# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00087889	sion Filers)	2 Total pages file	
3 CANDIDATE / OFFICEHOLDER		FIRST Carlos		MI	OFFICE U	ISE ONLY
NAME		Carios			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Lopez		301117		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	941 Timberwood Lane				Receipt #	Amount
Change of Address	Uvalde, TX 78801					
"	,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Adrianna T.				
	NICKNAME	LAST		SUFFIX		
		Granados				
6 CAMPAIGN	STREET ADDRESS (NO PO E	DOV DI EVCE).	ΛDT	// SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	305 Studer Circle	BOX FLEASE),	AFI	730HE#, CHT,	31A	TE, ZIF CODE
(Residence or Business)	Uvalde, TX 78801					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (830) 275-2785	E NUMBER E	EXTENSION			
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Atta	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/05/2024	X Pi	rimary	Runoff	Other	
	03/03/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	None			State Represent	ative District 80	
				<u> </u>		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 76

13 C / OH NAME	Lopez, Carlos		<b>14</b> Filer ID 00087889	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political c en made without the candidate's or offic ort this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
16 CONTRIBUTION TOTALS			NS (OTHER THAN PLEDGES, LOANS, ONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITIC	AL CONTRIBUTIONS		
		PLEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$ 9,255.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURE	S	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 29,467.59
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	<b>\$</b> 359.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		true and corre	irm, under penalty of perjury, that the ac ct and includes all information required , Election Code.	
			Carlos Lopez	
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and		
Signature of office	cer administering	Printed name of officer adm	inistering Title of office	er administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 76
	LER NAM		<b>19</b> Filer ID 00087889	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,255.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 15,804.67
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 13,662.92
10	). [	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	ı. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 4/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	n Filers)
4	Date 09/26/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		Carrizo Springs, TX 78834				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_Anderson, Carol  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Deinsinal	Sante Fe, NM 87508	Faralassa (Osas Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/19/2023	Full name of contributor out-of-state PAC (ID#: Apple, Shane Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		McKinney, TX 75070				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#:_Ardiente, Nicolette  Contributor address; City; State; Zip Code  San Antonio , TX 78256			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:_ Arreola , Belinda  Contributor address; City; State; Zip Code  Uvalde, TX 78801	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 5/76	
2	FILER NAME Lopez, Carlo	S		3	Filer ID (Ethics Commission 00087889	ı Filers)
4	Date 12/27/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Arrington, Aileen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
_		Folly Beach, SC 29439	T			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_Ashbaught, Tom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78727		<u> </u>		
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#:_Ashbaught, Tom  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78727				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_Ashbaught, Tom  Contributor address; City; State; Zip Code  Austin, TX 78727			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_Barlow, Bud  Contributor address; City; State; Zip Code  Plano, TX 75023			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 6/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
_	5	Del Rio, TX 78840		_		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Dringing agg	Freeport, TX 77541	Employer (See Instructions	·/		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: Battiato, Ruth  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/16/2023	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Hico, TX 76457  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 11/14/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
0	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	Sation 7 300 title (See instructions)	e Employer (See instructions	)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Bond, Debroah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78213		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75287				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#: Brunkenhoe, Donna  Contributor address; City; State; Zip Code  Kingsbury, TX 78638			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIONS	S	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	<b>).</b>	Control of the contro
2	FILER NAME Lopez, Carlo	s	3	Filer ID (Ethics Commission Filers) 00087889
4	Date 11/06/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$) \$25.00
•	Dringing Loggy	Alexandria, LA 71303	Employer (Coo Instructions)	
8	Principal occu	pation / Job title (See Instructions)  9 I	Employer (See Instructions)	
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: Burton, Pamela Contributor address; City; State; Zip Code  Austin, TX 78723	)	Amount of Contribution (\$) \$20.00
	Principal occu	•	Employer (See Instructions)	
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Busch, Anita Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#: Cambell, Gail Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	Principal occu	Argle, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Casey, Stephen Contributor address; City; State; Zip Code  Dallas, TX 75209		Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 9/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 10/30/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
_	Daine in a la casa	Springs, TX 77380				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Catalano, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Springs, TX 77380				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#: Crider, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Daniels, Laurie  Contributor address; City; State; Zip Code  Dallas , TX 75287			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#: Dauerty, Barbara  Contributor address; City; State; Zip Code  Universal City, TX 78148	)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	n. 1	Total pages Schedule A1: Sch: 7/27 Rpt: 10/76
2	FILER NAME Lopez, Carlo	s	3	Filer ID (Ethics Commission Filers) 00087889
4	Date 11/14/2023	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$250.00
8	Principal occu	Dulles, VA 77494 pation / Job title (See Instructions)  9	Employer (See Instructions)	
0	Principal occu	pation / Job title (See instructions)	Employer (See instructions)	
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: Davis, Britt Contributor address; City; State; Zip Code  Katy, TX 77494		Amount of Contribution (\$) \$3.00
	Principal occu	<u> </u>	Employer (See Instructions)	
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:  Denton, Peggy  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	Principal occu	Denton, TX 76201 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: Dixon, Joyce  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Principal occu	Dallas, TX 75372 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 8/27 Rpt: 11/76
2	FILER NAME Lopez, Carlo	s	:	3 Filer ID (Ethics Commission Filers) 00087889
4	Date 11/06/2023	5 Full name of contributor out-of-state PAC (ID#: Escobar, Fernando  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$25.00
8	Principal occu	Miami , FL 33186 pation / Job title (See Instructions)  9 Employer (Se	ee Instructions)	
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/08/2023	Esquivel, Jose  Contributor address; City; State; Zip Code		\$100.00
	Delicalis al access	Del Rio, TX 78840		
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)	
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$20.00
	Dringing occu	San Marcos, TX 78666 pation / Job title (See Instructions) Employer (Se	ee Instructions)	
	Fillicipal occu	pation 7 Job title (See Instructions)	ee msuucuons)	
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: Fracis, Miguel  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$10.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions) Employer (Se	ee Instructions)	
		,		
	Date 09/29/2023	Full name of contributor out-of-state PAC (ID#: Gaeta, Marilyn Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$9.00
		San Antonio, TX 78249		
	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)	
		·		

