# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	this form.	Filer ID (Ethics Commis 00083325	sion Filers)	2 Total pages fil	led: 1
3 CANDIDATE /	MS / MRS / MR FI	IRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable R	aynaldo T.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME LA	 AST		SUFFIX	07/15/2024	
		opez				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SI	UITE#; CITY	'. '	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	7015 Quiet Ridge Walk				Receipt #	Amount
Change of Address	San Antonio, TX 78250-3544	l				
	Sair/ intolino, 17/ 10230 3344				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIF	RST		MI		
TREASURER NAME	Mr. Ar	ndrew J.				
	NICKNAME LA	 \ST		SUFFIX		
		reene		0011170		
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE):	APT	/ SUITE #; CITY;	: ST/	ATE; ZIP CODE
TREASURER ADDRESS	5642 Timber Steep	- //		, .	-	,
(Residence or Business)	0 - A - 4 - 1 - TV 70050 5000					
	San Antonio, TX 78250-5903	i				
7 CAMPAIGN	AREA CODE PHONE N	VIJMBER EX	XTENSION			
TREASURER	(210) 520-9412	TOWNDER E	XI ZI XOIOIX			
PHONE	(220) 020 0 122					
8 REPORT TYPE	D January 15	20th day before	alastian 🗖	Dunoff F	15th day ofter ac	mnoign troopurer
	January 15	30th day before 6	election	Runoff	15th day after ca appointment (offi	ceholder only)
	X July 15	8th day before el	ection	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	THE	ROUGH	06/30/202		
	02/23/2024		(00011	00/30/202	<b>-4</b>	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pri	mary	Runoff	Other	
	11/05/2024	XGe	neral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	State Representative District	125		State Represent	tative District 125	
		GO TO	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Lopez, Raynaldo T.	The Honorable)	<b>14</b> Filer ID (E 00083325	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 34,230.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 3,280.67			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 41,043.23			
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 61,418.93			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 318.41			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Honor	able Raynaldo T. Lop	10.7			
			Candidate or Officehold				
AFFIX NO	TARY STAMP / SEAL ABO	•					
Sworn to and subs	cribed before me. by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.	, a a				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 41					
	L8 FILER NAME Lopez, Raynaldo T. (The Honorable)  19 Filer ID 00083325							
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X	SCHEDULE E: LOANS		\$ 318.41					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 41,043.23					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	\$							
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 TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/41	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 05/03/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
_	Deignigal	Austin, TX 78701-1994	2. Familia va (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  O6/29/2024 Ancira Strategic Partners, LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00	
	Dringinal occu	Austin, TX 78701-2183	Employer (See Instructions			
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: BNSF Railway Company RAILPAC Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/41	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 02/26/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78213				
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Pape-Dawson Engineer		nc.	
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy Political Action Committee - F Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701-2402 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#: Hillco PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	 		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code  Houston, TX 77219			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Howard Energy Partners PAC Contributor address; City; State; Zip Code San Antonio, TX 78256	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

