CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commi 00085982		2 Total pages fil	ed: 9
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable J	anie			Date Received	
					ELECTRONICA	ALLY EILED
					07/15/2024	(CETTICED
		AST		SUFFIX	07/15/2024	
		.opez				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 2073					
ADDRESS					Receipt #	Amount
Change of Address	San Benito, TX 78586					
П п п п п п п п п п п п п п п п п п п п	San Benito, 17, 76566				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		IRST		MI		
NAME	M	lartha				
	NICKNAME LA	AST		SUFFIX		
	S	antos				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	PO Box 2073					
ADDRESS						
(Residence or Business)	San Benito, TX 78586					
	San Benito, 17 70300					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(956) 241-3166					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
					appointment (office	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE	l _		ELECTION TYPE	_	
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	「(if known)	
	State Representative District	37		State Represent		
	· ·			'		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Lopez, Janie (The Ho	onorable)	14 Filer ID 00085982	(Ethics Comr	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE				
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Dr Ste 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	200.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$	142,402.37
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	2,639.38
	4. TOTAL POLITIC	AL EXPENDITURES		\$	37,317.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	103,032.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT				•	
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ry of perjury, that the accall information required t	companying I o be reported	report is I by me
		The Ho	norable Janie Lopez		
			f Candidate or Officehol		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administerir	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 49
18 FILER			19 Filer ID	(Eth	ics Commission Filers)
		nie (The Honorable)	00085982		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	127,394.43
2.	Х	\$	15,007.94		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				37,317.96
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/49
2	FILER NAME Lopez, Janie	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00085982
4	Date 05/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson LLP 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$500.00
_	Deinsinal	Houston, TX 77027			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions)	
		,	, ,, ,		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_ Border Health PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Deinsinal	McAllen, TX 78504			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Scot Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$) \$1,000.00
	Principal occu Land develo	pation / Job title (See Instructions)	Employer (See Instructions Self)	
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Campbell, Scot Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$) \$2,000.00
	Principal occu Land develo	pation / Job title (See Instructions) per	Employer (See Instructions Self)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/49
2	FILER NAME Lopez, Janie	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00085982
4	Date 04/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Carl Tepper for State Rep 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00
_	Delicalis al access	Lubbock, TX 79493			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#:_ Charles Schwertner Campaign Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,000.00
	Principal occu	Georgetown, TX 78627 pation / Job title (See Instructions)	Employer (See Instructions)	
	о.ра.: оооа	panent cos and (cos men actions)		,	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Coalition Por For Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$14,603.00
	<u> </u>	Dallas, TX 75219			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Coalition Por For Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$) \$11,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Conservative Hispanas In Action PAC Contributor address; City; State; Zip Code Round Rock, TX 78665			Amount of Contribution (\$) \$312.30
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	uction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/9 Rpt: 6/49		
2	FILER NAME Lopez, Janie	e (The Honorable)		3	Filer ID (Ethics Commission 00085982	on Filers)	
4	Date 06/11/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00	
_	Deignaignal annu	Round Rock, TX 78665	O Familia var (Can Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ David Cook Campaign Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	i illicipai occa	pation 7 oob title (oce monucions)	Employer (See Matractions	,			
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Joe Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Ramiro Contributor address; City; State; Zip Code San Benito, TX 78586)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions Self)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	ULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/49		
2	FILER NAME Lopez, Janie	· (The Honorable)		3	Filer ID (Ethics Commission 00085982	on Filers)	
4	Date 02/16/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
_	Deignaignal annu	Houston, TX 77077	D. Faralayar (God Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ HillCo PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Deignaignal annu	Austin, TX 78701	Fandayar (Coo Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ James, Deborah Contributor address; City; State; Zip Code Sugar Land, TX 77479)		Amount of Contribution (\$)	\$26.03	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/21/2024	Full name of contributor X out-of-state PAC (ID#: State PAC) Management and Training Corp PAC Contributor address; City; State; Zip Code Centerville, UT 84014	C00208322)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/49		
2	FILER NAME Lopez, Janie	(The Honorable)		3	Filer ID (Ethics Commission 00085982	n Filers)	
4	Date 05/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00	
_		Brownsville, TX 78526					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)			
	Date 06/08/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.04	
	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
		,	. , (
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date O1/17/2024 Full name of contributor out-of-state PAC (ID#:) Oncor Texas State PAC of Oncor Electric Delivery Administration Corp. Contributor address; City; State; Zip Code Dallas, TX 75202		,		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID#:_PAC Of The Independent Insurance Agents Of Tootributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			