	MONET	ARY POLITICAL CONTRIBI	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.		al pages Schedule A1: n: 9/27 Rpt: 12/76	
2	FILER NAME Lopez, Carlo	s			r ID (Ethics Commission 187889	on Filers)
4	Date 10/06/2023	<ul> <li>Full name of contributor</li></ul>	C (ID#:	) <b>7</b> Amo	ount of Contribution (\$)	\$20.00
		San Antonio, TX 78213	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See	e Instructions)		
	Date 08/17/2023	Full name of contributor out-of-state PA Gamboa, Adrian Contributor address; City; State; Zip Code	C (ID#:		ount of Contribution (\$)	\$25.00
		San Antonio, TX 78253	1			
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)		
	Date 11/09/2023	Full name of contributor out-of-state PA Garcia, Domingo  Contributor address; City; State; Zip Code	C (ID#:	) Amo	ount of Contribution (\$)	\$1,000.00
		Dallas, TX 75208				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Self	e Instructions)		
	Date 08/17/2023	Full name of contributor out-of-state PA Garcia, Emmanuel  Contributor address; City; State; Zip Code  Austin, TX 78747	C (ID#:		ount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)	Employer (See	Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PA Garcia, Emmanuel  Contributor address; City; State; Zip Code  Austin, TX 78747	C (ID#:	) Amo	ount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 10/27 Rpt: 13/76	
2	FILER NAME Lopez, Carlo	s			Filer ID (Ethics Commission 00087889	Filers)
4	Date 08/17/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Uvalde , TX 78801 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Garza, Roland	)		Amount of Contribution (\$)	\$25.00
	00/11/2023	Contributor address; City; State; Zip Code				Ψ23.00
	Dringing! goog	Uvalde, TX 78801	Employer (See Instructions)	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/17/2023	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
		Uvalde, TX 78801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/17/2023	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Garza, Sandra			Amount of Contribution (\$)	\$50.00
		Contributor address; City; State; Zip Code  Uvalde, TX 78801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/27 Rpt: 14/76	
2	FILER NAME Lopez, Carlo	S		3	Filer ID (Ethics Commission 00087889	n Filers)
4	Date 10/09/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
_	5	Lewisville, TX 75056	2.5.1.6.1.1	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Golando, Martin  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Deire sin al acces	San Antonio, TX 78201	Formula van (Cara la atmustia a			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Gray, Robert Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#: Gregory, Frederick  Contributor address; City; State; Zip Code  Arlington, TX 76017			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Groff, Sara Contributor address; City; State; Zip Code  Cedar Park, TX 78613	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
		I				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE /	41
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/76	
2	FILER NAME Lopez, Carlo	s	3	Filer ID (Ethics Commission File 00087889	ers)
4	Date 11/04/2023	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$) \$2	100.00
8	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
_			10113)		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez, Roland Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,0	00.00
	Principal occu	San Antonio, TX 78214  pation / Job title (See Instructions) Employer (See Instructions)	tions)		
	Attorney	Self			
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Guzman, Ramiro  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
		Del Rio, TX 78840			
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$21.50
	Principal occu	Austin, TX 78750  pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$26.50
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/76	
2	FILER NAME Lopez, Carlo	s	:	<b>3</b> Filer ID (Ethics Commission F 00087889	Filers)
4	Date 10/22/2023	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77069 pation / Job title (See Instructions)	Employer (See Instructions)	(s)	
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#: Hicks, Kellie  Contributor address; City; State; Zip Code  Round Rock, TX 78664		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	) ()	
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#: Holloway, Michael Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77004 pation / Job title (See Instructions)	Employer (See Instructions)	;)	
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Holzer, Jean Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	I 5)	
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#: Homgreen, George Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	(3)	
		<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 17/76	
2	FILER NAME Lopez, Carlo	S		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 10/06/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
_	5	Missouri City, TX 77459		_		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/30/2023	Full name of contributor			Amount of Contribution (\$)	\$25.00
		River Forest, IL 60305				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/27/2023	Full name of contributor	)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/16/2023	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Spicewood, TX 78669 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: Keyser, Sandra  Contributor address; City; State; Zip Code  San Antonio, TX 78257	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
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	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how to comple	te this fo	rm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 18/76	
2	FILER NAME Lopez, Carlo	s			3	Filer ID (Ethics Commission 00087889	n Filers)
4	Date 11/14/2023	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$20.00
0	Dringing agg	Austin, TX 78723 pation / Job title (See Instructions)	l c	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	ľ	Employer (See instructions	)		
	Date 10/27/2023	Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Elgin, TX 78621 pation / Job title (See Instructions)		Employer (See Instructions	)		
	·						
	Date 10/27/2023	Full name of contributor out-of-state  Lefforge, Nan  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77079					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/02/2023	Full name of contributor out-of-state Lockhart, Lolly Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu	Austin , TX 78728 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/31/2023	Full name of contributor out-of-state Lopez, Andres Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Ozona, TX 76943 pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 19/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 08/17/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
		Uvalde, TX 78801				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )		
	Date 09/02/2023	Full name of contributor out-of-state PAC (ID#:_Marin, Araceli  Contributor address; City; State; Zip Code  Uvalde, TX 78801	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#:_Mery, John  Contributor address; City; State; Zip Code  San Antonio, TX 78251			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_Mitchell , Will  Contributor address; City; State; Zip Code  Sante Fe, NM 87501	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_Mondragon, Carlos  Contributor address; City; State; Zip Code  Eulesss, TX 76039			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/76	
2	FILER NAME Lopez, Carlo	S		3	Filer ID (Ethics Commissio 00087889	n Filers)
4	Date 12/31/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5.00
		Eulesss, TX 76039				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/22/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Del Rio, TX 78840 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	•	, ,	. , ,			
	Date 10/22/2023	Full name of contributor	)		Amount of Contribution (\$)	\$100.00
		Del Rio, TX 78840				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#:_Montalvo, Jose  Contributor address; City; State; Zip Code  Del Rio, TX 78840	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Montalvo, Jose  Contributor address; City; State; Zip Code  Del Rio, TX 78840	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/27 Rpt: 21/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	n Filers)
4	Date 10/27/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_		Comfort, TX 78013				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/27/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
		Comfort, TX 78013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Comfort, TX 78013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Nunez, Linda Contributor address; City; State; Zip Code League City, TX 77573			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Oegerle, Patrick Contributor address; City; State; Zip Code San Antonio , TX 78209			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 22/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	n Filers)
4	Date 08/17/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
0	Dringing Loggy	Uvalde, TX 78801	• Employer (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:_Pancorvo, George  Contributor address; City; State; Zip Code  Midlothian, TX 76065	)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/24/2023	Full name of contributor out-of-state PAC (ID#:_ Patlan, Rosa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/23/2023	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Converse, TX 78109 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/16/2023	Perez, Mario  Contributor address; City; State; Zip Code  Fort Worth, TX 76110				\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/76	
2	FILER NAME Lopez, Carlo	s		3	Filer ID (Ethics Commission 00087889	Filers)
4	Date 10/27/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75230				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Ponceabe, Abraham  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Mansfield, TX 76063		<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Prazuchn, Nicholas  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Chicago, IL 60655				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:_ Resendez, Joe Contributor address; City; State; Zip Code  Houston, TX 77062	)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Resendez, Joe Contributor address; City; State; Zip Code  Houston , TX 77062			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 21/27 Rpt: 24/76	
2	FILER NAME Lopez, Carlo	s			Filer ID (Ethics Commission 00087889	Filers)
4	Date 10/27/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:Rodger, Ron  Contributor address; City; State; Zip Code  Austin, TX 78742	)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/06/2023	Full name of contributor out-of-state PAC (ID#: Ruiz, Anthony Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	San antonio, TX 78254 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 10/06/2023	Full name of contributor			Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78254 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 11/06/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78254 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/76		
2	P. FILER NAME Lopez, Carlos			3	Filer ID (Ethics Commission 00087889	on Filers)	
4			7	Amount of Contribution (\$)	\$20.00		
		San Antonio, TX 78254	ı				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  Sandoval, Gina  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00		
	Deinsinal	San Antonio, TX 78249	<u> </u>	Faralas (Garalas trastica)			
Principal occupation / Job title (See Instructions)  Employer (See Instruction				Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/14/2023 Saunders, Nancy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Dallas, TX 75229					
	Principal occu Retiree	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date  O8/17/2023  Full name of contributor out-of-state PAC (ID#:  Saunders, Nancy  Contributor address; City; State; Zip Code  Dallas, TX 75229		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retiree	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2023 Saunders, Nancy  Contributor address; City; State; Zip Code  Dallas, TX 75229			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Retiree	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/76	
2	Priler NAME Lopez, Carlos			3	Filer ID (Ethics Commission 00087889	n Filers)
4			7	Amount of Contribution (\$)	\$25.00	
_		Dallas, TX 75214				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Sena, Jonathan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Uvalde, TX 78801 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
		,				
	Date Full name of contributor out-of-state PAC (ID#:)  09/27/2023 Sharp, Cheryl  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Helotes, TX 78023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_Sierra, Cristina  Contributor address; City; State; Zip Code  Summit, NJ 07901	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/13/2023 Smith, Steven  Contributor address; City; State; Zip Code  Marshfield, MO 76501			Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 24/27 Rpt: 27/76	
2	FILER NAME Lopez, Carlo	s	;	3 Filer ID (Ethics Commission Filers) 00087889	
4	Date 10/21/2023  5 Full name of contributor out-of-state PAC (ID#:) Spector, Joseph  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$20.	00	
8	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/23/2023 Strong, Gary  Contributor address; City; State; Zip Code  Ft Worth, TX 76244		)	Amount of Contribution (\$) \$20.	00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: Stuard, Anne Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.	00
	Principal occu	Lampasas, TX 76550 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#: Tatem, Diane Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$5.	00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2023 Taylor, Clifton  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.	00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	s Schedule A1: 7 Rpt: 28/76	
2	FILER NAME Lopez, Carlos			3 Filer ID ( 00087889	Ethics Commission	ı Filers)
4			7 Amount of	Contribution (\$)	\$10.00	
		Irving, TX 75062				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/17/2023 Valdez, Jesus  Contributor address; City; State; Zip Code		Amount of	Contribution (\$)	\$100.00	
	Dringing aggr	Del Rio, TX 78840	Employer (See Instructions	20)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date Full name of contributor out-of-state PAC (ID#:)  11/06/2023 Walden, Robert  Contributor address; City; State; Zip Code		Amount of	Contribution (\$)	\$25.00	
		Austin, TX 78735				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID Weathersbee, Jim Contributor address; City; State; Zip Code Kerrville, TX 78028	#:)	Amount of	Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/27/2023 Weinberg, Florence  Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of	Contribution (\$)	\$15.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 26/27 Rpt: 29/76	
2	FILER NAME Lopez, Carlo	s		3 Filer ID (Ethics Commission F 00087889	ilers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Whisenan, Debroah  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$20.00	
8	Principal occu	Amarillo, TX 79102 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#: William, Andy Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$50.00
	Principal occu	Forth Worth, TX 76126 pation / Job title (See Instructions)	Employer (See Instructions)	<b>(</b>	
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: Williams, Anthony  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Del Rio , TX 78840 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	
	Date 10/08/2023	Full name of contributor out-of-state PAC (ID#: Wilson, Myrna Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date Full name of contributor out-of-state PAC (ID#:)  10/23/2023 Witmire, Brooklyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78245 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 27/27 Rpt: 30/76		
2	FILER NAME Lopez, Carlo	os		3	Filer ID (Ethics Commission 00087889	n Filers)	
4	Date  09/16/2023  5 Full name of contributor out-of-state PAC (ID#:)  Worley, Jeff  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
_		Bluffton, SC 29909					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/28/2023 Wreight, Benjamin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Dringing occu	Fort Worth, TX 76123	Employer (See Instructions				
Principal occupation / Job title (See Instructions)  Employer (See Instruction							
	Date Full name of contributor out-of-state PAC (ID#:)  10/27/2023 Yonan, Barbara  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Garland, TX 75044					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#:_ Young, Sandy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00	
	Principal occu	Hondo, TX 78861 pation / Job title (See Instructions)	Employer (See Instructions	)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contributions/ Donations Made By - Gift/Award
Constitutes/ Officeholds/ (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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not licted above)