	MONEI	ARY POLITICAL CO	NIRIBUTIO	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/41	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Lopez, Rayr	aldo T. (The Honorable)				00083325	
4	Date 03/12/2024	5 Full name of contributor IBAT PAC	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$500.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
_	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/12/2024 Kaufman, William				\$1,000.00		
	Contributor address; City; State; Zip Code						
		San Antonio TV 79205					
	Principal occu	San Antonio, TX 78205 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	President	pation 7 300 title (See Instructions)		The Kaufman Group	')		
	Date	Full name of contributor	out of state DAC (ID#:	)		Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:)  06/29/2024 Linebarger Goggan Blair & Sampson, LLP			Amount of Contribution (\$)	\$130.00		
		Contributor address; City; State					7200.00
		Commission address, Only, State	, <u></u> p				
		Austin, TX 78760					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
	Date	<del>-</del>	out-of-state PAC (ID#: C			Amount of Contribution (\$)	
	06/29/2024	Management & Training Cor	p Political Action Co	mmittee			\$500.00
		Contributor address; City; State	; Zip Code				
		Centerville, UT 84014					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/12/2024	NABIP Texas PAC	•				\$250.00
		Contributor address; City; State	; Zip Code				
		Out of and NI 07010					
	Dringing Loggy	Cranford, NJ 07016	İ	Employer (Co.) Instructions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/41	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 05/03/2024	5 Full name of contributor  out-of-state PAC (ID#:_ NuStar PAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$5,000.00
_	Duinning Langu	San Antonio, TX 78278-1609	O Familia var (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/12/2024 TX Diamondback Energy, Inc. PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4,000.00	
	Principal occu	Oklahoma City, OK 73116  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO State COPE Fund  Contributor address; City; State; Zip Code  Austin, TX 78711-2727	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Friends of Trey Martinez Fischer  Contributor address; City; State; Zip Code  San Antonio, TX 78201			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/41		
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)	
4	Date 06/29/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
g	Principal occu	Austin, TX 78701-2132 pation / Job title (See Instructions)	Employer (See Instructions	.)			
0	r inicipal occu	pation / 300 title (See instructions)	Employer (See instructions	')			
	Date Full name of contributor out-of-state PAC (ID#:)  03/29/2024 Texas Medical Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_USAA Employee Political Action Committee  Contributor address; City; State; Zip Code  San Antonio, TX 78288-0453			Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Valero Political Action Committee  Contributor address; City; State; Zip Code  San Antonio, TX 78269			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	JLE <b>A1</b>
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 6/6 Rpt: 9/41	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commiss 00083325	sion Filers)
4	05/03/2024 Weisman, John  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00	
8	Principal occu	New Braunfels, TX 78132-3412  upation / Job title (See Instructions)	9 Employer (See Instructions	  -  s)		
Director Hunter Industries, LTD						
	Date Full name of contributor out-of-state PAC (ID#:)  06/29/2024 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
Austin, TX 78701						
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	San Antonio, TX 78265-3240  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to	complete this t	form.	1	ges Schedule E: 2 Rpt: 10/41
2	FILER NAME Lopez, Raynaldo	T. (The Honorable)				(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:	)	9 Loan Amount (\$)
6	02/29/2024  Is lender a financial institution?	Rodriguez, Donovon  8 Lender address; City;	State;	Zip Code		\$75.23  10 Interest Rate  11 Maturity Date
	No	San Antonio, TX 78250				II Maturity Date
12	Principal occupation Legislative staff	on / Job title (See Instructions)		13 Employer (See Instructions State of TX	6)	
14	Description of Coll  X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instructions	s)	I
	Date of loan	Name of lender	out-of-state PA	.C (ID#:	)	Loan Amount (\$)
	03/31/2024	Rodriguez, Donovon				\$133.18
	Is lender a financial institution?	Lender address; City	State;	Zip Code		Interest Rate
	No	San Antonio, TX 78250				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	s)	
	Legislative staff			State of TX		
	Description of Coll  X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	6)	1
				,		

	LOANS					SCHEDULE E
	The Instructio	on Guide explains how to complete	this f	orm.		ges Schedule E: 2 Rpt: 11/41
2	FILER NAME Lopez, Raynaldo	o T. (The Honorable)			3 Filer ID 000833	(Ethics Commission Filers)
4		IITEMIZED LOANS				\$
5	Date of loan 05/31/2024	7 Name of lender out-of-s Rodriguez, Donovon	state PA	C (ID#:	)	9 Loan Amount (\$) \$110.00
6	Is lender a financial institution?		State;	Zip Code		10 Interest Rate
	No	San Antonio, TX 78250				11 Maturity Date
12	Principal occupation Legislative staff	on / Job title (See Instructions)		13 Employer (See Instructions State of TX	)	
14	Description of Coll  X None	ateral		15 Check if personal funds we	re deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	X not applicable	<b>18</b> Guarantor address; City; S	State;	Zip Code		
20	20 Principal occupation 21 Employer (See Instructions)					

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/30 Rpt: 12/41	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		
	06/19/2024	4imprint		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$613.53	101 Commerce St.		
		0.11.1.11.11.11.11.11.11.11.11.11.11.11.		
		Oshkosh, WI 54901		
8	PURPOSE OF	, (************************************	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Gveaways for neighborhood Independence Day
				Parade
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
L	experioration benefit C/O	<u> </u>		
	Date	Payee name		
	03/10/2024	AT&T Mobility		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$352.13	P.O. Box 537104		
		Atlanta, GA 30353-7104		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign phones
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/Ol			
	Date	Payee name		
	04/15/2024	AT&T Mobility		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$349.30	P.O. Box 537104		
		Atlanta, GA 30353-7104		
	PURPOSE OF	1 · · · · · · · · · · · · · · · · · · ·	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Campaign phones
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/Ol	1		

