FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057957 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose A. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Joe Lopez CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Alejandro NAME NICKNAME LAST **SUFFIX** Perez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 722-8613 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) District 49 Webb & Zapata District Judge (Multi-county) District 49

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Lopez, Jose A. (The	Honorable)	14 Filer ID (100057957	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the cholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		.I IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEN		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 12,695.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 79,533.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hon	orable Jose A. Lopez	2
			Candidate or Officehold	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 18				
18 FILER NA Lopez, Jo	(Ethics Commission Filers)				
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 12,695.14		
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.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$		

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

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 4/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	12/21/2023	AT & T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,652.86	5704 San Bernardo
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Personal Cell phone service for Officeholder
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Cell phone service for and by officeholder paid by same.
Ļ	Operation ONLY if allowed	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/13/2023	Alfredo, Alfredo
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3002
		Juarez
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	cleaning out services Check if travel outside of Texas. Complete Schedule T.
	_/	Cleaning convince for storage and other political
		Cleaning services for storage and other political signage and material for officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/27/2023	Asador las palmas
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.56	1717 San Dario
	Ψ30.30	
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food costs for probation officers week donated by officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit C/Of	,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/15 Rpt: 5/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	07/26/2023	Benavides, Tania
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	200 E. 7th St.
		Zapata, TX 78076
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Probation officers week sponsorship breakfast paid
		for by officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/27/2023	Big Bob's Trophies
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.98	5904 West Dr.
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Retirement awards for two employees paid for by
		officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/19/2023	City of Laredo
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1110 Houston St.
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Basketball Fund raising event by
		officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/ The Instruction Guide explains how to co		s/Contract Labor ete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 3/15 Rpt: 6/18	Lopez, Jose A. (The Honorable)				00057957	
4	Date	5 Payee name					
	10/06/2023	Dollar Tree					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$55.33	3502 Clark Blvd					
		Laredo, TX 78043					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Event Expense		<u> </u>		ide of Texas. Com , officeholder living	
				$\boldsymbol{\sqcup}$			ficers week event paid by
				officeholder			,
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught			Office he	eld
F	Date	Payee name					
	09/11/2023	Fix It					
\vdash	Amount (\$)	Payee address; City; State; Zip Ci	ode				
	\$207.64	7400 San Pedro Ave					
	¥=*::*						
		San Antonio , TX 78216					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	equipment repair		—		ide of Texas. Com , officeholder living	
				_			ment for officeholder
				paid by the sa			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ught			Office he	eld
⊨	Date	Paulas marris					
	09/22/2023	Payee name Garza Floral and Gift Shop					
L		'	1 -				
	Amount (\$) \$160.21	Payee address; City; State; Zip Ci	oue				
	\$100.21	5901 Mcpherson					
		Ste 1A					
		Laredo, TX 78045					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards/Memorials Expense		ш		ide of Texas. Com , officeholder living	
l				ш			it paid for by officeholder
					,		- p.m.z. r.z. by billioniolider
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/OI		-				
H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/15 Rpt: 7/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	11/24/2023	Garza Floral and Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.20	5901 Mcpherson
		Ste 1A
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Funeral sprays paid for by officeholder for memorial of constituent.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/24/2023	Garza Floral and Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.26	5901 Mcpherson
		Ste 1A
		Laredo, TX 78045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Funeral spray paid for by officeholder for funeral
		services of constituent.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/24/2023	Garza Floral and Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.20	5901 Mcpherson
		Ste 1A
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		funeral sprays paid for by officeholder for constituen funeral services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/15 Rpt: 8/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	07/31/2023	JB Alexander Bulldog Athletic Program
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3600 East Del Mar
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Donation paid by officeholder to assist fundraising efforts by local high school parent booster club
		enorts by local riight school parent booster clab
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/04/2023	Jarocho
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.22	1910US Hwy 83
	Ψ02.22	131003 Hwy 03
		Laredo, TX 78043
	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 Lunch for staff working on OCA report in Zapata,
		paid for by officeholder
	Operation ONLY if allowed	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	
	Date	Payee name
	09/08/2023	LIFE
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	US Hwy 59
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donated and paid by officeholder to assist in
		fundraising event by local non profit organization
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 9/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	08/11/2023	LIFE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	US Hwy 59
		Laredo, TX 78040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation to life for fundraising effort paid by
		officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to serious ever	
	Date	Payee name
	11/03/2023	Laredo Webb County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1120 Matamoros
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		efforts fundraising event.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/20/2023	Margarita, margarita
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1110 Victoria
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to constituent for local church activities paid by officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	—
_	Sch: 7/15 Rpt: 10/18	Lopez, Jose A. (The Honorable) Carrier ID (Ethics Commission Files) 00057957	
4	Date	5 Payee name	
	12/08/2023	Martinez, Alma (Mrs.)	