	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: 1/29 Rpt: 31/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	11/20/2023	3-D Signs
6	Amount (\$) \$890.90	7 Payee address; City; State; Zip Code  TX
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 Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/20/2023	3-D Signs
	Amount (\$) \$890.90	Payee address; City; State; Zip Code
		TX
	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  Campaign Fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/27/2023	3-D Signs
	Amount (\$) \$890.90	Payee address; City; State; Zip Code
		TX
	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  Campaign Fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exper
Contributions/ Donations Made By - Gift/Awards/Memorial

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 2/29 Rpt: 32/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	10/06/2023	5D
6	Amount (\$) \$112.82	7 Payee address; City; State; Zip Code
		TX
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  Dem Meet
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	5D
	Amount (\$) \$132.82	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dem Meet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/26/2023	7th Avenue
	Amount (\$) \$23.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

1 Total pages Schedule F1: Sch: 3/29 Rpt: 33/762 FILER NAME Lopez, Carlos3 Filer ID (Ethics Commiss 000878894 Date5 Payee name	ion Filers)
4 Date 5 Payee name	
12/26/2023 7th Avenue	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$16.10	
TX	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Event Expense	
Check if Austin, TX, officeholder living expense	
Event	
<b>9</b> Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
08/20/2023 Act Blue	
Amount (\$) Payee address; City; State; Zip Code	
\$85.36	
TX	
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.	
Campaign Fee	
Gampaign 1 oc	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
09/10/2023 ActBlue	
Amount (\$) Payee address; City; State; Zip Code	
\$14.82	
TX	
OF Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Campaign Fees	
Campaign Fees	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Campaign Fees	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

		The instruction dulae explains now to co	Jilipic	tte till 5 form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/29 Rpt: 34/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
	09/17/2023	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$3.96			
		TX		
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
				Campaign Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	H		
F	Date	Payee name		
	09/24/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$7.71			
		TX		
	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.
				Campaign Fees
				Campaign rees
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/O	Н		
F	Date	Payee name		
	09/30/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$42.05			
		TX		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
ĺ	OF	l =	1	Chock if travel outside of Toyas, Complete Schodule T

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Fees

Candidate/Officeholder name

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Campaign Fees

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/29 Rpt: 35/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
	10/08/2023	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$8.91			
		TX		
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
				Campaign Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	10/15/2023	ActBlue		
H	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$1.98			
		TX		
H	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  Campaign Fees
				Campaign rees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	9		
H	Date	Payee name		
	10/22/2023	ActBlue		
H	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$11.86			
		TX		
H	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Campaign Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			Onice field
$\vdash$				
ı				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wag  The Instruction Guide explains how to comp		Contract Labor OTHER (enter a category not listed above) te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/29 Rpt: 36/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
	10/29/2023	ActBlue		
6	Amount (\$) \$16.39	7 Payee address; City; State; Zip Code	9	
		тх		
8	PURPOSE OF	,	) '	Description
	EXPENDITURE	Fees	ŀ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			- 1	Campaign Fees
				Campaign 1 ccs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	11/12/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	<del></del>	
	\$62.30			
		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	o) .	Description
	EXPENDITURE	Fees	ļ	Check if Austin TV, officeholder living avenue.
			ı	Check if Austin, TX, officeholder living expense  Campaign Fees
				Campaign rees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			Gillag Held
	Date	Payee name		
	11/19/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$30.72			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	)	Description
	OF EXPENDITURE	Fees	Į	Check if travel outside of Texas. Complete Schedule T.
			ı	Check if Austin, TX, officeholder living expense
				Campaign Fees
	Complete ONLY if divert	Condidate/Officebolder name	·+	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	IL	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to c	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)
	Sch: 7/29 Rpt: 37/76	Lopez, Carlos		00087889
4	Date	5 Payee name		•
	11/26/2023	ActBlue		
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip C	ode	
8	PURPOSE	(a) a	(b)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/03/2023	ActBlue		
	Amount (\$) \$0.40	Payee address; City; State; Zip C	ode	
	2112222	TX	Lax	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/10/2023	ActBlue		
	Amount (\$) \$1.19	Payee address; City; State; Zip C	ode	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/29 Rpt: 38/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
	12/17/2023	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$41.29			
		TX		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense  Campaign Fees
				Campaign Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		giit	Since held
-	Date	Payee name		
	12/24/2023	ActBlue		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$3.95	r dyou dadross, Sity, State, Lip So	uo	
	******			
		TX		
_	PURPOSE	(-) -	(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign Fees
	Computate ONLY if dispost	Condidate/Officeholder regree	la #	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gnı	Office neid
-	Data			
	Date 12/31/2023	Payee name ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.96	366 Summer St.	ue	
	Ψ3.30	ood dummer dt.		
		Summerville, MA 72144		
	PURPOSE	/	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense
				Campaign Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	exponential to benefit 6/01	•		

#### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal 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: 9/29 Rpt: 39/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	10/31/2023	Bank
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code  TX
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  Service Charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2023	Bank
	Amount (\$) \$10.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/07/2023	Canva
	Amount (\$) \$16.23	Payee address; City; State; Zip Code
		TX
	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  Campaign Fees
	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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/29 Rpt: 40/76	Lopez, Carlos		00087889
4	Date	5 Payee name		•
	12/26/2023	Circle K		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$44.46			
		тх		
8	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Fuel
				ruei
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		JIIL	Office field
	Date	Davis serve		
	12/26/2023	Payee name Crystal Ball		
			d =	
	Amount (\$)	Payee address; City; State; Zip Coc	зе	
	\$7.00	2116 FM 65		
		0		
		Crystal City, TX 78839		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Event
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/12/2023	EZ Texting		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$333.27			
		тх		
	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Campaign Fees
	Complete ONLY if direct	Candidate/Officeholder name	ıh+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	JIIL	Office neid

### 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 Gifl/Awards/Memorials Expense Printing Expense Legal Services 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: 11/29 Rpt: 41/76	Lopez, Carlos		00087889
4	Date	5 Payee name		<u> </u>
	12/03/2023	Exxon Mobile		
6	Amount (\$)	7 Payee address; City; State; Zip (	Code	
	\$30.12			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel In District	( )	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Fuel
L			1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
┕				
	Date	Payee name		
L	12/26/2023	Facebook		
	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$659.05			
l				
l		TX		
	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.  Check if Austin, TX, officeholder living expense
l				Campaign Fees
l				campaig
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O		Ü	
F	Date	Payee name		
l	09/22/2023	Five points		
⊢	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$75.00	, , , , , , , , , , , , , , , , , , ,		
l		TX		
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Travel In District	(2)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Fuel
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
	experientare to beliefft G/O	,		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	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: 12/29 Rpt: 42/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	12/07/2023	Flores, Nic
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code  TX
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  Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2023	Garcia's Cafe
	Amount (\$) \$123.27	Payee address; City; State; Zip Code  TX
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dem Meet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2023	Go Daddy
	Amount (\$) \$77.81	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Fees - Email Platform
	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 Conditate/Officebolder/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: 13/29 Rpt: 43/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	12/14/2023	GrassRoots
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	
		TX
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.
		Campaign Fees
		Campaign Fees
_	Occupated ONLY if alice at	Our stide to 100% as health as a sure
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/26/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.12	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		T del
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/27/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.77	
L		TX
	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
		Fue!
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	•	

