

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> MR FIRST MI Lucy NICKNAME LAST SUFFIX Rubio	OFFICE USE ONLY Date Received Date Filed 10/11/2016 <hr/> RHuerta Rebecca Huerta City Secretary <hr/> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1713 Citation Dr. Coepus Christi, Texas 78417		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 774-0465		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Wayne NICKNAME LAST SUFFIX Jundquist	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Everhart Rd, Suite 11 Coepus Christi, Texas 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 854-7448		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 Month Day Year 07 / 01 / 2016 THROUGH 09 / 29 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council Member, Dist. 3	13 OFFICE SOUGHT (if known) City Council Member, Dist. 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,045.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,452.73</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>22,673.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 11th day of October, 20 16, 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,045.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,452.73
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:

4

2 FILER NAME

Lucy Rubio

3 Filer ID (Ethics Commission Filers)

4 Date

7/10/16

5 Full name of contributor

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

DIANA AlmenDAREZ

6 Contributor address; City; State; Zip Code

6526 MIRANDA Dr.
CORPUS CHRISTI, TEXAS 78414

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/15/16

Full name of contributor

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

Dabe BUEZZA

Contributor address; City; State; Zip Code

5710 NEWSTADT
CORPUS CHRISTI, TEXAS 78414

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/16

Full name of contributor

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

Randy MALDONADO

Contributor address; City; State; Zip Code

6001 KING TRAIL
CORPUS CHRISTI, TEXAS 78414

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/29/16

Full name of contributor

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

Odilia BENAVIDEZ

Contributor address; City; State; Zip Code

5730 PALO VERDE ST.
CORPUS CHRISTI, TEXAS 78417

Amount of contribution (\$)

20.00

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

7/29/14

5 Full name of contributor

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

Barton Braselton

6 Contributor address; City; State; Zip Code

5337 Yorktown Blvd.
Corpus Christi, Texas 78413

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9/16

Full name of contributor

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

LAX-PAC

Contributor address; City; State; Zip Code

2925 Briarpark Dr. 304th Floor
Houston, Texas 77042

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

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

Alex Harris

Contributor address; City; State; Zip Code

2138 Highway 286
Corpus Christi, Texas 78415

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

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

OSCAR MARTINEZ

Contributor address; City; State; Zip Code

7686 DALLAS ST.
Corpus Christi, Texas 78413

Amount of contribution (\$)

250.00

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

9/9/16

5 Full name of contributor

Barry Andrews

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

2730 Irving Blvd.
Dallas, Texas 75207

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9/16

Full name of contributor

Wayne Squires

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

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

3642 ARAVAS St.
Corpus Christi, Texas 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

Debbie SAAVEDRA

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

121 Lake Shore Dr.
Corpus Christi, Texas 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/16

Full name of contributor

Elva Esteada

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

Amount of contribution (\$)

75.00

Contributor address; City; State; Zip Code

4805 Fm 1889
Robstown, Texas 78380

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

9/21/16

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

Mr. Nick Enriquez

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

801 Villareal Dr.
Corpus Christi, Texas 78416

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/16

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

Valero Political Action Committee

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

P.O. Box 696000
San Antonio, Texas 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/16

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

DANNA ORR

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

7003 Meadow Lane
Dallas, Texas 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/16

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

William Goldston

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

13721 TAJAMAR
Corpus Christi, Texas 78418

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 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: 9		2 FILER NAME Lucy Rubio		3 Filer ID (Ethics Commission Filers)	
4 Date 7/05/16		5 Payee name Jason's Deli			
6 Amount (\$) 168.60		7 Payee address; City; State; Zip Code 5325 SACATOGA Blvd. Corpus Christi, Texas 78413			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food for Event		(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	
Date 7/18/16		Payee name SAM'S CLUB			
Amount (\$) 99.02		Payee address; City; State; Zip Code 4833 South Padre Island Dr. Corpus Christi, Texas 78411			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Supplies and Gift Cards		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	
Date 7/18/16		Payee name Nothing Bundt Cakes			
Amount (\$) 11.97		Payee address; City; State; Zip Code 5425 S. Padre Island Dr. Corpus Christi, Texas 78411			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	