	MONEI	ARY POLITICAL CONTRIBU	IIION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/49
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Lopez, Janie	(The Honorable)				00085982
4	Date 05/17/2024)	7	Amount of Contribution (\$) \$2,000.00
		6 Contributor address; City; State; Zip CodeEdinburg, TX 78539				
_	Dringing Cook	pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/ 	
<u> </u>	Principal occu President	pation / Job title (See Instructions)		Pathfinder Public Affairs		
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)
	06/25/2024	Rodriguez, Marc				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)
	06/28/2024	Texans for Lawsuit Reform PAC				\$50,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)
	06/25/2024	Texas Apartment Assn. PAC				\$1,000.00
		Contributor address; City; State; Zip Code	•••••			
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)
	05/08/2024	Texas Beverage Alliance of the Texas Pac	kage St	tores Assn PAC		\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/49	
2	FILER NAME Lopez, Janie	e (The Honorable)		3	Filer ID (Ethics Commission 00085982	on Filers)
4	Date 05/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Motor Transportation Assn TRUCKPAC 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 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas REALTORS PAC (TREPAC) 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>		
		,	, , ,	,		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Rural Water PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL C		SCHEDULE A1					
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/49			
2	FILER NAME Lopez, Janie	e (The Honorable)			3	Filer ID (Ethics Commission 00085982	on Filers)		
4	Date 06/10/2024	5 Full name of contributor Texas Society Of Anesthe6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$1,500.00		
		Austin, TX 78701							
8	Principal occu	pation / Job title (See Instructions) 	9 Employer (See Instructions	5)				
	Date 06/25/2024	Full name of contributor Texas Society of Architec Contributor address; City; St)		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
	Date 04/08/2024	Full name of contributor The American Electric Po Contributor address; City; St		ee for Responsible		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Columbus, OH 43215 pation / Job title (See Instructions	()	Employer (See Instructions	<u> </u> 5)				
	Date 05/07/2024	Full name of contributor Thompson, Jim Contributor address; City; St)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Preston Hollow Commu		<i>r</i> Capital			
	Date 02/16/2024	Full name of contributor Toyota Motor North Amer Contributor address; City; St Washington, TX 20004		00542365		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/49	=	
2	FILER NAME	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00085982	_	
4 Date 05/08/2024 5 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors Of Texas PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,000.0)		
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_Will, August Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$26.0	3	
	Dringing! oog	Harlingen, TX 78550	Employer (See Instructions	<u>,,</u>		_	
	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Will, August Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$26.0	3	
		Harlingen, TX 78550					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Construction Corp PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.0)	
	Principal occu	San Antonio, TX 78265 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		_	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 13/49 3 Filer ID (Ethics Commission Filers) FILER NAME Lopez, Janie (The Honorable) 00085982 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 01/11/2024 Associated Republicans of Texas Campaign Fund \$67.04 Digital Advertising 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/49 3 Filer ID (Ethics Commission Filers) FILER NAME Lopez, Janie (The Honorable) 00085982 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 06/25/2024 Garcia, Joe \$302.00 Refreshments for 7 Contributor address; City; State; Zip Code Campaign Event Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Consultant Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2024 Texas REALTORS PAC (TREPAC) \$250.00 | Advertising for fundraising Contributor address; City; State; Zip Code event Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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/Political Committee Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1 To	otal pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
5	Sch: 1/35 Rpt: 15/49	Lopez, Jan	e (The Honorable)					00085982	
4 D	ate	5 Payee name							
0:	2/23/2024	Aiden Hote	1						
6 A	mount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$90.00	2200 S I-35	Frontage Rd						
		Austin, TX	78704						
8	PURPOSE OF		ee Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			=		de of Texas. Com officeholder living	plete Schedule T.
						Lodging to At			
								••	g
9 C	omplete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld
	xpenditure to benefit C/OI	H							
D	ate	Payee name				<u> </u>			
0.	4/30/2024	Aiden Hote	l						
Α	mount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$90.00	2200 S I-35	Frontage Rd						
		Austin, TX	78704						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			=		de of Texas. Com officeholder living	plete Schedule T.
						Lodging to At			
						Loughly to At	icii	ia Officeriole	der wiedung
	omplete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	2ld
	xpenditure to benefit C/OI		denotider flame	Office 300	agrit			Office fic	ciu
	oto								
	ate	Payee name							
	5/09/2024	Aiden Hote							
A	mount (\$)	Payee addre		State; Zip Co	ode				
	\$90.00	2200 S I-35	Frontage Rd						
		Austin, TX	78704						
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District						plete Schedule T.
						ш		officeholder living	•
						Lodging to At	ıcı	ia Onicendio	uci iviceuily
	omplete <u>ONLY</u> if direct	Candidate/∩ff	iceholder name	Office sou	ıaht			Office he	əld
	xpenditure to benefit C/OI		SCHOIGE HAITIE	Office 300	agrit			Office He	Jiu
	· · · · ·								