6	Amount (\$) \$111.18	7 Payee address; City; State; Zip Code 2715 Cleveland Laredo, TX 78046	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Event Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense services paid by officeholder for Christmas decorations at event for luncheon paid by	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/27/2023	Pacheco, Miguel Angel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$290.00	1110 Victoria	
	DUDDOG	Laredo, TX 78045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Retirement Luncheon paid for by officeholder to honor two employees , Grace and Lisa,	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/14/2023	Pacheco, Miguel Angel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.00	1816 E. Anna Ave.	
		Laredo, TX 78040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	1
		Food costs for Thanksgiving luncheon for staff paid for by officeholder	1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction G	uide explains h	now to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 8/15 Rpt: 11/18		Lopez, Jose	A. (The Honor	able)					00057957		
4	Date	5	Payee name									
	12/20/2023		Pacheco, M	iguel Angel								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		1816 E. Anr	na Ave.								
			Laredo, TX	78040								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper			·		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								food costs for by officeholde		nristmas lur	ncheon for staff pai	d for
								by officeriolde	<i>-</i> 1			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
	experientare to benefit e/or											
	Date		Payee name									
	07/19/2023		Rogerio, Lis	a								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00		1110 Victori	a St.								
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper					=			nplete Schedule T.	
								_		officeholder livin		
								for Juvenile D			akfast taco sponso ficeholder	rsnip
	Complete ONL V if direct	<u> </u>	Candidata/Offi	achalder name		ffice soud	nh+					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	U	ilice sou	ynı			Office h	eid	
_		_										
	Date		Payee name									
	11/09/2023		Rogerio, Lis	:a 								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$327.67		1110 Victori	a St.								
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	head/Rental Ex	pense			ш			nplete Schedule T.	
								_		officeholder livin	^{g expense} aterials for scrap bo	a alka
								for the use of			ateriais ioi scrap bi	JUKS
_	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name		ffice soug	tdr			Office h	eld.	
	expenditure to benefit C/O		Januiuale/OIII	CONDINCT HAINE	U	mice sou(giil			Office II	Ciu	
_												

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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 12/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	12/20/2023	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	4810 San Bernardo
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE	Check if Austin, TX, officeholder living expense Annual Christmas gift for court and clerk staff by
		officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	12/21/2023	Payee name Sams Club
	Amount (\$) \$555.03	Payee address; City; State; Zip Code 4810 San Bernardo
	ψυυυ.υυ	4810 Sall Bellialuo
		Lorodo TV 70041
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Christmas party gifts to court and clerk
		personnel by officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/07/2023	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	420 Broadway
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Publication newspaper
		Check if Austin, TX, officeholder living expense 6 months worth of subscription for regional
		newspaper paid for and use by officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Mer Legal Services The Instructi	·	Sala		ages/	Contract Labor		Travel Out of OTHER (ente		ict ategory not listed above)
<u>_</u>	Total manner Coloradolo 54	١,			J. Juliue exp	u3 110VV		p.cl		_	Files ID		(Ethios Commission Ellow)
	Total pages Schedule F1:	ı			- l - l - l - l					3	Filer ID		(Ethics Commission Filers)
	Sch: 10/15 Rpt: 13/18	$oxed{oxed}$	Lopez, Jose	A. (The H	oriorable)						0005795	/	
4	Date	5	Payee name										
	09/26/2023		Sauceda , F	Rolando									
6	Amount (\$)	7	Payee addre	ss; City;		State; Zip	o Cod	de					
	\$50.00		1110 Victor	a									
			Laredo, TX	78040									
<u>_</u>	DUDDOS-	⊢					1.	<i>(</i> 1-)					
8	PURPOSE OF		Category (Se) [(b) r	Description				
	EXPENDITURE		Contribution Candidate/					ļ	Check if travel of Check if Austin				ete Schedule T.
