CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00085982		2 Total pages fi	led: 66
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable	Janie			Date Received	
TV WIL					ELECTRONIC	ALLV EILED
					01/16/2024	ALLI FILLD
	NICKNAME	LAST		SUFFIX	01/10/2024	
		Lopez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 2073					_
ADDRESS					Receipt #	Amount
Change of Address	San Benito, TX 78586					
	,				Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Martha				
NAME						
	NICKNAME	LAST		SUFFIX		
		Santos		30111X		
		Carros				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	ΔΡ	T / SUITE #; CITY	· STA	ATE; ZIP CODE
TREASURER	PO Box 2073	BOXT LENGE),	7.0	1700112 ", 0111	, 017	(12, Zii 00DE
ADDRESS	1 0 Box 2010					
(Residence or Business)	Can Danita TV 70500					
	San Benito, TX 78586					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(956) 241-3166					
PHONE						
8 REPORT				_		
TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (offi	
	July 15	8th day before e	election \square	Exceeded modified	Final Report (Atta	
]	ш	reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	HROUGH	12/31/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPI	rimary	Runoff	Other	
	03/05/2024		eneral	Special		
			enerai	Special		
11 055105	OFFICE LIFL D (if any)			12 OFFICE SOUGH	T (if known)	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 37			tative District 37	
	State Representative Distr	101 31		State Represent	tative District 57	
	<u> </u>					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 56

13 C / OH NAME	Lopez, Janie (The Ho	onorable)	14 Filer ID 00085982	(Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's know	ledge or
Additional Pages	COMMITTEE TYPE				
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Drive			
		Suite 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					25.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	117,207.06
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	2,171.15
	4. TOTAL POLITIC	AL EXPENDITURES		\$	138,529.17
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	10,610.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	159.17
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Ill information required t	companying re o be reported	eport is by me
		The Ho	norable Janie Lopez		
			f Candidate or Officehol	der	-
		· ·			
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
		aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administerinç	g oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 56			
18 FILER I	NAME Janie (The Honorable)	19 Filer ID 00085982	(Ethics Commis	sion Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	105,243.46			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	11,963.60			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	138,088.77			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	440.40			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ons	\$				
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	400.00			
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/56	
2	FILER NAME Lopez, Janie	(The Honorable)		3	Filer ID (Ethics Commission 00085982	on Filers)
4	Date 08/16/2023 5 Full name of contributor out-of-state PAC (ID#:) Coalition Por For Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$55,000.00	
_	<u> </u>	Dallas, TX 75219				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date Full name of contributor x out-of-state PAC (ID#: C00236489) 11/21/2023 Koch Industries, Inc. PAC (KOCHPAC) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Wichita, KS 67220 Principal occupation / Job title (See Instructions) Employer (See Instructions					
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_Mahroum, Eric Contributor address; City; State; Zip Code Fort Worth, TX 76133)		Amount of Contribution (\$)	\$260.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_Ortiz, Charles Contributor address; City; State; Zip Code Brownsville, TX 78526			Amount of Contribution (\$)	\$26.03
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ Patterson, Jeffrey Contributor address; City; State; Zip Code Harlingen, TX 78550			Amount of Contribution (\$)	\$182.18
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/56
2	FILER NAME	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00085982
4			7	Amount of Contribution (\$) \$45,000.00	
		Austin, TX 78701			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2023 Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00
	Principal occu	Waco, TX 76702 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)	
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78705 upation / Job title (See Instructions)	Employer (See Instructions	S)	
	Date 08/22/2023	Full name of contributor out-of-state PAC (ID#: Yarnell, Wiliiam Contributor address; City; State; Zip Code Austin, TX 78709			Amount of Contribution (\$) \$250.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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эсп	JU	_	_ /	$\overline{}$	_

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/56						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	e (The Honorable)		00085982					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution					
10/23/2023	- 7.5500iated republicans of rexas Campaign rai	nd	contribution (\$) description \$4,000.00 Campaign Digital					
	7 Contributor address; City; State; Zip Code		Advertising					
			į					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON						
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 contribute	or's spouse (if any) (FOR JUDICIAL)					
10 lf contributor	is a shild law firm of assert(a) (if any) (FOD HIDIOIAL)							
16 ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Data	Full name of contributor		Amount of In-kind contribution					
Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Campaign Ful)	Amount of In-kind contribution contribution (\$) description					
0771-72023	Contributor address; City; State; Zip Code		\$4,000.00 Campaign Digital					
	Continuator address, City, State, Zip Code		Advertising					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.					