SCHEDULE F1

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political				
	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: 2/35 Rpt: 16/49	Lopez, Janie (The Honorable) 00085982			
4	Date	5 Payee name			
	01/16/2024	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$21.73	410 Terry Ave. N			
_		Seattle, WA 98109			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign Supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	1 			
	Date	Payee name			
L	02/23/2024	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.73	410 Terry Ave. N			
		Seattle, WA 98109			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Campaign Supplies			
		Campaign Supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	•			
_	Date	Pavee name			
	03/06/2024	Payee name Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$33.53	410 Terry Ave. N			
	φυσίυσ	, /			
		Seattle, WA 98109			
	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			
		Check if Austin, TX, officeholder living expense Campaign Supplies			
		Campaign Supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Legal Services The Instruction Gu		s/Wage	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
-	Total pages Cabadula 54:) FU FF					_	Filor ID	(Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 3/35 Rpt: 17/49		NAME , Janie (The Honorab	le)			3	Filer ID 00085982	(Ethics Commission Filers)
4	Date	5 Payee	name			•			
	03/20/2024	Amaz							
6	Amount (\$)	-	address; City;	State; Zip (Code				
	\$23.80	410 T	erry Ave. N						
		Seattle	e, WA 98109						
8	PURPOSE	(a) Catego	ory (See Categories listed at the	he top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office	Overhead/Rental Exp	oense		=		de of Texas. Com officeholder living	plete Schedule T.
						Campaign Su			g expense
						oampaign oa	PP		
9	Complete ONLY if direct	Candida	te/Officeholder name	Office so	<u> </u>	<u> </u>		Office he	eld
	expenditure to benefit C/O				9				
-	Date	Payee	name						
	04/22/2024	Amaz							
	Amount (\$)	Payee	address; City;	State; Zip (Code				
	\$63.49	-	erry Ave. N	, ,					
			,						
		Seattle	e, WA 98109						
	PURPOSE OF	(a) Catego	Ory (See Categories listed at the	he top of this schedule)	(b)) Description			
	EXPENDITURE	Event	Expense			ш		de of Texas. Com officeholder living	plete Schedule T.
						Supplies for C			
						• • •		1 3	
	Complete ONLY if direct expenditure to benefit C/Oh	Candida	te/Officeholder name	Office so	ought	t		Office he	eld
	Date	Payee	name						
	05/21/2024	Amaz							
	Amount (\$)	Payee	address; City;	State; Zip (Code				
	\$335.88	410 T	erry Ave. N						
		Seattle	e, WA 98109						
	PURPOSE OF		Ory (See Categories listed at the	he top of this schedule)	(b)) Description			
	EXPENDITURE	Event	Expense			ш		de of Texas. Com officeholder living	plete Schedule T.
						Supplies for C			
						11.		, 5 = 5.	
	Complete ONLY if direct	Candida	te/Officeholder name	Office so	 ought	t		Office he	eld
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana O. I. S.		
1	Total pages Schedule F1:		ers)
	Sch: 4/35 Rpt: 18/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	
	05/20/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.39	410 Terry Ave. N	
		Soattle WA 00100	
Ļ		Seattle, WA 98109	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Campaign Event	
		Supplies for Sampaign 2 on	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	Date	Payee name	
	05/06/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.39	410 Terry Ave. N	
		Seattle, WA 98109	
\vdash	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	06/03/2024	Amazon	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.54	410 Terry Ave. N	
		Seattle, WA 98109	
	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 LIBITORE	Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPETIGITUTE TO DETICITE C/OF	n	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 5/35 Rpt: 19/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	06/05/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.90	410 Terry Ave. N
		Seattle, WA 98109
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
		Campaign Supplies
		Sampaig. Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/29/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	302 N Ed Carey Dr
	,	
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Supplies
		The proof of the p
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2024	Dollar Tree
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.78	302 N Ed Carey Dr
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-
_	Sch: 6/35 Rpt: 20/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	-
-	03/18/2024	Dollar Tree	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$24.15	302 N Ed Carey Dr	
	, -		
		Harlingen, TX 78550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	03/25/2024	Dollar Tree	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$74.32	302 N Ed Carey Dr	
		Harlingen, TX 78550	
	DUDDOGE	-	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Campaign Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	03/27/2024	Dollar Tree	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$105.01	302 N Ed Carey Dr	
	\$100.01	332 N 24 34.3y 57	
		Harlingon TV 70EE0	
		Harlingen, TX 78550	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Campaign Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			-
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/35 Rpt: 21/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	04/24/2024	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.48	302 N Ed Carey Dr
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Data	David name
	Date	Payee name
	05/22/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.05	302 N Ed Carey Dr
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Supplies
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	Dollar Tree
-	Amount (\$)	Payee address; City; State; Zip Code
	\$25.30	302 N Ed Carey Dr
	420.00	552 N 24 54 54 51
		Harlingen, TX 78550
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Supplies
	Complete ONLY if direct expenditure to benefit C/OI	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 Ma