			Canuluale/(Jilice Holdel	/Ponded C	Johnninee	7	L	_				er to help defray medical
									expenses pai				
_	Complete ONLY if direct	<u> </u>	`andidata/O#	coholder ner	200	Office	2 50112				Office		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoluer nar	ii c	Office	soug	JIIL			Office	: nei	u
L	•	_											
	Date	ı	Payee name										
	11/14/2023		ScrapBook.	com									
	Amount (\$)		Payee addre	ss; City;		State; Zip	o Cod	de					
	\$502.91		1495 E. Bas	seline Rd.									
			Ste. 102										
			Gilbert, AZ	35233									
_	DUDDOCE	_					1.	(h)	D				
	PURPOSE OF		Category (Se	ee Categories lis	ed at the top of	this schedule)) [(u)	Description Check if travel of	Olitei	de of Tevas C	omnl	ete Schedule T.
	EXPENDITURE		Supplies					I I	Check if travel of				
									Scrapbook su				
									officeholder p				
H	Complete ONLY if direct	C	Candidate/Offi	ceholder nar	ne	Office	soug	ght			Office	held	d
	expenditure to benefit C/OI	Н											
H	Date	T	Payee name										
	08/31/2023	ı	State Bar of	Teyas									
						O::							
	Amount (\$)	ı	Payee addre			State; Zip	p Cod	ae					
	\$435.00		1414 colora	do									
			Austin, TX	'8701									
	PURPOSE	(a)	Category (Se	ee Categories lis	ed at the top of	this schedule)) ((b)	Description				
	OF EXPENDITURE		annual dues		•	,		I					ete Schedule T.
	LAFENDITURE							[Check if Austin				
									annual state l journals parti				bscriptions to state bar
									journais partii	ally	to be tell	าเมน	iseu ny go
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Office	soug	ght			Office	held	d
	expenditure to benefit C/OI	Н											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
•	Sch: 11/15 Rpt: 14/18	Lopez, Jose A. (The Honorable) 00057957						
4	Date	5 Payee name						
	12/09/2023	Texas Rental						
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 421 Berkley Rd. Laredo, TX 78040						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
	EAFENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/27/2023	The Gift Box						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$305.00	1110 Victoria						
		Laredo, TX 78040						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		purchase of vase and plaque for retiring employees purchased by officeholder						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	07/20/2023	United South Football						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	4001 Los Presidentes						
		Laredo , TX 78045						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
	-	Candidate/Officeholder/Political Committee						
		Donation by officeholder to local high school parent booster club at a fundraising event						
	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 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 complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/15 Rpt: 15/18	Lopez, Jose A. (The Honorable)	00057957					
4	Date	5 Payee name						
	07/24/2023	Vivint						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$594.90	North 300 West						
		Provo, UT 84604						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription					
	OF EXPENDITURE	alarm and cameras	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense nonthly security and camera alarms services					
			rovided to and for officeholder					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
9	expenditure to benefit C/OF		Office field					
_		Г						
	Date	Payee name						
	12/21/2023	Walmart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$437.53	2320 Bob Bullock Loop						
		Laredo, TX 78041						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
OF EXPENDITURE		Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense Innual Christmas gifts for court and clerk personnel					
			t Christmas party paid by officeholder					
	Complete ONLY if direct	Candidata/Officaholdar nama Offica caught	Office hold					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	07/20/2023	Zapata Mens Acts Retreat						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	200 E. 7th St.						