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Gift/Awards/Memorials Ex Legal Services	Salar	-	es/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
L	,		The Instruction Guid	ie explains how to	o comp	lete this form.		
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 2/30 Rpt: 13/41	-	Raynaldo T. (The Ho	norable)			00083325	
4	Date	5 Payee na						
	05/07/2024	AT&T M	obility					
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip	Code			
	\$349.12	P.O. Box	k 537104					
		Atlanta,	GA 30353-7104					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b	<b>)</b> Description		
	OF EXPENDITURE		verhead/Rental Expe			Check if travel	outside of Texas. Com	
	EVENDLICKE		•				n, TX, officeholder living	g expense
						Campaign ph	nones	
9	Complete ONLY if direct		Officeholder name	Office	sough		Office h	eld
L	expenditure to benefit C/OI	<del></del>						
	Date	Payee na	me					
	06/12/2024	AT&T M	obility					
	Amount (\$)	Payee ad	dress; City;	State; Zip	Code			
	\$349.12	P.O. Box	k 537104					
		Atlanta,	GA 30353-7104					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b	<b>Description</b>		
	OF EXPENDITURE	Office O	verhead/Rental Expe	ense		<b>=</b>	outside of Texas. Com	
	-					ш	n, TX, officeholder living	g expense
						Campaign ph	IUI ICS	
_	Operation Objects "	0. "	10#:I!				2	-1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office	sough	l	Office h	eia
	Date	Payee na	me					
	02/25/2024	AT&T						
	Amount (\$)	Payee ad	dress; City;	State; Zip	Code			
	\$216.49	6045 NV	V Loop 410					
		#101						
		San Ant	onio, TX 78238					
	PURPOSE		(See Categories listed at the	ton of this schedulo)	(b	) Description		
	OF		verhead/Rental Expe		\( \)		outside of Texas. Com	nplete Schedule T.
	EXPENDITURE	350	- Imodan tontal Expo			Check if Austin	n, TX, officeholder living	g expense
						Phone for Ph	one Banker	
L								
	Complete ONLY if direct		Officeholder name	Office	sough	į	Office h	eld
	expenditure to benefit C/OI	H						

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract L	,
		The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/30 Rpt: 14/41	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	02/28/2024	Alamo Mailing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8,690.69	13114 Lookout Run	
		San Antonio, TX 78233	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF		rif travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		Printinç	g & Direct Mail services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experioration benefit C/O	1	
	Date	Payee name	
	03/02/2024	Amiga Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.00	5309 Wurzbach	
		#115	
		San Antonio, TX 78238	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	iion
	OF EXPENDITURE	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	I ⊔ ⊔	if Austin, TX, officeholder living expense
		Campa	ign staff/volunteers meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	Date		
	Date	Payee name	
	03/04/2024	Amiga Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.00	5309 Wurzbach	
		#115	
		San Antonio, TX 78238	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	if travel outside of Texas. Complete Schedule T.
		I	if Austin, TX, officeholder living expense  nments for campaign staff/volunteers
		Reflesi	iments for campaign stan/volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	rms provided by Texas E	thice Commission waww athics state ty us	Version V// 1.0 d278aha(
			Moreion Mail II do Mondi