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 Cabadula F1:		
1	Total pages Schedule F1: Sch: 8/35 Rpt: 22/49	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982	
4	Date	5 Payee name	
	01/10/2024	Garcia, Annielou	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1390 W Expressway 83 San Benito, TX 78586	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/09/2024	Garcia, Annielou	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$200.00	1390 W Expressway 83	
		San Benito, TX 78586	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/09/2024	Gomez, Elias	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	1390 W. Expressway 83	
		San Benito, TX 78586	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expanses	
		Check if Austin, TX, officeholder living expense Campaign Contract Labor	
		Sampagn Contract Labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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:	
Sch: 9/35 Rpt: 23/49	Lopez, Janie (The Honorable) 00085982
4 Date	5 Payee name
03/06/2024	Gomez, Elias
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1390 W. Expressway 83 San Benito, TX 78586
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/20/2024	Gomez, Elias
Amount (\$)	Payee address; City; State; Zip Code
\$27.06	1390 W. Expressway 83
BURDOCE	San Benito, TX 78586
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2024	Gomez, Elias
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1390 W. Expressway 83
	San Benito, TX 78586
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 24/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	04/15/2024	Gomez, Elias
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1390 W. Expressway 83
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaigh Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	04/25/2024	Gomez, Elias
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/06/2024	Gomez, Elias
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
\vdash	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: 11/35 Rpt: 25/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/13/2024	Gomez, Elias
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1390 W. Expressway 83
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Contract Labor
		Campaigh Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Dougo nama
		Payee name
	05/24/2024	Gomez, Elias
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/29/2024	Gomez, Elias
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1390 W. Expressway 83
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/35 Rpt: 26/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	06/12/2024	Gomez, Elias
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1390 W. Expressway 83
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Sampaigh Sontact Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	03/27/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.98	1095 W Business 77
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Campaign Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/28/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.91	1095 W Business 77
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Campaign Event
		Supplies for Campaign Event
_	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: 13/35 Rpt: 27/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/06/2024	Leon Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 311
		Leander, TX 78646
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting Fee
		Campaigh Consulting i cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	04/25/2024	Leon Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 311
		Leander, TX 78646
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Consulting Fee
		Campaign Consulting 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/29/2024	Leon Strategies
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 311
		Leander, TX 78646
	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 Consulting Fee
		Sampang. Samaning . Sa
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/35 Rpt: 29/49	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
4	Date 04/16/2024	5 Payee name Lyft
6	Amount (\$) \$16.90	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/17/2024	Payee name Lyft
	Amount (\$) \$23.99	Payee address; City; State; Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/26/2024	Payee name Lyft
	Amount (\$) \$26.23	Payee address; City; State; Zip Code 185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 16/35 Rpt: 30/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	04/29/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.96	185 Berry Street, Suite 5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Officeriolide Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	05/08/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.09	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Officeriolide Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	D
	Date 05/08/2024	Payee name Lyft
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.40	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Onicendide Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense 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:	
	Sch: 17/35 Rpt: 31/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/24/2024	Lyft
6	Amount (\$) \$17.75	7 Payee address; City; State; Zip Code
	\$11.15	185 Berry Street, Suite 5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	05/24/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.11	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Dayso name
	06/07/2024	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.79	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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: 18/35 Rpt: 32/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	06/10/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.68	185 Berry Street, Suite 5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
		Transportation to Officeriolide Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/10/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.94	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	E/M EINE . G	Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.55	185 Berry Street, Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation to Officeholder Meeting
	Operation ONLY if all part	Our distance (Office health annuary Control health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 19/35 Rpt: 33/49	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		
	06/11/2024	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Coc	de	
	\$45.88	185 Berry Street, Suite 5000		
		Can Francisco CA 04107		
Ļ		San Francisco, CA 94107	<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experientare to benefit Grot			
	Date	Payee name		
	06/13/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$27.36	185 Berry Street, Suite 5000		
		San Francisco, CA 94107		
	PURPOSE OF	5 ((b)	Description Check if travel subside of Taylor Complete Schedule T
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	06/17/2024	Lyft		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$54.85	185 Berry Street, Suite 5000		
		San Francisco, CA 94107		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Transportation to Officeholder Meeting
				- -
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: Sch: 20/35 Rpt: 34/49	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
4	Date 06/26/2024	5 Payee name Lyft
6	Amount (\$) \$17.96	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 5000
		San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Officeholder Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/02/2024	Payee name Mailchimp
	Amount (\$) \$62.89	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/01/2024	Payee name Mailchimp
	Amount (\$) \$55.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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	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: 21/35 Rpt: 35/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/01/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
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.
		Campaign Email Marketing Expense
		Campaign Email Marketing Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/01/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	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.
		Campaign Email Marketing Expense
		Campaign Email Marketing Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/01/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 22/35 Rpt: 36/49	Lopez, Janie (The Honorable)	00085982		
4	Date	5 Payee name			
	06/03/2024	Mailchimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$55.97	675 Ponce de Leon Ave NE			
		Suite 5000			
		Atlanta, GA 30308			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	Advertising Expense	ravel outside of Texas. Complete Schedule T.		
	LAI LIIDITORE	,	Austin, TX, officeholder living expense		
		Campaigr	n Email Marketing Expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/O		Office field		
_	Date	Davida nama			
	05/23/2024	Payee name Menger Hotel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$235.24	204 Alamo Plaza			
	!				
		San Antonio, TX 78205			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Thaver out or bistrict	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
	!	,	for Officeholder to Attend State Party		
	!	Convention			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	н			
F	Date	Payee name			
	03/19/2024	Michael's Stores			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$43.29	8000 Bent Branch Dr			
	 -	0000 25 2.05 2.			
	!	Irving, TX 75063			
	PURPOSE	la.	2		
	OF	, , <u> </u>	ravel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Oller Wards/Methorials Expense	Austin, TX, officeholder living expense		
	!	Flag Boxe	es for Constituent Flags		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF	d.			