		Zapata, TX 78076						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense					
			onation for expenses to local non profit rganization to defray event expenses paid by					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to com	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 16/18	Lopez, Jose A. (The Honorable)		00057957
4	Date	5 Payee name		
	12/06/2023	alfredos, alfredo		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$400.00	3002 Juarez		
		Laredo, TX 78040		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!			Catering and tables, and chairs and cleaning services
	!			for staff Christmas Dinner paid for by Officeh
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	12/20/2023	garza, graciela		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$120.00			
	!			
	!	laredo, TX 78040		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!			food and desert expense for staff Christmas dinner
	!			paid by officeholder
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	 jht	Office held
	expenditure to benefit C/O	4		
	Date	Payee name	_	
	07/10/2023	tmobile		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$355.59	5110 Mcpherson		
	!	Ste. 7		
	!	Laredo, TX 78040		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LA LIBITOTE			Check if Austin, TX, officeholder living expense phone, equipment, services and personal wifi service
	!			for officeholder/
	Complete ONLY if direct	Candidate/Officeholder name Office soug	 ıht	Office held
	expenditure to benefit C/Oh		,,,,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 14/15 Rpt: 17/18	Lopez, Jose A. (The Honorable) 00057957							
4 Date	5 Payee name							
08/09/2023	tmobile							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$355.59	5110 Mcpherson							
	Ste. 7							
	Laredo, TX 78040							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense phone, equipment, wifi, services for officeholder and							
	some staff							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							
Date	Payee name							
09/11/2023	tmobile							
Amount (\$)	Payee address; City; State; Zip Code							
\$355.59	5110 Mcpherson							
	Ste. 7							
	Laredo, TX 78040							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense expenses associated with phone, wifi, equipment							
	and other cell services for officeholder and,							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
10/10/2023	tmobile							
Amount (\$)	Payee address; City; State; Zip Code							
\$362.98	5110 Mcpherson							
	Ste. 7							
	Laredo, TX 78040							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense Services dealing with phone, equipment, wifi							
	provided to officeholder paid by officholder							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	EII ED NIAME					Ī	3	Filer ID	(Ethics Co	mmission Filers)	
_	Sch: 15/15 Rpt: 18/18		A. (The Honoral	ole)					00057957	(Ethics Co	minission Filers)		
4	Date	5	Pavee name										
ľ	11/09/2023	5 Payee name tmobile											
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$389.12		5110 Mcphe	erson									
			Ste. 7										
				70040									
			Laredo, TX	78040									
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedul	le) (I	b)	Description					
	OF EXPENDITURE			nead/Rental Expe				ш	heck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE							Check if Austin,					
								services deali					
								services for o	ffic	eholder pa	id for by of	ficeholder	
9	Complete ONLY if direct expenditure to benefit C/OI												
	Date		Payee name										
	12/11/2023		tmobile										
	Amount (\$)	┝	Payee addres	s; City;	State; Z	in Cod							
					State, 2	ip Cou	C						
	\$355.59		5110 Mcphe	rson									
			Ste. 7										
			Laredo, TX	78040									
	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedul	(le)	b)	Description					
	OF			nead/Rental Expe		.5)		Check if travel of	outsio	de of Texas. Co	nplete Schedule	e T.	
EXPENDITURE			000 0.0	.octa, . totta: =/.pt				Check if Austin,	TX,	officeholder livir	ng expense		
								services deali					
								services for o	ffic	eholder pa	id by office	holder	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce sougl	ht			Office h	neld		
_													