### SCHEDULE F1

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

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 co	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 14/29 Rpt: 44/76	Lopez, Carlos		00087889
4	Date	5 Payee name		•
L	08/23/2023	Harland Clarke		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$19.33			
		TX		
Ļ	PURPOSE		(1-)	
8	OF	(a) Category (See Categories listed at the top of this schedule)  Checks	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	0.1001.0		Check if Austin, TX, officeholder living expense
				Checks
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		agrit	Since field
H	Date	Payee name		
	10/26/2023	Loves		
Н	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$52.00			
		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
L				
	Date	Payee name		
L	10/27/2023 Amount (\$)	Loves	odo	
	\$52.00	Payee address; City; State; Zip Co	Jue	
l	<b>402</b> .00			
		тх		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fuel
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/29 Rpt: 45/76	Lopez, Carlos		00087889
4	Date	5 Payee name		•
	10/05/2023	Lunkers Grill		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$61.94			
		тх		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense  Dem Meet
				Delli Meet
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		ynt	Office field
_	Data			
	Date 11/10/2023	Payee name Max E Mart		
			-1-	
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$15.62			
		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Charlest strangle straight of Taylor Complete Schodule T
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	11/26/2023	Miguelitos		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$78.88			
		тх		
	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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		yııı	Onice field

#### 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

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

	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: 16/29 Rpt: 46/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	11/27/2023	Miguelitos
6	Amount (\$) \$78.88	7 Payee address; City; State; Zip Code  TX
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  Meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2023	Miguelitos
	Amount (\$) \$44.33	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/15/2023	Miguelitos
	Amount (\$) \$44.33	Payee address; City; State; Zip Code N 1st Ave
		Crystal Clty, TX 78839
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal
	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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/29 Rpt: 47/76	Lopez, Carlos		00087889
4	Date	5 Payee name		I
l	10/02/2023	Minits		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$70.31			
l				
l		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel In District	'	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Fuel
L			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
┕				
l	Date	Payee name		
L	11/30/2023	Minits		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$30.00			
l				
l		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Fuel
l				. 46.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/O		Ū	
H	Date	Payee name		
l	11/14/2023	Minits		
┝	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$30.07	. 1,000 1,000, 0,100, 0,		
l	,			
l		TX		
┝	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver in Bleaner		Check if Austin, TX, officeholder living expense
l				Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	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 -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: 18/29 Rpt: 48/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	12/18/2023	Minits
6	Amount (\$) \$65.20	7 Payee address; City; State; Zip Code
Ļ		TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2023	Minits
	Amount (\$) \$30.07	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/14/2023	NGP VAN
	Amount (\$) \$909.88	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dues and Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt: 49/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
	12/14/2023	NGP VAN		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$909.88			
		TX		
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
				Dues and Subscription
				·
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
F	Date	Payee name		
	10/18/2023	NGP VAN		
Г	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$909.88			
		TX		
Г	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  Dues and Subscription
				Dudo and Gasconpach
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
F	Date	Payee name		
	11/10/2023	Peter Rabbits		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$80.66			
		TX		
r	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
				. 40.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			<del></del>
$\vdash$				

#### 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: 20/29 Rpt: 50/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	12/04/2023	Peter Rabbits
6	Amount (\$) \$30.12	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/28/2023	Peter Rabbits
	Amount (\$) \$81.07	Payee address; City; State; Zip Code 638 S Getty St
		Uvalde, TX 78801
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	12/29/2023	Peter Rabbits
	Amount (\$) \$102.18	Payee address; City; State; Zip Code 638 S Getty
		Uvalde, TX 78801
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/Oh	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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/29 Rpt: 51/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	09/29/2023	RMS Group
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code  TX
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  Campaign Fees - Email Platform
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2023	RMS Group
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Fees - Email Platform
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	11/21/2023	Road Ranger #272
	Amount (\$) \$10.67	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/29 Rpt: 52/76	Lopez, Carlos		00087889
4	Date	5 Payee name		
l	11/21/2023	Road Ranger #272		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$98.67			
l				
l		TX		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(6)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel in District		Check if Austin, TX, officeholder living expense
l				Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought	Office held
L	experialture to beriefft C/Oi	1		
Г	Date	Payee name		
l	11/24/2023	Road Ranger #272		
Г	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$34.94			
l				
		TX		
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Meal
⊢	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
l	Complete ONLY if direct expenditure to benefit C/OI		ougni	Office field
⊨				
l	Date	Payee name		
╙	12/05/2023	SE40526		
l	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$52.77			
l				
		TX		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Fuel
H	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/29 Rpt: 53/76	Lopez, Carlos		00087889
4	Date	5 Payee name		L .
	12/08/2023	Shell		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$95.10			
		TX		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(6)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel III Bistrict		Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experioration benefit C/O	7		
	Date	Payee name		
	12/22/2023	Shell		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$41.04			
		TX		
	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.
	ZAI ZABITORZ			Check if Austin, TX, officeholder living expense Fuel
				ruei
	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/OI		ugnt	Office field
_	Data	D		
	Date 11/30/2023	Payee name Simple Texting		
		<u> </u>		
	Amount (\$) \$436.95	Payee address; City; State; Zip C	oue	
	φ430.93			
		TV		
		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Campaign Fees
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Waces/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 24/29 Rpt: 54/76	Lopez, Carlos		00087889
4	Date	5 Payee name		<u> </u>
	12/04/2023	Straight Talk		
6	Amount (\$) \$72.79	7 Payee address; City; State; Zip Co	de	
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 Campaign Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	09/18/2023	T Strategies		
	Amount (\$) \$625.00	Payee address; City; State; Zip Co	de	
	PURPOSE	(6) 0 :	(h)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	09/30/2023	T Strategies		
	Amount (\$) \$50.00	Payee address; City; State; Zip Co	de	
		тх		
	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  Social Media
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sour	ght	Office held

### 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 Legal Services 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: 25/29 Rpt: 55/76	Lopez, Carlos 00087889	
4	Date	5 Payee name	
	10/18/2023	T Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00		
		TX	
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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Social Media	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		
	Date	Payee name	
	10/18/2023	T Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Social Media	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	11/10/2023	T Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	7019 W Villiage Blvd. Ste 205	
		Laredo, TX 78041	
	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	
		Social Media	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	The state of the second st		

#### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/29 Rpt: 56/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	11/10/2023	T Strategies
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code  TX
8	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  Social Media
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/10/2023	T Strategies
	Amount (\$) \$120.00	Payee address; City; State; Zip Code  TX
	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  Social Media
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/13/2023	TexBest
	Amount (\$) \$76.64	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	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 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/29 Rpt: 57/76	Lopez, Carlos	00087889
4	Date	5 Payee name	<u>'</u>
	12/26/2023	TexBest	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$67.59	3250 E Main St B	
		Uvalde, TX 78801	
8	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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		. Office field
H	D-4-		
	Date	Payee name	
	12/14/2023	Twitter	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.82		
		TX	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Campaign Fees - Email Platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/13/2023	Universal Me	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00		
		TX	
H	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Campaign Fees - Email Platform
L	Complete ONE V if direct	Condidate/Officeholder page	Office hald
	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 comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 28/29 Rpt: 58/76	Lopez, Carlos	00087889
4	Date	5 Payee name	
	09/08/2023	Valley Mart #5	
6	Amount (\$) \$83.15	7 Payee address; City; State; Zip Code	
		TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/13/2023	Valley Mart #5	
	Amount (\$) \$66.56	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/13/2023	Valley Mart #5	
	Amount (\$) \$26.94	Payee address; City; State; Zip Code	
		тх	
	PURPOSE OF EXPENDITURE	Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/Oh	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 -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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/29 Rpt: 59/76	Lopez, Carlos 00087889
4	Date	5 Payee name
	12/12/2023	Valley Mart
6	Amount (\$) \$92.55	7 Payee address; City; State; Zip Code  TX
8	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
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/06/2023	Walmart
	Amount (\$) \$60.12	Payee address; City; State; Zip Code
L		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/08/2023	Yolie's Steak
	Amount (\$) \$262.40	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals - Dem Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gu	·		Vages/Contract Labor		vel Out of District HER (enter a catego	ory not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ξ				3 File	er ID (Ethics	Commission Filers)
	Sch: 1/17 Rpt: 60/76		Lopez, Car	os				00	087889	
4	Date	5	Payee name							
	07/31/2023		Lopez, Car	os						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$5,000.00		941 Timber	wood Ln						
	Reimbursement from political contributions intended		Uvalde, TX	78801						
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e top of this sch	edule)	(b) Description	Check	if travel outside of Te	exas. Complete Schedule T.
	OF EXPENDITURE		Consulting	Expense				Check	if Austin, TX, officeh	older living expense
							Consulting Servi	ce		
9	· —	Car	ndidate/Office	holder name			Office sought		Office	held
	expenditure to benefit C/OH	Lop	oez, Carlos				State Represe	entative	е	
	Date		Payee name							
	08/09/2023		Lopez, Car	os						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$132.78		PO Box 178	38						
	Reimbursement from political contributions intended		UVALDE, T	X 78802						
	PURPOSE		Category (S	ee Categories listed at th	e top of this sch	edule)	Description	Check	if travel outside of Te	exas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Check	if Austin, TX, officeh	older living expense
	EXPENDITORE						Dem Meeting La	redo		
		Car	ndidate/Office	holder name			Office sought		Office	held
	expenditure to benefit C/OH	Lop	oez, Carlos				State Represe	entativ	е	
		_								
	Date		Payee name							
	08/09/2023		Lopez, Car	os						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$105.45		PO Box 178	38						
	Reimbursement from political contributions intended		UVALDE, T	X 78802						
	PURPOSE		Category (s	ee Categories listed at th	e top of this sch	edule)	Description			exas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				_	if Austin, TX, officeh	older living expense
	<del></del>						Dem Laredo Me	eting		
		Car	ndidate/Office	holder name			Office sought		Office	held
	expenditure to benefit C/OH	Lop	oez, Carlos				State Represe	entativ	е	
_										