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

	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: 23/35 Rpt: 37/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/22/2024	Michael's Stores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.06	8000 Bent Branch Dr
		Irving, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flag Boxes for Constituent Flags
		Play boxes for Constituent Plays
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/28/2024	Michael's Stores
_	Amount (\$)	Payee address; City; State; Zip Code
	\$245.90	8000 Bent Branch Dr
	Ψ= 10.00	
		Irving, TX 75063
	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
		Flag Boxes for Constituent Flags
		ag to the transfer angular
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2024	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 1648
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Design and Placement of Campaign Digital Advertisements
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 24/35 Rpt: 38/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/15/2024	Murphy Nasica & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,228.41	PO Box 1648
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Design and Distribution of Digital Campaign
		Messages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/15/2024	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,392.24	PO Box 1648
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Design and Distribution of Digital Campaign Messages
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
H	Date	Payee name
	01/23/2024	Print Mail Pro
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$504.52	9011 Tuscany Way Suite 200
		Austin, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Printing Expense for Campaign Cards
_	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	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 Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpense Vages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
	Sch: 25/35 Rpt: 39/49	Lopez, Jan	ie (The Honorable)					00085982	
4	Date	5 Payee name							
	02/27/2024	Print Mail F							
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	de				
	\$189.44	9011 Tusca	any Way Suite 200						
		Austin, TX	78754						
8	PURPOSE	(a) Category (c	Gee Categories listed at the top of thi	a aabadula)	(b)	Description			
	OF	Printing Ex		s scnedule)	(~)		outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITURE	i intuity Ex	pondo			Check if Austin,	TX,	officeholder living	expense
						Printing Expe	nse	e for Campai	ign Cards
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	ld
L	expenditure to benefit C/O								
	Date	Payee name							
	03/05/2024	Print Mail F	Pro						
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de				
	\$301.44		any Way Suite 200	•					
			-						
		Austin, TX	78754						
_	PURPOSE				(h)	Docarintian			
	OF	Printing Ex	See Categories listed at the top of thi	s schedule)	(5)	Description Check if travel of	outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITURE	Finding EX	hense					officeholder living	
						Printing Expe	nse	e for Campai	ign Cards
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	ld
	expenditure to benefit C/O	1							
	Date	Payee name							
	03/26/2024	Print Mail F	Pro						
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de				
	\$471.13	-	any Way Suite 200	•					
	,		, ,						
		Austin, TX	78754						
	DUDDOCT				(h)	December -			
	PURPOSE OF		See Categories listed at the top of thi	s schedule)	(a)	Description Check if travel of	nutsir	de of Texas. Comp	olete Schedule T
	EXPENDITURE	Printing Ex	hense			ш		officeholder living	
						Printing Expe			
						•		-	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	ld
	expenditure to benefit C/O	4			-				

