CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form.

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commiss 00086159	sion Filers)	2 Total pages fi	led: LO
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
	OFFICEHOLDER	Mr.	Gerald B.			OFFICE	USE CINL I
	NAME	IVII.	Octaia B.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME			CULTIV	01/16/2024	
		NICKNAME	LAST		SUFFIX	01/10/2024	
			Lopez				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
	OFFICEHOLDER	7835 Emerald Elm	•	•			
	MAILING	7000 Emercia Em				Receipt #	Amount
	ADDRESS						
	Change of Address	San Antonio, TX 78251				Date Processed	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER						
	NAME						
		NICKNAME	LAST		SUFFIX		
6	CAMPAIGN	STREET ADDRESS (NO PO	J BUA DI EVSE).	ΛDT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER	STREET ADDRESS (NO FO	J BOX PLEASE),	AFI	/3011E#, CITT,	317	ATE, ZIP CODE
	ADDRESS						
	(Residence or Business)						
	(Nesidence of Business)						
7	CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
ľ	TREASURER	1					
	PHONE						
ᆫ							
8	REPORT					_	
	TYPE	χ January 15	30th day before	election	Runoff		mpaign treasurer
		l				appointment (offi	
		July 15	8th day before		Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
				'	reporting infine		
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2023	T⊦	IROUGH	12/31/202	3	
		01,02,2020					
10	EL ECTION	EL ECTION DATE	<u> </u>		ELECTION TYPE		
10	ELECTION	ELECTION DATE	I		ELECTION TYPE		
		Month Day Year	LIP	rimary	Runoff	Other	
		05/06/2023	XIG	eneral	Special		
				remeral	Ореска		
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$							
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		Trustee Place Seat 2 Dis	trict NISD Bexar		None Place 2 Dis	strict NISD-Bexa	r
I							
ldash							
I							
I			രവ	O PAGE 2			
I				3 : AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Lopez, Gerald B. (Mr)	14 Filer ID ((Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 232.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr.	Gerald B. Lopez	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 10
18 FILER NAME 19 Filer ID (Ethics Condense) Lopez, Gerald B. (Mr.) 00086159				
	E SUBTOTALS SCHEDULE		SUBTOTAL .	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	100.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	232.65
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
			•	

PLEDGED CONTRIBUTIONS	SCHEDULE E	3
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/10	
2 FILER NAME Lopez, Gerald B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086159	
TOTAL OF UNITEMIZED PLEDGES	\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$) 9 In-kind description (If applicable)	
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Scheo	lule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru		

	LOANS				SCHEDULE E
	The Instruction Guide explains how to complete this form.			1	ges Schedule E: 1 Rpt: 5/10
2	FILER NAME Lopez, Gerald E	3. (Mr.)			(Ethics Commission Filers)
4		NITEMIZED LOANS		ı	\$
5	Date of loan 11/13/2023	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$100.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	San Antonio, TX 78251			11 Maturity Date 11/13/2023
12	Principal occupati Self Employed	on / Job title (See Instructions)	13 Employer (See Instructions Self Emplyed	5)	
14	Description of Col	llateral	15 Check if personal funds we	ere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupati	on	21 Employer (See Instructions	5)	

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 6/10	Lopez, Gerald B. (Mr.)	00086159
4 Date	5 Payee name	'
08/09/2023	Academy	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$58.44	7523 Northwest Loop 410	
	San Antonio, TX 78245	
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.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		Shoe purchase for student
O Committee ONII V if allowed	Outside to 10 ff and a laboratory	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
	<u> </u>	
Date	Payee name	
08/02/2023	EIG*CONSTANTCONTACT.CO	
Amount (\$)	Payee address; City; State; Zip C	Code
\$21.32	1601 Trapelo RD	
	Waltham, MA 02451	
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
		Eblast
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		·
Date	Payee name	
08/16/2023	EIG*CONSTANTCONTACT.CO	
Amount (\$)	Payee address; City; State; Zip C	Code
\$21.32	1601 Trapelo RD	
·		
	Waltham, MA 02451	
PURPOSE		(b) Decodation
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	Advertising Expense	Check if Austin, TX, officeholder living expense
		Eblast
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	н 	

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/5 Rpt: 7/10	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	09/09/2023	EIG*CONSTANTCONTACT.CO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	1601 Trapelo RD
		Waltham, MA 02451
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 Eblast
		Esiast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	10/16/2023	EIG*CONSTANTCONTACT.CO
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	1601 Trapelo RD
		Waltham, MA 02451
	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 Eblast
		Eblast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Data	
	Date 08/04/2023	Payee name
		Exxon
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.35	7880 Culebra rd
		san antonio, TX 78251
	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 for travel in district
		Tot trayer in district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1: Sch: 3/5 Rpt: 8/10	2 FILER NAME Lopez, Gerald B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086159
4	Date 07/08/2023	5 Payee name Frost Bank	·
6	Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 7914 Culebra Rd San Antonio, TX 78251	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 08/07/2023	Payee name Frost Bank	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 7914 Culebra Rd San Antonio, TX 78251	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date 09/08/2023	Payee name Frost Bank	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 7914 Culebra Rd	
		San Antonio, TX 78251	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 9/10	Lopez, Gerald B. (Mr.)	00086159
4	Date	5 Payee name	<u> </u>
	09/09/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.00	7914 Culebra Rd #100	
		San Antonio, TX 78251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Monthly Service Charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L	experientare to benefit Great	•	
	Date	Payee name	
l	10/06/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	7914 Culebra Rd #100	
l			
l		San Antonio, TX 78251	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
l			Monthly Service Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	•	Office field
⊨	D-4-		
	Date 11/07/2023	Payee name Frost Bank	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.00	7914 Culebra Rd #100	
l			
		San Antonio, TX 78251	
	PURPOSE OF	,) Description
l	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Monthly Service Charge
			,
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
H			

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

	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: 5/5 Rpt: 10/10	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	08/03/2023	LOS AJOS MEXICAN GRILL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.03	7616 Culebra Rd STE 109
		San Antonio, TX 78251
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
		Mtg with Constituent
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	09/18/2023	QT-QuikTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.55	7230 Culebra Rd
		San Antonio, TX 78251
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food For Travel
		FOOU FOI Havei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		