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
Combuile	principal accumption (FOR ALIDICIAL)	Cometaile intervier into title	(FOR HIDICIAL) (Con instructions)					
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
			,					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
07/26/2023	Associated Republicans of Texas Campaign Fu	nd	contribution (\$) description					
	Contributor address; City; State; Zip Code		\$1,963.60 Campaign Digital ! Messaging					
	Austin, TX 78701		_ ;					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)					
i illioipai oool								
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)								
Contributor's	or's spouse (if any) (FOR JUDICIAL)							
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
I								

	CONTRIBUTIONS	_	SCHEDULE A2
	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 7/56
2	FILER NAME Lopez, Janie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085982
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 10/03/2023 6 Full name of contributor out-of-state PAC (ID#:) Associated Republicans of Texas Campaign Fund 7 Contributor address; City; State; Zip Code			8 Amount of contribution (\$) 9 In-kind contribution description \$2,000.00 Campaign Digital Messaging
10	Austin, TX 78701 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T -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 contributo	or's spouse (if any) (FOR JUDICIAL)
 16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	sion Filers)
	Sch: 1/46 Rpt: 8/56	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	
	10/20/2023	Aiden Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$80.00	2200 S I-35 Frontage Rd	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Lodging to Officeholder to Attend Special	Soccion
		Loughing to Officeriolder to Attend Special	36221011
_	Operation ONLY if allowed	Our distance (Office health annuage)	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
	·		
	Date	Payee name	
	10/23/2023	Aiden Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$160.00	2200 S I-35 Frontage Rd	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Lodging for Officeholder to Attend Specia	I Session
		Loughing for Officeriolaer to Attend Opeola	1 00001011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			
	Date	Payee name	
	08/14/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$189.15	410 Terry Ave. N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Supplies for Campaign Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	חע	

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

	Credit Card Payment	The Instruc	tion Guide explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	FILER NAME			3	F	iler ID	(Ethics Commission Filers)
	Sch: 2/46 Rpt: 9/56	Lopez, Janie (The Ho	norable)			(00085982	
4	Date	Payee name			•			
	08/28/2023	Amazon						
6	Amount (\$)	Payee address; City	; State; Zip Co	ode				
	\$61.64	410 Terry Ave. N						
		Seattle, WA 98109						
8	PURPOSE	Category (See Categories I	isted at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rent			Check if travel outs	side	e of Texas. Com	plete Schedule T.
	LAFENDITORE				Check if Austin, TX			expense
					Campaign Supp	pii	es	
_	Commists ONII V if diseast	San didata/Officale aldan na	Office ser				Office he	.la
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office sou	ugnt			Office he	ela
	Date	Payee name						
	08/30/2023	Amazon						
	Amount (\$)	Payee address; City	; State; Zip Co	ode				
	\$63.86	410 Terry Ave. N						
		Seattle, WA 98109						
	PURPOSE	Category (See Categories I	sted at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rent	al Expense		Check if travel outs			
					Check if Austin, TX			expense
					Capitol Cilico C	,	op.iioo	
	Complete ONLY if direct	andidate/Officeholder na	ame Office sou	l Jaht			Office he	eld
	expenditure to benefit C/O							
	Date	Payee name						
	10/10/2023	Amazon						
	Amount (\$)	Payee address; City	; State; Zip Co	ahe				
	\$21.62	410 Terry Ave. N	, State, Zip Ct	Jue				
	Ψ21.02	410 Telly 7We. W						
		Seattle, WA 98109						
		·		la.				
	PURPOSE OF	Category (See Categories I		(a)	Description Check if travel outs	side	of Texas, Com	nlete Schedule T
	EXPENDITURE	Office Overhead/Rent	ai Expense		Check if Austin, TX			
					Campaign Supp	pli	es	
	Complete ONLY if direct	Candidate/Officeholder na	ame Office sou	ight			Office he	eld
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 3/46 Rpt: 10/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	11/29/2023	American Legislative Exchange Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.00	2900 Crystal Drive, 6th Floor
		Arlington, VA 22202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Registration Fee for Officeholder Meeting
		Registration Fee for Officeriolide Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/04/2023	Atlantic Travel
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	1446 Dorchester Ave
		Dorchester, MA 02122
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Change Fee
		Thaver change 1 co
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/16/2023	Cameron County Childrens Advocacy Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Chantable Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 4/46 Rpt: 11/56	Lopez, Janie (The Honorable) 000859	982
4	Date	5 Payee name	
	07/17/2023	Dairy Queen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.92	302 TX-100	
		Port Isabel, TX 78578	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	s. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholde	
		Food Expense for Legis	lative Update Meeting
9	Complete ONLY if direct expenditure to benefit C/OI		ce held
	Date	Payee name	
	07/17/2023	Dairy Queen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.44	844 Boca Chica Blvd	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholde Food Expense for Legis	
		Poou Expense for Legis	native Opuate Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
	expenditure to benefit C/OI		oc noid
	Date	Parine name	
	07/17/2023	Payee name Dairy Queen	
	Amount (\$) \$10.98	Payee address; City; State; Zip Code 2401 Padre Blvd	
	\$10.96	2401 Faule Bivu	
		Courth Dodge Jaland TV 70507	
		South Padre Island, TX 78597	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas	Complete Schodule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas	·
		Food for Legislative Upo	
			-
Г	Complete ONLY if direct		ce held
	expenditure to benefit C/OI	DH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/46 Rpt: 12/56 Lopez, Janie (The Honorable) 00085982 4 Date Payee name 07/17/2023 Dairy Queen 6 Amount (\$) Payee address; City; State; Zip Code \$36.62 207 E Ocean St Los Fresnos, TX 78566 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Legislative Update Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2023 Dairy Queen Amount (\$) City; State; Zip Code Payee address; \$56.89 1613 N 77 Sunshine Strip Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Legislative Update Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2023 Dairy Queen Amount (\$) Payee address: City: State; Zip Code \$9.03 78550 Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Legislative Update Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 6/46 Rpt: 13/56	Lopez, Janie (The Honorable) 00085982				
4	Date	5 Payee name				
	07/24/2023	Dairy Queen				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$80.93	534 E Hidalgo Ave				
		Raymondville, TX 78580				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Food for Legislative Update Meeting				
		1 ood for Legislative opuate infecting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Date	Para a sana				
		Payee name				
	12/18/2023	Dairy Queen				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.00	534 E Hidalgo Ave				
		Raymondville, TX 78580				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Meal for Campaign Meeting				
		Medi for Campaigh Meeting				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Data	Para and a second secon				
	Date 07/11/2023	Payee name Garcia, Annielou				
		· · · · · · · · · · · · · · · · · · ·				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$200.00	1390 W Expressway 83				
		San Benito, TX 78586				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Contract Labor				