SCHEDULE F1

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

Event Expense Loan Repayment
Fees Office Overhead,
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services Salaries/Wages/k

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
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: 26/35 Rpt: 40/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	02/13/2024	SE
6	Amount (\$) \$30.88	7 Payee address; City; State; Zip Code 2500 W Expy 83 San Benito, TX 78586
8	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for Campaign Related Travel; Not Reimbursed by State
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2024	SE
	Amount (\$) \$36.25	Payee address; City; State; Zip Code 2500 W Expy 83
		San Benito, TX 78586
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for Campaign Related Travel; Not Reimbursed by State
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ſ	Date	Payee name
	03/25/2024	SE
	Amount (\$) \$36.53	Payee address; City; State; Zip Code 2500 W Expy 83
		San Benito, TX 78586
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for Campaign Related Travel; Not Reimbursed by State
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 con	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/35 Rpt: 41/49		Lopez, Janie (The Honorable)		00085982
4	Date	5	Payee name		
	03/27/2024		SE		
6		7	Payee address; City; State; Zip Coo	de	
	\$20.83		2500 W Expy 83		
			San Benito, TX 78586		
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
					Fuel for Campaign Related Travel; Not Reimbursed
					by State
9	Complete ONLY if direct		L Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OF	Н			
	Date		Payee name		
	03/28/2024		SE		
	Amount (\$)	F	Payee address; City; State; Zip Coo	de	
	\$43.30		2500 W Expy 83		
			San Benito, TX 78586		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Fuel for Campaign Related Travel; Not Reimbursed
					by State
	Complete ONLY if direct		L Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OH	Н			
	Date		Payee name		
	04/18/2024		SE		
	Amount (\$)		Payee address; City; State; Zip Cod	de	
	\$37.46		2500 W Expy 83		
			San Benito, TX 78586		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Fuel for Campaign Related Travel; Not Reimbursed
					by State
_	Complete ONLY if direct	Ц		ght	Office held
	expenditure to benefit C/O		200 003	J	
l					

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries	/Wage	s/Contract Labor		OTHER (enter a	a category not listed above)
		_			uide explains how to d	ompi	ete tnis form.	_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 28/35 Rpt: 42/49		Lopez, Janie	e (The Honorab	le)				00085982	
4	Date	5	Payee name							
	05/13/2024		SE							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	aho'				
ľ	\$52.49	ľ	2500 W Exp		State, Zip C	Jouc				
	Ψ32.49		2300 W LXp	ly 03						
			San Benito,	TX 78586						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b)	Description			
	OF EXPENDITURE		Travel In Dis				Check if travel	outsi	de of Texas. Con	nplete Schedule T.
	LAFENDITORE						ш		officeholder livin	
								pai	gn Related	Travel; Not Reimbursed
							by State			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	H								
_	Date	Г	Payee name							
	01/04/2024		Sam's Club							
		_		City II	Ctata: Zin (\d_				
	Amount (\$)		Payee addres	•	State; Zip C	Joue				
	\$15.30		621 N Expre	essway //						
			Harlingen, T	X 78550						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	Description			
	OF			nead/Rental Exp			Check if travel	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	officeholder livin	g expense
							Campaign Su	lbb	lies	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	01/10/2024		Sam's Club							
				Oite iii	Otata Zin G	Nl -				
	Amount (\$)		Payee addres		State; Zip C	oae				
	\$33.94		621 N Expre	essway //						
			Harlingen, T	X 78550						
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b)	Description			
	OF			nead/Rental Exp				outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE								officeholder livin	g expense
							Campaign Su	pddr	lies	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	Н								
l										