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/30 Rpt: 15/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/05/2024	Amiga Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.00	5309 Wurzbach
		#115
		San Antonio, TX 78238
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Refreshments for campaign staff/volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	5.	
	Date	Payee name
	03/14/2024	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.17	5309 Wurzbach
		#115
		San Antonio, TX 78238
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/22/2024	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.32	5309 Wurzbach
		#115
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	EXI ENDITORE	
	ZA ZIISII GILZ	Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
		Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	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	omplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/30 Rpt: 16/41	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	04/03/2024	Amiga Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip C	ode
	\$114.00	5309 Wurzbach	
		#115	
		San Antonio, TX 78238	
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.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Staff meeting
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
	<u>'</u>		
	Date	Payee name	
	04/29/2024	Amiga Cafe	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$40.00	5309 Wurzbach	
		#115	
		San Antonio, TX 78238	
	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 LINDITORL		Check if Austin, TX, officeholder living expense
			Ctoff mooting
			Staff meeting
	Complete ONL V if direct	Candidate/Officeholder name Office so	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	_
	expenditure to benefit C/OI	1	_
	expenditure to benefit C/Ol	Payee name	_
	expenditure to benefit C/Ol  Date 05/03/2024	Payee name Amiga Cafe	ught Office held
_	Date 05/03/2024 Amount (\$)	Payee name Amiga Cafe Payee address; City; State; Zip C	ught Office held
_	expenditure to benefit C/Ol  Date 05/03/2024	Payee name Amiga Cafe Payee address; City; State; Zip C 5309 Wurzbach	ught Office held
_	Date 05/03/2024 Amount (\$)	Payee name Amiga Cafe Payee address; City; State; Zip C 5309 Wurzbach #115	ught Office held
=	Date 05/03/2024 Amount (\$)	Payee name Amiga Cafe Payee address; City; State; Zip C 5309 Wurzbach	ught Office held
	Date 05/03/2024 Amount (\$)  PURPOSE	Payee name Amiga Cafe Payee address; City; State; Zip C 5309 Wurzbach #115	ode  (b) Description
	Date 05/03/2024 Amount (\$) \$416.61	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238	ught Office held  ode  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 05/03/2024 Amount (\$)  PURPOSE OF	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule)	code  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Date 05/03/2024 Amount (\$)  PURPOSE OF	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule)	ught Office held  ode  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 05/03/2024  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	code  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Volunteer Appreciation dinner
	Date 05/03/2024 Amount (\$)  PURPOSE OF	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office so	code  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Volunteer Appreciation dinner
	Date 05/03/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office so	code  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Volunteer Appreciation dinner
	Date 05/03/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Amiga Cafe  Payee address; City; State; Zip C 5309 Wurzbach #115 San Antonio, TX 78238  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office so	code  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Volunteer Appreciation dinner

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4. Tatal manage Cabadula E4.	·	·	2 Files ID (Ethics Commission Filese)
1 Total pages Schedule F1: 2 Sch: 6/30 Rpt: 17/41	Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
<b>4</b> Date <b>5</b>	Payee name		
05/10/2024	Amiga Cafe		
6 Amount (\$) 7	7 Payee address; City; State; 5309 Wurzbach #115 San Antonio, TX 78238	Zip Code	
8 PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this sched Food/Beverage Expense	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held
Date	Payee name		
05/14/2024	Amiga Cafe		
Amount (\$)		Zip Code	
\$55.00	5309 Wurzbach		
	#115		
	San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this sched Food/Beverage Expense</li> </ul>	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held
Date 06/10/2024	Payee name Amiga Cafe		
Amount (\$) \$49.00	Payee address; City; State; 5309 Wurzbach #115 San Antonio, TX 78238	Zip Code	
PURPOSE (a	a) Category (See Categories listed at the top of this sched		
OF EXPENDITURE	Food/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held

#### SCHEDULE F1

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

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

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

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

	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: 7/30 Rpt: 18/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/11/2024	Amiga Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.32	5309 Wurzbach
		#115
		San Antonio, TX 78238
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  Staff meeting
		Stan meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	03/14/2024	Civitech, PBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,129.63	21750 Hardy Oak Blv'd
		Suite #104
		San Antonio, TX 78258
	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  Text messaging campaign
		Text messaging campaign
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	04/16/2024	Civitech, PBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,137.04	21750 Hardy Oak Blv'd
		Suite #104
		San Antonio, TX 78258
	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  Text messaging campaign
		Text messaging campaign
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .

#### 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	
<u> </u>	T. 1 0 1 1 54	
1	Total pages Schedule F1: Sch: 8/30 Rpt: 19/41	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date	5 Payee name
	05/18/2024	Civitech, PBC
6	Amount (\$) \$12.30	7 Payee address; City; State; Zip Code 21750 Hardy Oak Blv'd
		Suite #104 San Antonio, TX 78258
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  Text messaging campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2024	Cuellar, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Janitorial @ District office
		Valitorial & District Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2024	Cuellar, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Janitorial @ District office
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 9/30 Rpt: 20/41	Lopez, Raynaldo T. (The Honorable)  Cettiles Continues C
4	Date	5 Payee name
	05/22/2024	Cuellar, Mary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Janitorial @ District office
		Samonal & District office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/22/2024	Cuellar, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Janitorial @ District office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2024	Fleming's
	Amount (\$)	
	\$510.00	255 East Basse Rd.
		#200
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting re:Legislative & Transportation issues
		affecting Bexar County
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consuling 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: 10/30 Rpt: 21/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/21/2024	Gene Sprague Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	14722 Iron Horse Way
		Helotes, TX 78023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2024	Greater Uvalde Emmaus Community
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	301 N. High Street
	Ψ230.00	SOLIN. High Succe
		Uvalde, TX 78801
	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
		Contribution to Emmaus group
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	Greater Uvalde Emmaus Community
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.00	301 N. High Street
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution to Emmaus group
	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 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	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 22/41		Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5	Payee name		
	03/21/2024		HEB Online		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$87.81		7951 Guilbeau Rd		
			San Antonio, TX 78250		
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.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Refreshments for Property Tax Townhall Meeting
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	Office held
ľ	expenditure to benefit C/OI		office 300	ugiit	Office field
_	Date	Г	Davida nama		
	04/05/2024		Payee name HEB Online		
		L		odo	
	Amount (\$)		Payee address; City; State; Zip Co 2130 Culebra Rd	oue	
	\$202.53		2130 Culebra Ru		
			O A		
			San Antonio, TX 78228		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Refreshments for Gus Garcia Middle School event
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	02/25/2024		HEB Online		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$79.97		7951 Guilbeau Rd		
			San Antonio, TX 78250		
	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.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Refreshments for campaign volunteers
	Operation ONE V. C. F.	L_	Donalidate (Office helder von		Office I I I
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	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

Cı	Candidate/Officeholder/Politica redit 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.
<b>1</b> Tot	tal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	ch: 12/30 Rpt: 23/41	Lopez, Raynaldo T. (The Honorable) 00083325
<b>4</b> Da	te	5 Payee name
02	/29/2024	HEB
6 Am	nount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	7951 Guilbeau Rd
		San Antonio, TX 78250
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
E	XPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for Campaign/Office holder vehicle
		Cae for Campaign of Holder Vollidio
<b>9</b> Co	mplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	penditure to benefit C/OI	
Da	to	
		Payee name
	/27/2024	HEB
Am	nount (\$)	Payee address; City; State; Zip Code
	\$29.00	9255 Grissom Rd.
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
F	OF XPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
_	AI LINDITORE	Check if Austin, TX, officeholder living expense
		Gas for Campaign/Office holder vehicle
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Da		Payee name
03	/25/2024	HEB
Am	nount (\$)	Payee address; City; State; Zip Code
	\$53.00	7951 Guilbeau Rd
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
E	OF XPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	7 <u>-</u> 1.1.5.1. <del>5</del> .1.2	Check if Austin, TX, officeholder living expense
		Gas for Campaign/Office holder vehicle
C .	mploto ONLV if direct	Candidate/Officeholder name Office sought Office held
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 13/30 Rpt: 24/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/08/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.78	9255 Grissom Rd.
		San Antonio, TX 78250
8	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
		Gas for Campaign/Office holder vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/09/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	7951 Guilbeau Rd
		San Antonio, TX 78250
	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  Gas for Campaign/Office holder vehicle
		das for campaign/office floider vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	04/14/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.01	9255 Grissom Rd.
		San Antonio, TX 78250
	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
		Gas for Campaign/Office holder vehicle
	Commission ONE VIII II	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/30 Rpt: 25/41	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 04/26/2024	5 Payee name HEB
6	Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250
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  Gas for Campaign/Office holder vehicle
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/08/2024	Payee name HEB
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 9255 Grissom Rd.  San Antonio, TX 78250
	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  Gas for Campaign/Office holder vehicle
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/19/2024	Payee name HEB
	Amount (\$) \$59.00	Payee address; City; State; Zip Code 9255 Grissom Rd.
		San Antonio, TX 78250
	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  Gas for Campaign/Office holder vehicle
	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 Commi 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: 15/30 Rpt: 26/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/26/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.00	9255 Grissom Rd.
		San Antonio, TX 78250
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  Gas for Campaign/Office holder vehicle
		Gas for Campaign/Office floider vehicle
_	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	06/06/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.00	9255 Grissom Rd.
		San Antonio, TX 78250
	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  Gas for Campaign/Office holder vehicle
		Gas for Campaign/Office Holder Vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/22/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	9255 Grissom Rd.
		San Antonio, TX 78250
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Gas for Campaign/Office holder vehicle
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/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