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Se	ards/Memorials Expense ervices e <b>struction Guide expl</b> a		Wages/Contract Labor		Travel Out OTHER (e	of District nter a category r	not listed above)
		_			and now to co	mpiete tilis formi.				
1	Total pages Schedule G:	2	FILER NAME				1	Filer ID	`	mmission Filers)
	Sch: 2/17 Rpt: 61/76		Lopez, Carlos					000878	89	
4	Date	5	Payee name							
	08/20/2023		Lopez, Carlos							
6	Amount (\$)	7	Payee address;	City; S	tate; Zip Co	ode				
	\$96.20		941 Timberwood	LN						
	Reimbursement from									
	X political contributions intended		UVALDE, TX 788	01						
_		(-)				(h) Decembration [	<b>7</b> ch	and if traval	Louteide of Toyo	o Complete Cabadula T
8	PURPOSE OF	(a)	Category (See Categ		s schedule)	(b) Description	=			s. Complete Schedule T. er living expense
	EXPENDITURE		Food/Beverage E	xpense		L		ieck ii Austii	ii, ix, oiliceiloid	er living expense
						Dem Meetinh				
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder	name		Office sought			Office he	d
	C/OH	Lop	pez, Carlos			State Repres	enta	ıtive		
	Date		Payee name							
	09/01/2023		Lopez, Carlos							
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode				
	\$500.00		941 Timberwood	Ln						
	Reimbursement from									
	x political contributions intended		UVALDE, TX 788	01						
			OVALDE, 1X 700							
	PURPOSE OF			ories listed at the top of thi	s schedule)	Description	_			s. Complete Schedule T.
	EXPENDITURE		Consulting Expen	ise			_		n, ix, onicenolo	er living expense
						Campaign Cons	ultın	g		
		Car	ndidate/Officeholder	name		Office sought			Office he	d
	expenditure to benefit C/OH	Lop	pez, Carlos			State Repres	enta	ıtive		
		_								
	Date		Payee name							
	09/09/2023		Lopez, Carlos							
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode				
	\$27.60		941 Timberwood	Ln						
	Reimbursement from									
	X political contributions intended		UVALDE, TX 788	01						
_		_				December 5	7.0		1	- October College
	PURPOSE OF			ories listed at the top of thi	s schedule)	Description	_			s. Complete Schedule T. er living expense
	EXPENDITURE		Food/Beverage E	xpense		L Doma Manting		icok ii 7 tastii	ii, iix, omeenda	or hving expense
						Dem Meeting				
		Ļ								
	ovnondituro to honofit		ndidate/Officeholder	name		Office sought			Office he	d
	C/OH	Lop	pez, Carlos			State Repres	enta	itive		
$\vdash$										
l										

#### SCHEDULE G

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Legal Serv		Printing Expense Salaries/Wages/Con		Travel Out OTHER (e	t of District enter a category not listed above)
Ļ						"	(-11 - 11 - 11 - 11
1	Total pages Schedule G:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 3/17 Rpt: 62/76	Lopez, Carlos				000878	389
4	Date	Payee name					
	09/09/2023	Lopez, Carlos					
6	Amount (\$)	Payee address; C	City; State;	Zip Code			
ľ	\$63.32	941 Timberwood Lr		p			
		0 12 11111001110000 21					
	Reimbursement from political contributions						
L	intended	UVALDE, TX 7880:	L				
8	PURPOSE	Category (See Categorie	es listed at the top of this sched	ule) (b) De	scription	Check if trave	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Exp	oense			Check if Austi	in, TX, officeholder living expense
	EXI ENDITORE			Dem N	Meeting		
9	Complete ONLY if direct	didate/Officeholder na	me	Offi	ce sought		Office held
	expenditure to benefit	ez, Carlos		Sta	ite Represe	entative	
L	C/OH						
Г	Date	Payee name					
	09/20/2023	Lopez, Carlos					
⊢	Amount (\$)		City; State;	Zip Code			
	\$100.00	941 Timberwood Lr	•	Zip Code			
	\$100.00	941 Tilliberwood Li	ı				
	Reimbursement from political contributions						
	intended	UVALDE, TX 78803	L				
	PURPOSE	Category (See Categorie	es listed at the top of this sched	ule) De	scription	Check if trave	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expens	е			Check if Austi	in, TX, officeholder living expense
	EXI ENDITORE			Social	Media		
Г	Complete ONLY if direct	didate/Officeholder na	ıme	Offi	ce sought		Office held
	expenditure to benefit	ez, Carlos		Sta	ite Represe	entative	
L	C/OH				•		
Г	Date	Payee name					
	09/20/2023	Lopez, Carlos					
⊢	Amount (\$)	Payee address; C	City; State;	Zip Code			
	\$625.00	941 Timberwood Lr	•	p			
		541 TilliberWood Er	•				
	X political contributions		_				
	intended	UVALDE, TX 7880:	L				
	PURPOSE	Category (See Categorie	es listed at the top of this sched	ule) De	scription	₫	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting Expense	е			Check if Austi	in, TX, officeholder living expense
				Camp	aign Consu	ılting	
Г	Complete ONLY if direct	didate/Officeholder na	me	Offi	ce sought		Office held
1	expenditure to benefit C/OH	ez, Carlos		Sta	ite Represe	entative	
L	ООП				-		

#### SCHEDULE G

#### **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		above)
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commiss	sion Filers)
	Sch: 4/17 Rpt: 63/76	Lopez, Carlos 00087889	,
4	Date	5 Payee name	
	10/03/2023	Lopez, Carlos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	941 Timberwood Ln	
	Reimbursement from political contributions intended	UVALDE, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Comp	lete Schedule T.
	OF EXPENDITURE	Advertising Expense	expense
	EXI ENDITORE	Social Media	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	Lopez, Carlos State Representative	
	С/ОП		
	Date	Payee name	
	10/05/2023	Lopez, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	941 Timberwood Ln	
	Reimbursement from		
	x political contributions intended	UVALDE, TX 78801	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Comp	lete Schedule T.
	OF EXPENDITURE	Consulting Expense	expense
		Campaign Consulting	
		Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	Lopez, Carlos State Representative	
	Date	Payee name	
	10/22/2023	Lopez, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	941 Timberwood Ln	
	Reimbursement from		
	x political contributions intended	UVALDE, TX 78801	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Comp	lete Schedule T.
	OF EXPENDITURE	Advertising Expense	expense
	LAI LINDITORL	Social Media	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit	Lopez, Carlos State Representative	
	C/OH	•	