		Sampaigh Contract Eabor				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/46 Rpt: 14/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	08/04/2023	Garcia, Annielou
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1390 W Expressway 83
		San Benito, TX 78586
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/07/2023	Garcia, Annielou
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1390 W Expressway 83
		San Benito, TX 78586
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2023	Garcia, Annielou
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1390 W Expressway 83
		San Benito, TX 78586
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/46 Rpt: 15/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	11/02/2023	Garcia, Annielou
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1390 W Expressway 83
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaigh Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	12/04/2023	Garcia, Annielou
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.00	1390 W Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/05/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$227.10	1095 W Business 77
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Campaign Events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/46 Rpt: 16/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	07/18/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.10	1095 W Business 77
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Supplies
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	10/24/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.13	1095 W Business 77
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/11/2023	Hotels.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.21	5400 LBJ Fwy Ste 500
		Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging Expense for Officeholder Related Meeting; Travel Within Texas
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/46 Rpt: 17/56	Lopez, Janie (The Honorable) 00085982			
4	Date	5 Payee name			
	10/16/2023	Hotels.com			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$186.96	5400 LBJ Fwy Ste 500			
		Dallas, TX 75240			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Lodging to Attend Special Session			
		Loughig to Attend Openial Occasion			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	11/28/2023	Hotels.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$111.91	5400 LBJ Fwy Ste 500			
		Dallas, TX 75240			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Lodging for Officeholder Related Meetings			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Date	Payee name			
	10/16/2023	John Hagee Ministries			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 1400			
		San Antonio, TX 78295			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	_/	Candidate/Officeholder/Political Committee			
		Chantable Continuution			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 11/46 Rpt: 18/56	Lopez, Janie (The Honorable) 00085982				
4	Date	5 Payee name				
	07/07/2023	Kate Tankersley Consulting				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	14810 Bramblewood				
		Houston, TX 77079				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense				
		Check if Austin, TX, officeholder living expense Campaign Fundraising Consulting				
		Campaight undraising Consulting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date	Payee name				
	07/10/2023	Kate Tankersley Consulting				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12,500.00	14810 Bramblewood				
		Houston, TX 77079				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Campaign Fundraising Consulting				
		Campaigh Fundraising Consulting				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
_	Data	Davies same				
	Date 09/07/2023	Payee name Leon Strategies				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	P.O. Box 311				
		Leander, TX 78646				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
		Compaign Consulting Foo				
		Campaign Consulting Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/46 Rpt: 19/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	10/03/2023	Leon Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 311
		Leander, TX 78646
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	11/02/2023	Leon Strategies
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 311
		Leander, TX 78646
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Consulting Fee
		Campaign Consuming rec
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/06/2023	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$17.94	185 Berry Street, Suite 5000
		San Francisco, CA 94107
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Onicendide Meeting
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

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

		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/46 Rpt: 20/56	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		
	07/01/2023	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$36.62	185 Berry Street, Suite 5000		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
9	Complete ONL V if direct	Candidate/Officeholder name Office sou	abt	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		igni	Office field
	Date			
	Date	Payee name		
	07/07/2023	Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$20.75	185 Berry Street, Suite 5000		
		San Francisco, CA 94107		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
				•
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/09/2023	Lyft		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$20.87	185 Berry Street, Suite 5000		
		,		
		San Francisco, CA 94107		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travor out of Bloundt		Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experience to beliefft C/OI	,		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/46 Rpt: 21/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	07/13/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.85	185 Berry Street, Suite 5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
		That operation to emocinious moothing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/15/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.75	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
		3 - Fr
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/27/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.66	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Officendide Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
4	Sch: 15/46 Rpt: 22/56 Date	5 Payee name
	08/30/2023	Lyft
6	Amount (\$) \$20.99	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/16/2023	Payee name Lyft
	Amount (\$) \$18.96	Payee address; City; State; Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Related Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/06/2023	Payee name Lyft
	Amount (\$) \$26.89	Payee address; City; State; Zip Code 185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/46 Rpt: 23/56	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	
	11/08/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.99	185 Berry Street, Suite 5000	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
			Transportation to Officeriolder Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
\vdash	Data		
	Date 11/28/2023	Payee name	
		Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.99	185 Berry Street, Suite 5000	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Transportation to Officeholder Meeting
			That operation to emberious meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	07/01/2023	Mailchimp	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.89	675 Ponce de Leon Ave NE	
	Ψ02.09	Suite 5000	
		Atlanta, GA 30308	
	PURPOSE OF	2 (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Campaign Email Marketing Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	expenditure to benefit C/OF	'	
	expenditure to benefit C/OI	<u>'</u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

•	-	,)		
P. FILER NAME		3 Filer ID (Ethics Commission	Filers)		
Lopez, Janie (The Honorable)		00085982			
Payee name					
Mailchimp					
Payee address; City; State; Zip Co	de				
675 Ponce de Leon Ave NE					
Suite 5000					
Atlanta, GA 30308					
a) Category (See Categories listed at the top of this schedule)	(b)	Description			
Advertising Expense		Check if travel outside of Texas. Complete Schedule T.			
	ı				
		Campaigh Email Marketing Expense			
Candidate/Officeholder name Office sou	ght	Office held			
Payee name					
Mailchimp					
Payee address; City; State; Zip Co	de				
675 Ponce de Leon Ave NE					
Suite 5000					
Atlanta, GA 30308					
a) Category (See Categories listed at the top of this schedule)	(b)	Description			
Advertising Expense		Check if travel outside of Texas. Complete Schedule T.			
		—			
		Campaign Email Marketing Expense			
Candidate/Officeholder name Office sou	ght	Office held			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Payee name					
Mailchimp					
Payee address; City; State; Zip Co	de				
675 Ponce de Leon Ave NE					
Suite 5000					
AUL					
Atlanta, GA 30308					
	(b)	Description			
	(b)	Check if travel outside of Texas. Complete Schedule T.			
a) Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
a) Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.			
a) Category (See Categories listed at the top of this schedule)]	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
a) Category (See Categories listed at the top of this schedule) Advertising Expense]	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense			
a) Category (See Categories listed at the top of this schedule) Advertising Expense]	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense			
	The Instruction Guide explains how to confile FILER NAME Lopez, Janie (The Honorable) Payee name Mailchimp Payee address; City; State; Zip Conformation of the Sound Atlanta, GA 30308 A) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sound Atlanta, GA 30308 Payee name Mailchimp Payee address; City; State; Zip Conformation of the Sound Atlanta, GA 30308 A) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sound Payee name Mailchimp Payee name Mailchimp Payee address; City; State; Zip Conformation of the Sound Payee name Mailchimp Payee address; City; State; Zip Conformation of State; Zip Conformat	The Instruction Guide explains how to complete FILER NAME Lopez, Janie (The Honorable) Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 A) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 A) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite Sought Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE	The Instruction Guide explains how to complete this form. FILER NAME Lopez, Janie (The Honorable) Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 ACategory (see Categories listed at the top of this schedule) Advertising Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Candidate/Officeholder name Office sought Office held Office held Description Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Candidate/Officeholder name Office sought Office held Office held Description Candidate/Officeholder name Office sought Office held Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense Campaign Email Marketing Expense		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 18/46 Rpt: 25/56	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	
	11/01/2023	Mailchimp	
	Amount (\$) \$62.89	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
L	12/01/2023	Mailchimp	
	Amount (\$) \$62.89	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/11/2023	Payee name McKee, Maria	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/46 Rpt: 26/56	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
4	Date 08/04/2023	5 Payee name McKee, Maria
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 2910
		Austin, TX 78768
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/20/2023	Payee name Murphy Nasica & Associates
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fee - Reported on Prior Sch F2
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/21/2023	Payee name Murphy Nasica & Associates
	Amount (\$) \$879.16	Payee address; City; State; Zip Code PO Box 1648
		Austin, TX 78767
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Design and Production of Campaign Materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/46 Rpt: 27/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	10/03/2023	Murphy Nasica & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$979.99	PO Box 1648
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Design and Printing of Campaign Materials
_	Opening ONE V if direct	Out tidate (Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2023	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.86	PO Box 1648
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Website Support
		Gampaign Website Support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payeo namo
	10/23/2023	Payee name Murphy Nasica & Associates
	Amount (\$) \$14,430.00	Payee address; City; State; Zip Code PO Box 1648
	Ψ14,430.00	1 0 80% 1040
		Auctin TV 70767
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Grassroots Advertising Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/46 Rpt: 28/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	11/29/2023	Murphy Nasica & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,106.66	PO Box 1648
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Design and Production of Campaign Materials
		Besign and Frederich of Campaign Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	12/11/2023	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$35,000.00	PO Box 1648
	, ,	
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Grassroots Advertising Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	
	Date 08/28/2023	Payee name Murphy Nasica & Associates
	Amount (\$) \$475.23	Payee address; City; State; Zip Code PO Box 1648
	Ψ413.23	FO BOX 1040
		Austin, TX 78767
	DUDDOCE	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Design and Production of Campaign Materials
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/46 Rpt: 29/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	09/05/2023	Murphy Nasica & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17,090.00	PO Box 1648
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Grassroots Advertising Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2023	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$21,290.00	PO Box 1648
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Grassroots Advertising Expense
		Campaign crassroots ravertiening Expenses
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/07/2023	Perez, Abbygail
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		ittee L	egal Services	Sa		iges	Contract Labor		OTHER (enter	a category not listed	l above)
	oroak oara'r aymone		1	The Instruction Gui	de explains how	v to com	ple	te this form.				