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>7/21/16</i>	5 Payee name <i>CCAUSE Corpus Christi Association of United Teachers and School Employees</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>4855 S. Alameda, Suite 202 Corpus Christi, Texas 78412</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Labor Day Celebration Honoring Police Officers</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> Office held:	
Date <i>7/25/16</i>	Payee name <i>City of Corpus Christi</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1201 Leopard St. Corpus Christi, Texas 78401</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee for filing for City Council Member</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: <i>City Council Member, Dist 3</i> Office held:	
Date <i>8/8/16</i>	Payee name <i>Victor Trevino</i>	
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>1805 Archdale Corpus Christi, Texas 78416</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation 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 ONLY 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:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>8/11/16</i>		5 Payee name <i>Milestone Collaborative Systems</i>			
6 Amount (\$) <i>35.02</i>		7 Payee address; City; State; Zip Code <i>14455 N. Hayden Rd. ARIZONA</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Website Host and Domain Advertising 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 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>8/12/16</i>		Payee name <i>The Home Depot</i>			
Amount (\$) <i>35.98</i>		Payee address; City; State; Zip Code <i>4033 South Post Ave. CORPUS CHRISTI, TEXAS 78415</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Other - Campaign Supplies Stakes & Cable Ties</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>8/15/16</i>		Payee name <i>Sam's Club</i>			
Amount (\$) <i>143.96</i>		Payee address; City; State; Zip Code <i>4833 South Padre Island Dr. CORPUS CHRISTI, TEXAS 78411</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Gift Cards 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	
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>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>8/26/16</i>		5 Payee name <i>The Bend 7 Most Beautiful Women Inside and Out - The SALVATION ARMY</i>			
6 Amount (\$) <i>100.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 2507 Corpus Christi, Texas 78403</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Donation for Event</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>8/26/16</i>		Payee name <i>The SALVATION ARMY</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 2507 Corpus Christi, Texas 78403</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contribution</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>8/28/16</i>		Payee name <i>The Golden Girls Social Club - Olga Bell</i>			
Amount (\$) <i>105.00</i>		Payee address; City; State; Zip Code <i>409 Miramar Place Corpus Christi, Texas 78411</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation 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	
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>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>8/29/16</i>	5 Payee name <i>Michaels</i>
--------------------------	---------------------------------

6 Amount (\$) <i>137.63</i>	7 Payee address; City; State; Zip Code <i>4717-E 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>Donation Supplies for Basket for "The Women's Ministry of Believe Church"</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>8/29/16</i>	Payee name <i>NEB</i>
------------------------	--------------------------

Amount (\$) <i>70.00</i>	Payee address; City; State; Zip Code <i>5313 SARATOGA Blvd. Corpus Christi, Texas</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift Cards for Basket "The Women's Ministry of Believe Church"</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
--	--	---	-------------

Date <i>9/1/16</i>	Payee name <i>2016 Alzheimer's Association</i>
-----------------------	---

Amount (\$) <i>120.00</i>	Payee address; City; State; Zip Code <i>225 N. Michigan Ave, Chicago, IL 60601</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation for the Cause</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
--	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>9/6/16</i>	5 Payee name <i>SAM'S Club</i>	
6 Amount (\$) <i>86.51</i>	7 Payee address; City; State; Zip Code <i>4833 South Padre Island Dr. Corpus Christi, Texas 78411</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense - 4-Folding Chairs Labor Day (CCAUSE)</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>9/6/16</i>	Payee name <i>Dick's Sporting Goods</i>	
Amount (\$) <i>108.23</i>	Payee address; City; State; Zip Code <i>4938 S. Staples St, Suite A-1 Corpus Christi, Texas 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense - 12X12 Canopy for Labor Day (CCAUSE)</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>9/6/16</i>	Payee name <i>Academy Sports and Outdoor</i>	
Amount (\$) <i>151.53</i>	Payee address; City; State; Zip Code <i>5001 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 - 10X10 Everest Tent and Yeti Rambler for Dove Prize</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
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>9/16/16</i>		5 Payee name <i>Michaels</i>			
6 Amount (\$) <i>160.17</i>		7 Payee address; City; State; Zip Code <i>4717 - E 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>Event Expense for Event Halloween Supplies and Decorations</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>9/12/16</i>		Payee name <i>Wendy's</i>			
Amount (\$) <i>16.29</i>		Payee address; City; State; Zip Code <i>5934 South Padre Island Dr. Corpus Christi, Texas 78412</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 <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>9/12/16</i>		Payee name <i>Hispanic Women's Network</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 81018 Corpus Christi, Texas</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation for their Cause</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>9/19/16</i>		5 Payee name <i>JASON DELI</i>			
6 Amount (\$) <i>108.96</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 for Event</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>9/22/16</i>		Payee name <i>P.O. E.T.S.</i>			
Amount (\$) <i>50.86</i>		Payee address; City; State; Zip Code <i>4825 SARATOGA Blvd. CORPUS CHRISTI, TEXAS 78413</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food for Meeting</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>9/23/16</i>		Payee name <i>Cythia Villarreal "Be Blitzy"</i>			
Amount (\$) <i>786.00</i>		Payee address; City; State; Zip Code <i>3642 SAN BLAS Dr. CORPUS CHRISTI, TEXAS 78415</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Custom T-Shirts</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>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>9/29/16</i>	5 Payee name <i>Women's Shelter of South Texas</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 3368 Corpus Christi, Texas 78463</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation for their cause</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	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 ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
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 ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought
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 ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED