | |
| Amount (\$) <i>56.33</i> | Payee address; City; State; Zip Code <i>3500 Leopold Corpus Christi, Texas 78408</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food & Event Expenses</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: <i>City Council Member, Dist. 3</i> Office held: <i>City Council Member, Dist. 3</i> | |
| Date <i>10/29/16</i> | Payee name <i>SAM'S Club</i> | |
| Amount (\$) <i>388.35</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>Food & Event Expenses (Gift Cards)</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: <i>City Council Member, Dist. 3</i> Office held: <i>City Council Member, Dist. 3</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 | Printing 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.

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

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|---------------------------|--|
| 4 Date <i>10/29/16</i> | 5 Payee name <i>Eddie's Restaurant & Bakery</i> |
|---------------------------|--|

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|--------------------------------|--|
| 6 Amount (\$) <i>368.00</i> | 7 Payee address; City; State; Zip Code <i>4810 Kostorgz Rd. Corpus Christi, Texas 78415</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food for Event (other half of Payment)</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 |
|------------------------------------|---|---|

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|--|--|--|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Lucy Rubio</i> | Office sought <i>City Council Member, Dist. 3</i> | Office held |
|--|--|--|-------------|

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|-------------------------|----------------------------------|
| Date <i>10/29/16</i> | Payee name <i>Fotos Locos</i> |
|-------------------------|----------------------------------|

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|------------------------------|--|
| Amount (\$) <i>350.00</i> | Payee address; City; State; Zip Code <i>8129 Bay Lark Corpus Christi, Texas 78412</i> |
|------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Photo Booth for Event</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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|--|--|--|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Lucy Rubio</i> | Office sought <i>City Council Member, Dist. 3</i> | Office held |
|--|--|--|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | 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 |
|-------------------------------|--|---|

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

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