	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: 16/30 Rpt: 27/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/29/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.00	9255 Grissom Rd.
		San Antonio, TX 78250
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
		Gas for Campaign/Office holder vehicle
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	02/25/2024	Halftime Pizza
_		
	Amount (\$) \$41.00	Payee address; City; State; Zip Code 7126 Tezel Rd
	\$41.00	7120 Tezer Ru
		San Antonio, TX 78250
	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  Staff meeting
		Stall fileeting
_	Occupate ONLY if alice at	One distributed Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7126 Tezel Rd
		San Antonio, TX 78250
	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
		Campaign staff meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

### 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: 17/30 Rpt: 28/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/05/2024	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,136.23	7126 Tezel Rd
		San Antonio, TX 78250
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
		Food & beverages for Election Watch event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/12/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.00	7126 Tezel Rd
		San Antonio, TX 78250
	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
		Staff meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/29/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.00	7126 Tezel Rd
		San Antonio, TX 78250
	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
		Staff meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 complete this form.
1	Total pages Schedule F1:	
L	Sch: 18/30 Rpt: 29/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/06/2024	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.00	7126 Tezel Rd
L		San Antonio, TX 78250
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  Staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/22/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	03/02/2024	Hernandez, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$730.00	2427 Jesusita
L		San Antonio, TX 78237
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Services
	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 -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: 19/30 Rpt: 30/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/05/2024	Hernandez, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.00	2427 Jesusita
		San Antonio, TX 78237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Services
		Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/14/2024	Hernandez, Patricia
H	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2427 Jesusita
		San Antonio, TX 78237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Services
		Campaign corvide
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/09/2024	Hilton Americas - Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.36	1600 Lamar
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging for Legislative conference
		Loughing for Legislative conference
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/30 Rpt: 31/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/02/2024	Houston, Fritz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$453.75	421 Wishbonebush Rd.
		The Woodlands, TX 77380
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	03/05/2024	Houston, Fritz
	Amount (\$)	Payee address; City; State; Zip Code
	\$302.50	421 Wishbonebush Rd.
		The Woodlands, TX 77380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Services
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/28/2024	Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 5643
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email distribution for fundraiser
_	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1		
	Sch: 21/30 Rpt: 32/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/05/2024	Lopez, Eleanor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	11615 Kings Liar
		San Antonio, TX 78253
<u>_</u>	DUDDOS-	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Services
		Sampaign 551 11655
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		#5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-mail Marketing Services
		2 man marketing correct
$\vdash$	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	Date	Payee name
	04/18/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		#5000
		Atlanta, GA 30308
$\vdash$	PURPOSE	In a second
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-mail Marketing Services
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		are)
	Sch: 22/30 Rpt: 33/41	Lopez, Raynaldo T. (The Honorable)    3 Filer ID (Eurits Commission File 00083325)	.13)
4	Date	5 Payee name	
	05/18/2024	MailChimp	
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
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.	
	LAI LINDITURE	Check if Austin, TX, officeholder living expense	
		E-mail Marketing Services	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/18/2024	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.97	675 Ponce de Leon Ave NE	
		#5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		E-mail Marketing Services	
		2 mai marketing services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/28/2024	Meta for Business	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	1 Hacker Way	
		Menlo Park, CA 94025	
	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.	
	ZA LADITONE	Check if Austin, TX, officeholder living expense	
		Facebook Ads	
	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 Every Accounting/Banking Fee Consulting Expense Footcontributions/ Donations Made By - Giff

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		Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)		
	Credit Card Payment	7	he Instruction Guide explai	ns how to cor	mple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 23/30 Rpt: 34/41	Lopez, Rayna	aldo T. (The Honorable	<del>!</del> )				00083325		
4	Date	5 Payee name								
	02/29/2024	Meta for Bus	iness							
6	Amount (\$)	7 Payee address	s; City; Sta	ite; Zip Co	de					
	\$75.23	1 Hacker Wa	у							
		Menlo Park,	CA 94025							
8	PURPOSE	(a) Category (see	Categories listed at the top of this	aabadula)	(b)	Description				
ľ	OF	Advertising E		scnedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	/ tareg =				Check if Austin,	TX,	officeholder living	j expense	
							s p	aid by staff ı	member as loan to	
						campaign				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	experioritire to beriefit C/Or	1								
	Date	Payee name								
	03/31/2024	Meta for Bus	iness							
	Amount (\$)	Payee address	s; City; Sta	ite; Zip Co	de					
	\$133.18	1 Hacker Wa	y							
		Menlo Park,	CA 94025							
	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF EXPENDITURE		Advertising Expense				<b></b>			plete Schedule T.	
						ш		officeholder living		
						Facebook ads paid by staff member as loan to campaign				
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	aht			Office he	5  <b>q</b>	
	expenditure to benefit C/O			000 000,	9			000 1		
-	Date	Davos namo								
	05/31/2024	Payee name Meta for Bus	iness							
	Amount (\$)	Payee address		ate; Zip Co	do					
	\$110.00	1 Hacker Wa		ite, Zip Coi	ue					
	Ψ110.00	I Hacker wa	y							
		Menlo Park,	CV 0403E							
	DUDDOCE				<i>(</i> L)	5 ' ' '				
	PURPOSE OF		Categories listed at the top of this	schedule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Advertising E	xpense			ш		officeholder living	•	
							s p	aid by staff ı	member as loan to	
						campaign				
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
L	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 Commi

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			mittee Leg	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
L			Th	Instruction Gui	de explains l	how to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	nmission Filers)
	Sch: 24/30 Rpt: 35/41	┡	_opez, Raynal	do T. (The Ho	norable)					00083325	5	
4	Date	5 F	Payee name									
	04/20/2024		Murphy Expres	S								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	de					
	\$50.01	8	3030 Bandera	Rd								
		;	San Antonio, T	X 78250								
8	PURPOSE	(a) (	Category (See C	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Distri		,	"			outsi	de of Texas. Co	omplete Schedule	т.
	LAFLINDITURE							Check if Austin,				
								Gas for Camp	paiç	gn/Office h	lolder vehic	le
9	Complete ONLY if direct		andidate/Officeh	older name	C	Office soug	ght			Office	held	
	expenditure to benefit C/OI	п										
	Date	F	Payee name									
	05/04/2024		Murphy Expres	S								
	Amount (\$)	F	Payee address;	City;	State;	Zip Cod	de					
	\$62.00	8	3030 Bandera	Rd								
			San Antonio, T	X 78250					_			
	PURPOSE	(a) (	Category (See C	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	-	Travel In Distri	ct				<b></b>			omplete Schedule	Т.
								Cas for Camr				lo.
								Gas for Camp	uai(	gii/Oilice r	ioiuei veriic	l <del>e</del>
L	Operation Objects "	<u> </u>		-1-1		) (C) -				000	l I -I	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeh	viuer name	C	Office soug	ynt			Office	neia	
		_										
	Date	l	Payee name									
	05/24/2024	$\bigsqcup^{l}$	Murphy Expres	S								
	Amount (\$)	F	Payee address;	City;	State;	Zip Cod	de					
	\$80.00	(	9530 Culebra I	Rd.								
			San Antonio, T	X 78251								
	PURPOSE	(a) (	Category (See C	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	-	Travel In Distri	ct				<b>—</b>			omplete Schedule	Т.
								Coo for Comr				lo.
								Gas for Camp	uai(	gii/Oifice r	ioiuer venic	le
	Complete ONII V if allower	<u> </u>	andideta/Offi - 1	oldor is see -		\ffice s = :	~ h +			Off: -	hold	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeh	oluer name	C	Office soug	ynt			Office	nela	
	p = 1 : 2 : 2 : 20 3/01											
_												