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 23/46 Rpt: 30/56	Lo	opez, Janie	(The Honorable	e)					00085982		
4	Date	5 Pa	ayee name									
	09/07/2023	P	erez, Abby	gail								
6	Amount (\$)	7 Pa	ayee address	s; City;	State; Z	ip Cod	le					
	\$100.00	13	390 W. Exp	ressway 83								
		S	an Benito, ⁻	TX 78586								
8	PURPOSE	(a) C	ategory _{(See}	Categories listed at the	e top of this schedul	e) ((b)	Description				
	OF EXPENDITURE			ges/Contract La		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							Check if Austin,			ng expense	
								Campaign Co	ontr	act Labor		
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	Offic	e soug	ht			Office I	held	
	Date	Pá	ayee name									
	10/27/2023	Pi	rint Mail Pro)								
	Amount (\$)	Pá	ayee address	s; City;	State; Z	ip Cod	le					
	\$556.87	90	011 Tuscan	y Way Suite 20	0							
		A	ustin, TX 78	3754								
	PURPOSE	(a) C	ategory (See	Categories listed at the	e top of this schedul	e) ((b)	Description				
	OF EXPENDITURE	ı	rinting Expe								mplete Schedule T.	
	ZA ZIIDII GILZ							Check if Austin,				
								Printing Expe	ense	e ior Camp	aigh Cards	
	Complete ONLY if direct	<u> </u>	adidata/Offia	- la a la la una a a a a	Offic		la 4			Office	h a l al	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	Опіс	e soug	nt			Office I	neia	
	· 	_										
	Date	l	ayee name									
	11/20/2023	P	rint Mail Pro) 								
	Amount (\$)	1	ayee address	•	State; Z	ip Cod	le					
	\$807.50	90	011 Tuscan	y Way Suite 20	0							
		A	ustin, TX 78	3754								
	PURPOSE	(a) C	ategory _{(See}	Categories listed at the	e top of this schedul	e) ((b)	Description				
	OF EXPENDITURE	Pi	rinting Expe	ense				—			mplete Schedule T.	
	-							Check if Austin, Printing Expe				
								i initing Expe	115	o ioi Cairip	aigii Calus	
\vdash	Complete ONLY if direct	C21	ndidate/Office	eholder name	Offic	e soug	ht			Office I	held	
	expenditure to benefit C/OI		naluale/Offici	CHOIGEI HAIHE	OIIIC	o soug	111			Office	iiciu	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/	Wages	s/Contract Labor		OTHER (enter a	a category not listed above)	
			The Instruction Gui	ide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/46 Rpt: 31/56	Lopez, Jar	nie (The Honorabl	e)				00085982		
4	Date	5 Payee name	Э							
	12/27/2023	Print Mail I	Pro							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$755.05	9011 Tusc	any Way Suite 20	0						
		Austin, TX	78754							
8	PURPOSE		See Categories listed at the	e top of this schedule)	(b)	Description				-
	OF	Printing Ex		o top or and concuancy			outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX,	officeholder livin	g expense	
						Printing Expe	ense	e for Campa	aign Cards	
9	Complete ONLY if direct		ficeholder name	Office sou	ught			Office h	ield	_
	expenditure to benefit C/O	4								
	Date	Payee name								=
	11/21/2023	Republicar	n Party of Texas							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					_
	\$750.00	PO Box 22	.06							
		Austin, TX	78768							
_	PURPOSE				(b)	Description				-
	OF	Fees	See Categories listed at the	e top of this schedule)	(~)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	1 003						officeholder livin		
							ling	Fee for Ma	arch 2024 Republican	
						Primary				
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office h	ield	
	expenditure to benefit C/OI	4								
	Date	Payee name								=
	08/28/2023	Rotary Clu	b of Historic Brow	nsville						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					٦
	\$300.00	500 Morris	on RD							
		Brownsville	e, TX 78526							
	PURPOSE		See Categories listed at the	o top of this sales ! ! .	(h)	Description				4
	OF	Event Exp		e top of this schedule)	(~)		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE	Lvent Lxp	CIISC			ш		officeholder livin	•	
						Campaign Sp	on	sorship of (Club Event	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office h	ield	┪
	expenditure to benefit C/OI				-					
										٦
1										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 25/46 Rpt: 32/56	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	_
l	07/05/2023	Sam's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$44.72	621 N Expressway 77	
l			
l		Harlingen, TX 78550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Office Overhead/Rental Expense	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Campaign Supplies	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	'		_
l	Date	Payee name	
L	07/19/2023	Sam's Club	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$34.18	621 N Expressway 77	
l			
l		Harlingen, TX 78550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l		Campaign Supplies	
l		Campaigh Cappilos	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
H	Date	Payee name	_
l	07/22/2023	Sam's Club	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$22.00	621 N Expressway 77	
l	,		
l		Harlingen, TX 78550	
┝	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Supplies for State Office	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			
1	Total pages Schedule F1: Sch: 26/46 Rpt: 33/56	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982	
4	Date	5 Payee name	
	08/29/2023	Sam's Club	
6	Amount (\$) \$30.70	7 Payee address; City; State; Zip Code 621 N Expressway 77 Harlingen, TX 78550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Supplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/11/2023	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.96	621 N Expressway 77	
	DUPPOS	Harlingen, TX 78550	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Tayas, Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for District Office	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	09/20/2023	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.76	621 N Expressway 77	
		Harlingen, TX 78550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Supplies for Campaign Event	
_	Complete ONL V if direct	Candidate/Officeholder name Office cought Office hold	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to compl		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	· ·		3 Filer ID (Ethics Commission Filers)
	Sch: 27/46 Rpt: 34/56	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		•
	10/05/2023	Sam's Club		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$68.18	621 N Expressway 77		
		Harlingen, TX 78550		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b))	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	[Check if travel outside of Texas. Complete Schedule T.
			Į	Check if Austin, TX, officeholder living expense
			,	Campaign Supplies
_	Complete ONLY if direct	Condidate/Officeholder name Office sought		Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	ι	Office held
	Date	Payee name		
	10/16/2023	Sam's Club		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$30.23	621 N Expressway 77		
		Harlingen, TX 78550		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b))	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ī	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Campaign Supplies
				Campaign Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	-	Office held
	expenditure to benefit C/OI			Office field
	Data	D		
	Date 10/17/2023	Payee name Sam's Club		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$117.58	621 N Expressway 77		
		Harlingen, TX 78550		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b))	Description
	EXPENDITURE	Event Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Supplies for Campaign Events
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office held
	expenditure to benefit C/OI	9		55

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/46 Rpt: 35/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	10/19/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.44	621 N Expressway 77
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for State Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/28/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.87	621 N Expressway 77
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/08/2023	San Benito Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	P.O. Box 1491
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top yellow it is to be a complete. Schedule I
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nse Travel in Dis ense Travel Out o les/Contract Labor OTHER (ent

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/46 Rpt: 36/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	08/21/2023	Skyline Print & Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$580.00	449 W Hidalgo Ave
		Raymondville, TX 78580
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Shirt Printing Expense
		Campaign Shirt Hilling Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/11/2023	Solis, Rosanna
_	Amount (\$)	Payee address; City; State; Zip Code
	\$170.00	PO Box 2910
	Ψ170.00	1 0 BOX 2310
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Compaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 11/02/2023	Payee name
		Solis, Rosanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 2910
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/46 Rpt: 37/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	12/04/2023	Solis, Rosanna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/16/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$363.98	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Travel for Officeholder Related Meetings, Not
		Reimbursed by State; Travel Within Texas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davis same
	11/13/2023	Payee name Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.11	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight Change Fee
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight Change Fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight Change Fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight Change Fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/46 Rpt: 38/56	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	·
	09/20/2023	T-Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	12920 SE 38th Street	
		Bellevue, TX 98006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Phone Expense
			, ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	10/30/2023	T-Mobile	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.13	12920 SE 38th Street	
		Bellevue, TX 98006	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign Phone Expense
			Campaign Front Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	11/24/2023	T-Mobile	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	12920 SE 38th Street	
		Bellevue, TX 98006	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Campaign Phone Expense
			Campaign none Expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	T	· · · · · · · · · · · · · · · · · · ·	O Fil ID (Filting Commission Files)
1	Total pages Schedule F1: Sch: 32/46 Rpt: 39/56	Lopez, Janie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085982
4	Date 08/10/2023	5 Payee name TFRW Convention 2023 PAC	
Ļ			
6	Amount (\$) \$700.00	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense oth Rental at TFRW Convention
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	12/18/2023	Texas Political Solutions, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,250.00	PO Box 685201	
	DUDDOG	Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Taylor Complete Cabadula T
	EXPENDITURE	Legal Services	outside of Texas. Complete Schedule T. TX, officeholder living expense
		l	ompliance Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	08/07/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.18	200 W Hicks St	
		San Benito, TX 78586	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense Campaign Mail
		Postage for C	ampagn wan
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		C

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 33/46 Rpt: 40/56	Lopez, Janie (The Honorable) 00085982	
4		5 Payee name USPS	
Ļ	08/09/2023		_
6	Amount (\$) \$68.31	7 Payee address; City; State; Zip Code 200 W Hicks St	
	Ψ00.31	200 W Flicks St	
		San Benito, TX 78586	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE	Check if Austin, TX, officeholder living expense Postage for Campaign Mail	
		Postage for Campaign Mail	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	10/13/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.00	200 W Hicks St	
L		San Benito, TX 78586	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Postage for Campaign Mail	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Date	Payee name	=
	12/27/2023	USPS	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$51.00	200 W Hicks St	
		San Benito, TX 78586	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Postage for Campaign Mail	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	S.pondidio to bondii 0/01	•	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
				The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 34/46 Rpt: 41/56		Lopez, Janie	e (The Honoral	ole)					00085982		
4	Date	5	Payee name									
	07/06/2023		Uber Techno	ologies								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$23.54		1515 3rd St									
			San Francis	co, CA 94158								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o					=			nplete Schedule T.	