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	із Ехрепэс	Salaries/V	/ages/Contract Labor		OTHER (e	nter a category n	ot listed above)	
	credit card r dyment			The Instruction (	Guide explains I	now to co	mplete this form.					
1	Total pages Schedule G:	2	FILER NAMI	Ξ				3	Filer ID	(Ethics Co	mmission Filers)	
	Sch: 5/17 Rpt: 64/76		Lopez, Car	los					000878	889		
4	Date	5	Payee name									
	10/27/2023		Lopez, Car	los								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					_
	\$104.84		941 Timber	wood Ln								
	Reimbursement from											
	X political contributions intended		UVALDE, 1	X 78801								
8	PURPOSE	(a)		ee Categories listed a	the top of this sche	edule)	(b) Description	С	heck if trave	I outside of Texas	s. Complete Schedule	<u> </u>
Ŭ	OF	("	Event Expe		t the top of this some	oddie)	(a) Becompain	_		n, TX, officeholde		
	EXPENDITURE		Evolit Expe				Halloween Can	<u> </u>	Trunk or	Treat Ever	nt	
								•				
9	Complete ONLY if direct	Cai	ndidate/Office	holder name			Office sought			Office hel	d	_
	evnenditure to henefit	Lo	pez, Carlos				State Repres	senta	ative			
	C/OH		•									_
	Date		Payee name									
	10/27/2023		Lopez, Car	los								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$100.00		941 Timber	wood Ln								
	Reimbursement from											
	X political contributions intended		UVALDE, 1	X 78801								
	PURPOSE	T	Category (S	ee Categories listed a	the top of this sche	edule)	Description	С	heck if trave	l outside of Texas	s. Complete Schedule	 Г.
	OF EXPENDITURE		Advertising	Expense			Ī	С	heck if Austi	n, TX, officeholde	er living expense	
	LAFLINDHORL						Social Media					
		Cai	ndidate/Office	holder name			Office sought			Office hel	d	
	expenditure to benefit C/OH	Lo	pez, Carlos				State Repres	senta	ative			
	Data	<u> </u>										=
	Date 10/27/2023		Payee name Lopez, Car									
		┡			04-4	7:- 0-	-l-					_
	Amount (\$) \$50.00		Payee addre		State;	Zip Co	ae					
			341 HIHDE	WOOd Lii								
	X political contributions		11\/ALDE 3	V 70001								
	intended	┞	UVALDE, 1									_
	PURPOSE OF			ee Categories listed a	t the top of this sche	edule)	Description	_		l outside of Texas n, TX, officeholde	s. Complete Schedule	ī.
	EXPENDITURE		Advertising	Expense			Social Media	<b>—</b> °		., .,, .,, .,,	vg expense	
							Coolai Media					
	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought			Office hel	d	
	expenditure to benefit		pez, Carlos	HOIGO HAINE			State Repres	ent	ative	Cince nei	<b>.</b>	
	C/OH		poz, oanos									

## SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		nmittee	Legal Services	із Ехрепэс	Salaries/V	/ages/Contract Labor		OTHER (e	nter a category r	not listed above)	
	Credit Card Payment			The Instruction	Guide explains l	how to co	mplete this form.					
1	Total pages Schedule G:	2	FILER NAME	=				3	Filer ID	(Ethics Co	ommission Filers	5)
	Sch: 6/17 Rpt: 65/76		Lopez, Carl	os					000878	889		
4	Date	5	Payee name									
	11/07/2023		Lopez, Carl	os								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$597.54		941 Timber	wood Ln								
	Reimbursement from											
	X political contributions intended		UVALDE, T	X 78801								
8	PURPOSE	(a)		ee Categories listed a	t the top of this sche	edule)	(b) Description	По	Check if trave	I outside of Texa	s. Complete Schedu	le T.
	OF	``	Advertising			,	(1)	۵	Check if Austi	n, TX, officehold	er living expense	
	EXPENDITURE		J	•			Campaign Sign	S				
9	<u> </u>	Car	ndidate/Office	holder name			Office sought			Office he	ld	
	expenditure to benefit C/OH	Lop	ez, Carlos				State Repres	sent	ative			
		_										
	Date		Payee name									
	11/07/2023		Lopez, Carl									
	Amount (\$)		Payee addre		State;	Zip Co	de					
	\$699.30		941 Timber	wood Ln								
	X Reimbursement from political contributions											
	intended		UVALDE, T	X 78801								
	PURPOSE		Category (s	ee Categories listed a	the top of this sche	edule)	Description	브			s. Complete Schedu	le T.
	OF EXPENDITURE		Advertising	Expense				ш		n, TX, officehold	er living expense	
							Campaign Sign	s (3	-D)			
	evnenditure to henefit		ndidate/Officel	holder name			Office sought	4	_4:	Office he	ld	
	C/OH	LOL	ez, Carlos				State Repres	seni	auve			
	Date		Payee name									
	11/20/2023		Lopez, Carl	os								
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State;	Zip Co	de					
	\$839.43		941 Timber	-		·						
	Reimbursement from											
	X political contributions intended		UVALDE, T	X 78801								
	PURPOSE	$\vdash$	Category (se	ee Categories listed a	t the top of this sche	edule)	Description	По	heck if trave	I outside of Texa	s. Complete Schedu	le T.
	OF		Advertising			,		٥	Check if Austi	n, TX, officehold	er living expense	
	EXPENDITURE		J	•			Campaign Sign	s (3	-D)			
		Car	ndidate/Office	holder name			Office sought			Office he	ld	
	expenditure to benefit C/OH	Lop	ez, Carlos				State Repres	sent	ative			
	5,511											

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel (	n District Out of District R (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer I	D (Ethics Commission Filers)	_
	Sch: 7/17 Rpt: 66/76	Lopez, Ca	rlos			0008	7889	
4	Date	5 Payee name	e					_
	11/22/2023	Lopez, Ca						
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip C	ode			_
	\$34.94	941 Timbe	erwood Ln					
	Reimbursement from political contributions intended	UVALDE,	TX 78801					
8	PURPOSE	(a) Category (	See Categories listed at the top of this sch	nedule)	(b) Description	=	avel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beve	erage Expense		L L	Check if Au	ustin, TX, officeholder living expense	
					Dem Meeting			
_	0 1: 01:17.7.1	0 11 1 10 11			0"		0"	
9	ovponditure to benefit	Candidate/Office			Office sought	ontoti vo	Office held	
	C/OH	Lopez, Carlos			State Represe	entative		
	Date	Payee name	e					_
	11/24/2023	Lopez, Ca						
	Amount (\$)	Payee addr	ess; City; State	; Zip C	ode			_
	\$17.89	941 Timbe	erwood Ln					
	Reimbursement from							
	X political contributions intended	UVALDE,	TX 78801					
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Check if tra	avel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE	Advertisino	g Expense			Check if Au	ustin, TX, officeholder living expense	
					Accessories for S	Signs		
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held	_
	expenditure to benefit C/OH	Lopez, Carlos			State Represe	entative		
								_
	Date	Payee name						
	11/24/2023	Lopez, Ca						_
	Amount (\$)	Payee addr		; Zip C	ode			
	\$40.00	941 Timbe	erwood Ln					
	X Reimbursement from political contributions intended	UVALDE,	TX 78801					
	PURPOSE OF	Category (	See Categories listed at the top of this sch	nedule)	Description	=	avel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In D	District		L	Check if At	ustin, TX, officeholder living expense	
					Fuel			
	Complete ONLY if direct	Candidate/Office	aholdar nama		Office sought		Office held	_
	expenditure to benefit	Lopez, Carlos			State Represe	entative	Office field	
	C/OH							_

## SCHEDULE G

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/M	/ages/Contract Labor		OTHER (er	nter a category not	listed above)
	credit card r ayment			The Instruction Gu	iide explains ho	w to co	mplete this form.				
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Com	ımission Filers)
	Sch: 8/17 Rpt: 67/76		Lopez, Car	los					000878	89	
4	Date	5	Payee name								
	11/26/2023		Lopez, Car	los							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$23.85		941 Timber	wood Ln							
	Reimbursement from										
	X political contributions intended		UVALDE, T	X 78801							
8	PURPOSE	(a		ee Categories listed at th	ne top of this schedu	ule)	(b) Description	Пс	heck if travel	outside of Texas.	Complete Schedule T.
	OF	``	Travel In Di			,	(1)	$\Box$ c	heck if Austir	n, TX, officeholder I	living expense
	EXPENDITURE						Fuel				
9		Ca	ndidate/Office	holder name			Office sought			Office held	
	expenditure to benefit C/OH	Lo	pez, Carlos				State Repres	senta	ative		
	0/011										
	Date		Payee name								
	11/26/2023		Lopez, Car	los							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$20.73		941 Timber	wood Ln							
	Reimbursement from political contributions										
	y political contributions intended		UVALDE, T	X 78801							
	PURPOSE		Category (S	ee Categories listed at th	ne top of this schedu	ule)	Description	С	heck if travel	outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	rage Expense				С	heck if Austir	n, TX, officeholder I	living expense
							Dem Meeting				
	evnenditure to henefit		ndidate/Office	holder name			Office sought			Office held	
	C/OH	Lo	pez, Carlos				State Repres	sent	ative		
	Date		Payee name								
	11/28/2023		Lopez, Car								
	Amount (\$)	$\vdash$	Payee addre		State;	Zin Co	de				
	\$11.02		941 Timber		Otato,	<b>_</b> .p					
	Reimbursement from										
	x political contributions intended		UVALDE, T	X 78801							
	PURPOSE	⊢	· · · · · · · · · · · · · · · · · · ·	ee Categories listed at th	so ton of this sohods	ula)	Description	$\overline{\Box}_{c}$	hock if traval	outside of Toyas	Complete Schedule T.
	OF		Advertising	-	ie top of this schedt	uie)	Description	_		n, TX, officeholder l	•
	EXPENDITURE		Advertising	Схрепас			Tpost for Signs	_			
							,				
	Complete ONLY if direct	Ca	ndidate/Office	holder name			Office sought			Office held	
	expenditure to benefit		pez, Carlos				State Repres	senta	ative		
	C/OH		•								