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1:	
	Sch: 25/30 Rpt: 36/41	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/27/2024	Murphy Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.00	9530 Culebra Rd.
		San Antonio, TX 78251
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
		Gas for Campaign/Office holder vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/06/2024	Murphy Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	9530 Culebra Rd.
		San Antonio, TX 78251
	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  Gas for Campaign/Office holder vehicle
		Gas for Campaign/Office floider vehicle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payao namo
	06/09/2024	Payee name Murphy Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.01	9530 Culebra Rd.
		San Antonio, TX 78251
	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
		Gas for Campaign/Office holder vehicle
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 26/30 Rpt: 37/41	Lopez, Raynaldo T. (The Honorable) 00083325			
4	Date	5 Payee name			
	03/30/2024	Norma Denham & Associates			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,910.00	15706 Knoll Cliff			
		San Antonio, TX 78247			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Campaign Services			
		Gampaign Golffes			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	03/05/2024	Palacios, Jessica			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$270.00	6674 Prue Rd			
		#1305			
		San Antonio, TX 78240			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		Campaign Services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	•				
	Date	Payee name			
	03/02/2024	Pena, Christian			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$450.00	809 Wyoming St.			
		San Antonio, TX 78203			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Campaign Services			
		Campaign Services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Committee

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 27/30 Rpt: 38/41	Lopez, Raynaldo T. (The Honorable)	00083325		
4	Date	Payee name	·		
	03/05/2024	Pena, Christian			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$370.00	809 Wyoming St.			
		San Antonio, TX 78203			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	ription		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	neck if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE		neck if Austin, TX, officeholder living expense		
		Call	paign Services		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
3	expenditure to benefit C/O	Candidate/Oniceriolder Hame Onice Sought	Office field		
_	Date	Dayse name			
	02/26/2024	Payee name Sammi Embroidery			
		•			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$628.66	2120 Pasadena			
		0 4 4 5 70 70004			
		San Antonio, TX 78001			
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)	•		
EXPENDITURE		Advertising Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense		
		, , , , , , , , , , , , , , , , , , ,	paign T-shirts		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	02/26/2024	Slack.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$55.97	500 Howard St			
		San Francisco, CA 94105			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Desc	ription		
	OF EXPENDITURE		neck if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE		neck if Austin, TX, officeholder living expense		
		Onlir	ne communications platform		
	Operation ONLY if direct	Out distance (Office Includes a second	Office health		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ 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

l	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		_		
L	Sch: 28/30 Rpt: 39/41	Lopez, Raynaldo T. (The Honorable) 00083325			
4	Date	5 Payee name			
L	03/23/2024	Slack.com			
6	Amount (\$) \$55.97	7 Payee address; City; State; Zip Code 500 Howard St			
		San Francisco, CA 94105			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Online communications platform			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
L	04/23/2024	Slack.com			
	Amount (\$) \$67.10	Payee address; City; State; Zip Code 500 Howard St			
		San Francisco, CA 94105			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Online communications platform			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name	_		
	05/23/2024	Slack.com			
	Amount (\$) \$65.29	Payee address; City; State; Zip Code 500 Howard St			
		San Francisco, CA 94105			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Online communications platform			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 29/30 Rpt: 40/41	Lopez, Raynaldo T. (The Honorable) 00083325				
4	Date	5 Payee name				
	06/23/2024	Slack.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$34.60	500 Howard St				
		San Francisco, CA 94105				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Online communications platform				
		Offiline confindingations platform				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L						
	Date	Payee name				
	03/02/2024	Tavarez, Jenny				
	Amount (\$)	Payee address; City; State; Zip Code				
\$3,000.00		8318 Timberwilde St.				
San Antonio, TX 78250						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Campaign Services				
		Campaign Cervices				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	<b>o</b>				
	<b>D</b> :					
	Date	Payee name				
	03/16/2024	Texas House LGBTQ Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$421.37	PO Box 2910				
		Austin, TX 78768-2910				
	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				
		Membership dues				
	0 1 0 0 0 0 0					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	- p					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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 - Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 30/30 Rpt: 41/41	E1: 2 FILER NAME 3			3 Filer ID (Ethics Commission Filers) 00083325
	Date 03/03/2024	5 Payee name Trejo, Oscar			
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1064 Vance Jackson #100985 San Antonio, TX 78201			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	Office held
	Date 02/26/2024		Payee name Wix.com		
	Amount (\$) \$285.78		Payee address; City; State; Zip C 500 Terry A Francois Blvd Floor 6 San Francisco, CA 94158	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	Office held