	EXI ENDITORE							—		officeholder livin		
								Transportatio	n to	ο Oπicenoio	er Meeting	
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	07/11/2023		Uber Techno	ologies								
	Amount (\$)		Payee address	ss; City;	State;	Zip Co	de					
	\$22.44		1515 3rd St									
			San Francis	co, CA 94158								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	of District				<u></u>			nplete Schedule T.	
								_		officeholder livin		
								Transportatio	11 10	Jonicendio	ler wieeurig	
	Complete ONLY if direct	<u> </u>		ceholder name	0	ffice sou	aht			Office h	eld.	
	expenditure to benefit C/OI		zarialaate/Onic	scholder name	O	mee sou	giit			Office fi	Ciu	
-	Date	_	Davis a name									
	07/14/2023		Payee name Uber Techno	ologios								
	Amount (\$)		Payee addres		State;	Zip Co	ae					
	\$32.72		1515 3rd St									
				co, CA 94158								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Travel Out o	of District						officeholder livin	nplete Schedule T.	
								Transportatio				
								-			· · · · · · · · · · · · · · · ·	
\vdash	Complete ONLY if direct		 Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI			-	_							
1												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)		
	Sch: 35/46 Rpt: 42/56	Lopez, Janie (The Honorable)	00085982		
4	Date	5 Payee name			
	08/30/2023	Uber Technologies			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$27.51	1515 3rd St			
		San Francisco, CA 94158			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside	e of Texas. Complete Schedule T.		
		·	fficeholder living expense Officeholder Meeting		
		Transportation to	Officeriolder Meeting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/O		Since held		
_	Date	Payee name			
	10/12/2023	Uber Technologies			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$27.62	1515 3rd St			
	Ψ21.02	1313 314 31			
		Con Francisco CA 04150			
		San Francisco, CA 94158			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside	e of Texas. Complete Schedule T.		
	EXPENDITURE	Traver out of District	fficeholder living expense		
		Transportation to	Officeholder Related Meeting		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	DH			
	Date	Payee name			
	10/17/2023	Uber Technologies			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$24.95	1515 3rd St			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside	e of Texas. Complete Schedule T.		
	EXI ENDITORE		fficeholder living expense		
		Transportation to	Officeholder Related Meeting		
	Complete ONLY if direct	Condidate/Officeholder name Office county	Office held		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	Onice field		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 36/46 Rpt: 43/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	10/19/2023	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.91	1515 3rd St
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Related Meeting
		Transportation to emostioned messang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Para a same
	10/30/2023	Payee name Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.16	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Officeriolider Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date 11/08/2023	Payee name Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.34	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
		Transportation to Officeriolaer Weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/46 Rpt: 44/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	11/17/2023	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.85	1515 3rd St
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to emberrolate intesting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/27/2023	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.64	1515 3rd St
	, , ,	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	11/28/2023	Payee name Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.87	1515 3rd St
	40 2.0.	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nplet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 38/46 Rpt: 45/56	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		•
	11/29/2023	Uber Technologies		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$25.19	1515 3rd St		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		ļ	Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
_	Operation ONLY if alice at	Overall data (Office health are reserved.	.1-4	Office heald
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	gnt	Office held
	·			
	Date	Payee name		
	12/04/2023	Uber Technologies		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$41.63	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OF	1		
	Date	Payee name		
	12/04/2023	Uber Technologies		
	Amount (\$)	Payee address; City; State; Zip Cod	de.	
	\$19.92	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D) 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or bisunet	j	Check if Austin, TX, officeholder living expense
l	EXI ENDITORE			Transportation to Officeholder Meeting
	EXI ENDITORE			
	EXI ENDITORE			
	Complete ONLY if direct	Candidate/Officeholder name Office soug		Office held
	Complete ONLY if direct			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 39/46 Rpt: 46/56	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		
_	12/05/2023	Uber Technologies		
6	Amount (\$) \$20.04	7 Payee address; City; State; Zip Cool 1515 3rd St	de	
	φ20.04	1313 314 31		
		San Francisco, CA 94158		
8	PURPOSE		(h)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(1)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
3	expenditure to benefit C/OI		JIII	Office field
	Date	Payee name		
	08/03/2023	Valero		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$44.64	2500 W Expy 83		
		San Benito, TX 78586		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fuel for Campaign Related Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/04/2023	Valero		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$17.31	2500 W Expy 83		
		Can Danita TV 70506		
	PURPOSE	San Benito, TX 78586	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fuel for Campaign Related Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sour	tdr.	Office held
	expenditure to benefit C/OI		JIIL	Office field
_				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/46 Rpt: 47/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	07/26/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.08	1126 W Us Highway 77
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Campaign Event
		Supplies for Gampaign Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Programme
	08/03/2023	Payee name
		Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.07	1126 W Us Highway 77
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davida marra
	Date 08/17/2023	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.00	1126 W Us Highway 77
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
1		Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
1		
1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/46 Rpt: 48/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	07/03/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$451.97	1126 W Us Highway 77
_		San Benito, TX 78586
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Campaign Event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.57	1126 W Us Highway 77
		Con Donite TV 70500
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign and State Office Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/18/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.92	1126 W Us Highway 77
		San Benito, TX 78586
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
	Operation ONE VICE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:									
	Sch: 42/46 Rpt: 49/56	Lopez, Janie (The Honorable) 00085982								
4	Date	5 Payee name								
	08/29/2023	Walmart								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$146.30	1126 W Us Highway 77								
		San Benito, TX 78586								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense	if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Campaign Event Expense								
_										
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H								
L			_							
	Date	Payee name								
	09/05/2023	Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$44.90	1126 W Us Highway 77								
		San Benito, TX 78586								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	·							
		Check if Austin, TX, officeholder living expense								
Campaign Supplies										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
expenditure to benefit C/OH										
-	Date	Power name	_							
	09/14/2023	Payee name Walmart								
	Amount (\$) \$17.60	Payee address; City; State; Zip Code 1126 W Us Highway 77								
	\$17.00	1120 W OS Highway 11								
		San Benito, TX 78586								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Campaign Supplies										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
			_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 43/46 Rpt: 50/56	Lopez, Janie (The Honorable) 00085982							
4	Date	5 Payee name							
	09/21/2023	Walmart							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$46.61	1126 W Us Highway 77							
		San Benito, TX 78586							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
		Campaign Supplies							
		Campaigh Supplies							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
_	Data								
	Date	Payee name							
	09/26/2023	Walmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$34.89	1126 W Us Highway 77							
		San Benito, TX 78586							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Supplies for State Office							
		Supplies for State Office							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_	Date	Douge name							
	10/16/2023	Payee name Walmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$42.10	1126 W Us Highway 77							
		San Benito, TX 78586							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Supplies for State Office							
		Supplies for State Sines							
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 44/46 Rpt: 51/56	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	10/23/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.16	1126 W Us Highway 77
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for State Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	11/13/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.01	1126 W Us Highway 77
		San Benito, TX 78586
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/27/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.06	1126 W Us Highway 77
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 45/46 Rpt: 52/56	Lopez, Janie (The Honorable) 00085982								
4	Date	5 Payee name								
	12/04/2023	Walmart								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$63.87	1126 W Us Highway 77								
		San Benito, TX 78586								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Supplies for Campaign Event								
		Cappinos for Gampaign 270/10								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	12/12/2023	Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$38.90	1126 W Us Highway 77								
	ψ30.90	1120 W OST IIghway 11								
		San Benito, TX 78586								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
		Supplies for Campaign Event								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	experientare to benefit Gree									
	Date	Payee name								
	12/27/2023	Walmart								
Amount (\$)		Payee address; City; State; Zip Code								
	\$34.59	1126 W Us Highway 77								
		San Benito, TX 78586								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Supplies for Campaign Event								
		Supplies for Campaign Event								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leç				g Expense es/Wages/Contract Labor complete this form.			Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1: Sch: 46/46 Rpt: 53/56		Lopez, Janie (The Honoral	ole)				3	Filer ID 00085982	(Ethics Commission File	ers)
4	Date 12/04/2023		Payee name Westin Hotel									
6	Amount (\$) \$891.54		Payee address; 6902 E Green Scottsdale, AZ		State	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See C Travel Out of I		the top of this sch	edule)		ш	, TX,	de of Texas. Composition of the	expense	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	older name	(Office sou	ght			Office he	eld	
	Date 08/09/2023		Payee name WinRed									
	Amount (\$) \$18.46		Payee address; 1776 Wilson E			; Zip Co	de					
PURPOSE OF EXPENDITURE		(a)	Category (See C	ategories listed at	the top of this sch	edule)		Check if Austin,	, тх, ее s	de of Texas. Com officeholder living s for Online (ions:
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeh	older name	C	Office sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 54/56 Lopez, Janie (The Honorable) 00085982 4 Date Payee name 11/27/2023 **United Airlines** 6 Amount (\$) Payee address; City; State; Zip Code 77 West Wacker Dr \$440.40 Reimbursement from political contributions intended Х Chicago, IL 60601 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Travel to Attend Officeholder Meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 55/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez, Janie (The Honorable) 00085982 8 Amount (\$) 5 Name of person from whom amount is received 08/09/2023 \$400.00 **NALEO Educational Fund** 6 Address of person from whom amount is received; City; State; Zip Code Monterey Park, CA 91754 Purpose for which amount is received Check if political contribution returned to filer Refund of Registration Fee

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 56/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez, Janie (The Honorable) 00085982 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule D Schedule F1 Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel 7 Name of person(s) traveling Janie, Lopez Departure city or name of departure location 11/27/2023 Austin, Texas 9 Destination city or name of destination location 11/30/2023 Phoenix, Arizona 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Travel to American Legislative Exchange Committee Meeting