## SCHEDULE G

#### **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  The Instruction Gu			/ages/Contract Labor		OTHER (e	nter a category not	listed above)
					ide explains i	low to co	inpiete tilis ioiiii.	-			
1	, -	2	FILER NAME					3	Filer ID	`	ımission Filers)
	Sch: 9/17 Rpt: 68/76		Lopez, Carl	0S					000878	889	
4	Date	5	Payee name								
	12/02/2023		Lopez, Carl	os							
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	nde				
Ŭ	\$63.39	ľ	941 Timber	-	Otato,	2.p 00	de				
			341 HIIIDEI	WOOU LIT							
	X Reimbursement from political contributions										
	intended		UVALDE, T	X 78801							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b) Description	С	heck if travel	l outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				С	heck if Austi	n, TX, officeholder	living expense
	LAFLINDITORL						Dem Meeting				
9	Complete ONLY if direct	Car	ndidate/Officel	nolder name			Office sought			Office held	
	expenditure to benefit	Lot	pez, Carlos				State Repres	senta	ative		
	C/OH	,	po_, cacc								
	Date		Payee name								
	12/02/2023		Lopez, Carl	0S							
	Amount (\$)	┢	Payee addre		State:	Zip Co	nde .				
	\$108.45		941 Timber		State,	Zip Cc	de				
			941 HIIIDEI	WOOU LII							
	Reimbursement from political contributions										
	intended		UVALDE, T	X 78801							
	PURPOSE		Category (Se	ee Categories listed at the	e top of this sche	edule)	Description	С	heck if travel	l outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				С	heck if Austi	n, TX, officeholder	living expense
	LXI LINDITORL						Dem Meeting				
	Complete ONLY if direct	Car	ndidate/Officel	nolder name			Office sought			Office held	
	expenditure to benefit	Lop	pez, Carlos				State Repres	senta	ative		
	C/OH										
	Date		Payee name								
	12/02/2023		Lopez, Carl	os							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State:	Zip Co	ide				
	\$106.55		941 Timber	-	otato,	p					
			J-TT TITIBOT	WOOd EII							
	X Reimbursement from political contributions										
	intended		UVALDE, T	X 78801							
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	느			Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				С	heck if Austi	n, TX, officeholder	living expense
							Dem Meeting				
		Car	ndidate/Officel	nolder name			Office sought			Office held	
	expenditure to benefit	Lo	pez, Carlos				State Repres	senta	ative		
	C/OH						•				

## SCHEDULE G

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

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense				Travel in Dis Travel Out o OTHER (ent		d above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/17 Rpt: 69/76		Lopez, Car	los					0008788	39	
4	Date	5	Payee name								
	12/02/2023		Lopez, Car	los							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$33.06		941 Timber	wood Ln							
	Reimbursement from political contributions intended		UVALDE, T	X 78801							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description	_		outside of Texas. Com	
	OF EXPENDITURE		Advertising	Expense			l L	Ch	eck if Austin,	, TX, officeholder living	expense
							Tpost				
9	ovnondituro to honofit		ndidate/Office	holder name			Office sought			Office held	
	C/OH	Lop	oez, Carlos				State Repres	enta	tive		
	Date		Payee name								
	12/02/2023		Lopez, Car								
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State;	Zip Co	ode				
	\$1.93		941 Timber	wood Ln		·					
	Reimbursement from										
	x political contributions intended		UVALDE, T	X 78801							
	PURPOSE	$\vdash$	Category (S	ee Categories listed at	the top of this sche	edule)	Description	Ch	eck if travel o	outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE		Advertising	Expense			[	Ch	eck if Austin,	, TX, officeholder living	expense
	EXI ENDITORE						Sign Repair				
	evnenditure to benefit		ndidate/Office	holder name			Office sought			Office held	
	C/OH	Lop	oez, Carlos				State Repres	enta	tive		
	Date		Payee name								
	12/05/2023		Lopez, Car	los							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State;	Zip Co	ode				
	\$52.77		941 Timber	wood Ln							
	Reimbursement from										
	X political contributions intended		UVALDE, T	X 78801							
	PURPOSE	Г	Category (S	ee Categories listed at	the top of this sch	edule)	Description	Ch	eck if travel o	outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE		Travel In D	istrict			[	Ch	eck if Austin,	, TX, officeholder living	expense
							Fuel				
	evnenditure to henefit		ndidate/Office	holder name			Office sought			Office held	
	C/OH	Ca	rlos, Lopez				State Repres	enta	tive		

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printin	g Expense Travel Out of District es/Wages/Contract Labor OTHER (enter a category not listed above)  o complete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 70/76	Lopez, Carlos	00087889
4	Date	5 Payee name	•
	12/07/2023	Lopez, Carlos	
6	Amount (\$)	7 Payee address; City; State; Zip	Code
	\$62.26	941 Timberwood Ln	
	Reimbursement from political contributions intended	UVALDE, TX 78801	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			Fuel
_	0 1: 01:14 7 7 1		
9	evnenditure to henefit	Cardaa Lana	Office sought Office held
	C/OH	Carlos, Lopez	State Representative
	Date	Payee name	
	12/05/2023	Lopez, Carlos	
	Amount (\$)	Payee address; City; State; Zip	Code
	\$948.81	941 Timberwood Ln	
	Reimbursement from		
	X political contributions intended	UVALDE, TX 78801	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
	EX. ENDITORE		Signs
	evnenditure to henefit	Candidate/Officeholder name	Office sought Office held
	C/OH	Lopez, Carlos	State Representative
	Date	Payee name	
	12/07/2023	Lopez, Carlos	
	Amount (\$)	Payee address; City; State; Zip	Code
	\$51.69	941 Timberwood Ln	
	Reimbursement from		
	X political contributions intended	UVALDE, TX 78801	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EX. ENDITORE		Dem Meeting
	evnenditure to henefit	Candidate/Officeholder name	Office sought Office held
	C/OH	Lopez, Carlos	State Representative

## SCHEDULE G

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

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor		District it of District enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
	Sch: 12/17 Rpt: 71/76	Lopez, Ca	rlos			000878	389
4	Date	5 Payee name	<del></del>			ı	
	12/07/2023	Lopez, Ca					
6	Amount (\$)	7 Payee addro	ess; City; State	; Zip C	ode		
	\$8.12	941 Timbe	rwood Ln				
	Reimbursement from political contributions intended	UVALDE,	TX 78801				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	=	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense		L L	Check if Aust	tin, TX, officeholder living expense
					Dem Meeting		
_	0 1: 01:17.7	0 111 100			0"		000
9	ovponditure to benefit	Candidate/Office	enolder name		Office sought	antativo	Office held
	C/OH	Lopez, Carlos			State Represe	entative	
	Date	Payee name	e				
	12/08/2023	Lopez, Ca	rlos				
	Amount (\$)	Payee addre	ess; City; State	; Zip C	ode		
	\$117.21	941 Timbe	rwood Ln				
	Reimbursement from						
	x political contributions intended	UVALDE,	TX 78801				
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Check if trave	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Aust	tin, TX, officeholder living expense
					Dem Meeting		
		Candidate/Office	eholder name		Office sought		Office held
	expenditure to benefit C/OH	Lopez, Carlos			State Represe	entative	
		<u> </u>					
	Date 12/08/2023	Payee name					
		Lopez, Ca					
	Amount (\$) \$53.85	Payee addre 941 Timbe		; Zip C	oue		
		941 1111106	IWOOU LII				
	Reimbursement from political contributions intended	UVALDE, <sup>1</sup>	TX 78801				
	PURPOSE OF	Category (	See Categories listed at the top of this sch	nedule)	Description	=	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L	Check if Aust	tin, TX, officeholder living expense
					Dem Meeting		
	Complete ONLY if direct	Candidate/Office	aholder name		Office sought		Office held
	expenditure to benefit	Lopez, Carlos	STOIGE HAITE		State Represe	entative	Office field
	C/OH						

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor		District ut of District (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID	(Ethics Commission Filers)	
	Sch: 13/17 Rpt: 72/76	Lopez, Ca	rlos			00087	'889	
4	Date	5 Payee name	e					-
	12/09/2023	Lopez, Ca						
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip C	ode			-
	\$114.02	941 Timbe	erwood Ln					
	Reimbursement from political contributions intended	UVALDE,	TX 78801					
8	PURPOSE	(a) Category (	See Categories listed at the top of this sch	nedule)	(b) Description	≓ .	vel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beve	erage Expense		L	Check if Aus	stin, TX, officeholder living expense	
					Dem Meeting			
_					<u> </u>			_
9	ovnonditure to benefit	Candidate/Office			Office sought		Office held	
	C/OH	Lopez, Carlos			State Represe	entative		
	Date	Payee name	e					-
	12/09/2023	Lopez, Ca						
	Amount (\$)	Payee addr	ess; City; State	; Zip C	ode			-
	\$35.50	941 Timbe	erwood Ln					
	Reimbursement from							
	X political contributions intended	UVALDE,	TX 78801					
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Check if trav	vel outside of Texas. Complete Schedule T.	-
	OF EXPENDITURE	Travel In D	District			Check if Aus	stin, TX, officeholder living expense	
					Fuel			
					<u> </u>			_
	evnenditure to henefit	Candidate/Office			Office sought	ontativa	Office held	
	C/OH	Lopez, Carlos			State Represe	entative		
	Date	Payee name	e					
	12/09/2023	Lopez, Ca	rlos					
	Amount (\$)	Payee addr	ess; City; State	; Zip C	ode			_
	\$54.72	941 Timbe	erwood Ln					
	Reimbursement from political contributions intended	UVALDE,	TX 78801					
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Check if trav	vel outside of Texas. Complete Schedule T.	_
	OF EXPENDITURE	Travel In D	District			Check if Aus	stin, TX, officeholder living expense	
					Fuel			
								_
	evnenditure to henefit	Candidate/Office			Office sought		Office held	
	C/OH	Lopez, Carlos			State Represe	entative		
								_

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G: Sch: 14/17 Rpt: 73/76	2 FILER NAM Lopez, Ca				3 Filer ID (Ethics Commission Filers) 00087889				
4	Date	<b>5</b> Payee nam	e							
	12/09/2023	Lopez, Ca								
6	Amount (\$)	<b>7</b> Payee addr	ess; City; State	; Zip Co	ode					
	\$40.00	941 Timbe	erwood Ln							
	X Reimbursement from political contributions intended	UVALDE,	TX 78801							
8	PURPOSE	(a) Category	See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Travel In [	District		_ L	Check if Austin, TX, officeholder living expense				
					Fuel					
_	Opening the ONE Wife disease	0	-h-1-l		Office a secondary	Office Include				
9	evnenditure to henefit	Candidate/Offic			Office sought					
	C/OH	Lopez, Carios	Lopez, Carlos State Representative							
	Date	Payee nam	e							
	12/11/2023	Lopez, Ca	rlos							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$32.97	941 Timbe	erwood Ln							
	Reimbursement from political contributions intended	UVALDE,	TX 78801							
	PURPOSE OF	Category (	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Food/Beve	erage Expense		L	Check if Austin, TX, officeholder living expense				
					Dem Meeting					
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held				
	evpenditure to benefit	Lopez, Carlos			State Representative					
	C/OH									
	Date	Payee nam								
	12/16/2023	Lopez, Ca	rlos							
	Amount (\$)	Payee addr	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	; Zip Co	ode					
	\$82.72	941 Timbe	erwood Ln							
	X Reimbursement from political contributions intended	UVALDE,	TX 78801							
	PURPOSE OF	1	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beve	erage Expense		L Dom Mooting	Check if Austin, TX, officeholder living expense				
					Dem Meeting					
_	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held				
	expenditure to benefit	Lopez, Carlos			State Represe					
	C/OH	. ,								

## SCHEDULE G

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Gift/Av Legal	peverage Expense wards/Memorials Expense Services Instruction Guide explains I		expense Wages/Contract Labor	Travel C	District Jut of District (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAME				3 Filer II	C (Ethics Commission Filers)		
	Sch: 15/17 Rpt: 74/76	Lopez, Carlos				00087	7889		
4	Date	5 Payee name							
	12/17/2023	Lopez, Carlos							
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	ode				
	\$74.49	941 Timberwood	d Ln						
	Reimbursement from political contributions intended	UVALDE, TX 78	801						
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this sche	edule)	(b) Description	<b>-</b>	vel outside of Texas. Complete Schedule	۲.	
	OF EXPENDITURE	Event Expense			L	Check if Au	stin, TX, officeholder living expense		
					Catering Event				
_								_	
9	evnenditure to henefit	Candidate/Officeholde	r name		Office sought		Office held		
	C/OH	Lopez, Carlos			State Repres	entative			
	Date	Payee name							
	12/20/2023	Lopez, Carlos							
	Amount (\$)	Payee address;	City; State;	Zip Co	ode			_	
	\$50.78	941 Timberwood	d Ln						
	Reimbursement from political contributions intended	UVALDE, TX 78	801						
	PURPOSE	Category (See Cate	egories listed at the top of this sche	edule)	Description	=	vel outside of Texas. Complete Schedule	Г.	
	OF EXPENDITURE	Food/Beverage	Expense		[	Check if Au	stin, TX, officeholder living expense		
					Dem Meeting				
	Complete ONLY if direct	Candidate/Officeholde	r name		Office sought		Office held	_	
expenditure to benefit		Lopez, Carlos			State Representative				
	C/OH								
	Date	Payee name							
	11/11/2023	Lopez, Carlos							
	Amount (\$)	Payee address;	City; State;	Zip Co	ode				
	\$581.30	941 Timberwood	d Ln						
	Reimbursement from political contributions intended	UVALDE, TX 78	801						
	PURPOSE	Category (See Cate	egories listed at the top of this sche	edule)	Description	Check if tra	vel outside of Texas. Complete Schedule	г.	
	OF EXPENDITURE	Advertising Expe	ense		[	_	stin, TX, officeholder living expense		
					Accessories for	Signs			
	Operation ON V. V. V.	0			0#		O#i II-I	_	
	evnenditure to henefit	Candidate/Officeholde	r name		Office sought	ontati: :-	Office held		
	C/OH	Lopez, Carlos			State Repres	entative			

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		•	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 16/17 Rpt: 75/76		Lopez, Carlos				00087889		
4	Date	5	Payee name						
	11/11/2023		Lopez, Carlos						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$835.69		941 Timberwood Ln						
	Reimbursement from political contributions intended		UVALDE, TX 78801						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	С	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Advertising Expense			С	neck if Austin, TX, officeholder living expense		
	LXI LINDITORE				Accessories for S	Sign	ns		
9		Car	ndidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH	Ca	rlos, Lopez	entative					
		_							
	Date		Payee name						
	12/24/2023		Lopez, Carlos						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$229.76		941 Timberwood Ln						
	Reimbursement from political contributions intended		UVALDE, TX 78801						
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	_	neck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Event Expense		Check if Austin, TX, officeholder living expense				
					Uvalde Families				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Car	ndidate/Officeholder name		Office sought		Office held		
		Lop	pez, Carlos		State Represe	nta	ative		
H		_							
	Date		Payee name						
	12/25/2023	L	Lopez, Carlos						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$55.31		941 Timberwood Ln						
	Reimbursement from political contributions intended		UVALDE, TX 78801						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	₹ .	heck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Travel In District		L	7 c	heck if Austin, TX, officeholder living expense		
					Fuel				
	evnenditure to henefit		ndidate/Officeholder name		Office sought		Office held		
	C/OH	Lopez, Carlos State Representative					ative		

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 17/17 Rpt: 76/76	Lopez, Ca	rlos			00087889
4	Date	5 Payee name	е			
	12/28/2023	Lopez, Ca	rlos			
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip C	ode	
	\$54.06	941 Timbe	rwood Ln			
	Reimbursement from political contributions intended	UVALDE,	TX 78801			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense		L	Check if Austin, TX, officeholder living expense
					Dem Meeting	
Ļ						200
9	evnenditure to henefit	Candidate/Office	eholder name		Office sought	Office held
	C/OH	Lopez, Carlos	entative			
	Date	Payee name	9			
	12/29/2023	Lopez, Ca				
	Amount (\$)	Payee addre	ess; City; State	; Zip C	ode	
	\$26.02	941 Timbe	rwood Ln			
	Reimbursement from					
	X political contributions intended	UVALDE,	TX 78801			
	PURPOSE	Category (	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORE				Dem Meeting	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held
	C/OH	Lopez, Carlos State F				entative
F	Date	Douge reserve				
	12/01/2023	Payee name Lopez, Cai				
		Payee addre		· Zin C	odo	
	Amount (\$) \$97.60	941 Timbe	•	e; Zip C	ouc	
	,	341 1111100	IWOOG EII			
	X Reimbursement from political contributions intended	UVALDE,	TX 78801			
	PURPOSE OF	1	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L	Check if Austin, TX, officeholder living expense
					Dem Meeting	
_	Complete ONLY if direct	Candidate/Office	aholder name		Office sought	Office held
	expenditure to benefit	Lopez, Carlos	Shower hame		State Represe	
L	C/OH	Lopez, Carios			State Neprest	ornauvo
1						