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

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

	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: 29/35 Rpt: 43/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/18/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.58	621 N Expressway 77
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Supplies
		Campaigh Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
\vdash	Date	Power name
	03/21/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.42	621 N Expressway 77
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Supplies
		Campaigh Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/01/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.07	621 N Expressway 77
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaigh Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/35 Rpt: 44/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/07/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.42	621 N Expressway 77
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaigh Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	05/02/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.96	621 N Expressway 77
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Campaign Event
		Supplies for Sumparght Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/20/2024	Skyline Print & Design
_		, ,
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 449 W Hidalgo Ave
	\$400.00	449 W Hidaigo Ave
		Decreased tills TV 70500
		Raymondville, TX 78580
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing of Campaign Materials
		· ············ · · · · · · · · · · · ·
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Legal Se		·		/ages	e /Contract Labor ete this form.		Travel Out o OTHER (ent		rict category not listed above)
_	Total pages Cabadyla 51:	12				orpiui10			11.0.0.0	12	Filor ID		(Ethios Commission Filers)
	Total pages Schedule F1:					1-1				3			(Ethics Commission Filers)
	Sch: 31/35 Rpt: 45/49		Lopez, Jani	e (The	Honorabl	ie)					0008598	2	
4	Date	5	Payee name										
	01/10/2024		Solis, Rosa	nna									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
	\$100.00	1	PO Box 291		-		,						
			Auctin TV	70760									
Ļ		⊢	Austin, TX				ı						
8	PURPOSE OF	(a)	Category (Se				nedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	abor			Check if travel of Check if Austin				lete Schedule T.
		1							Campaign Co				олронос
									-ampaign oc	۰، ۱۱۱	act East		
<u>_</u>	Complete ONII V if direct	ᆫ	Condidate /Cff	oob als!	2, 2022		Office as:	ab+			O#:	\ h = '	Id
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoide	ы пате	(Office sou	ynt			Office	nel	iu
	Date	_	Payee name							_		_	
	02/09/2024		Solis, Rosa	nna									
	Amount (\$)		Payee addre	SS;	City;	State	; Zip Co	de					
	\$150.00		PO Box 291	LO									
			Austin, TX	78762									
	DUDDOOS	⊢					1	/I- \					
	PURPOSE OF	(a)	Category (Se				nedule)	(a)	Description	outo:	do of Toyos	ome	loto Schodulo T
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	abor			Check if travel of Check if Austin				lete Schedule T. expense
									Campaign Co				- p
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholde	er name		Office sou	abt			Office	hel	ld .
	expenditure to benefit C/OI		Januiuale/UIII	CETIVIUE	or maine	,	onice sou	giil			Onice	. 1161	iu
L		_											
	Date		Payee name										
L	03/06/2024	L	Solis, Rosa	nna									
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de					
	\$100.00		PO Box 291	LO									
			Austin, TX	78768									
	PURPOSE	١.,			using lists of the	o ton -f-H : :	andul-\	(h)	Description				
	OF	(")	Category (See Salaries/Wa				nedule)	()		outsi	de of Texas. (Comp	lete Schedule T.
	EXPENDITURE	1	Jaiai ic 3/ VV	ayes/C	oniiaul La	woi			Check if Austin				
									Campaign Co				
									-				
	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office sou	ght			Office	e hel	ld
	expenditure to benefit C/OI												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

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

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

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

	Contributions/ Donations Made By 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:		
	Sch: 32/35 Rpt: 46/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	
	02/26/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$159.98	2702 Love Field Dr	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Airfare to Attend Officeholder Meetings: Not	
		Reimbursed by State: Travel within the State of	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit eroi	'	_
	Date	Payee name	
	04/22/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$78.98	2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Airfare to Attend Officeholder Meetings: Not	
		Reimbursed by State: Travel within the State of	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	05/23/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$198.98	2702 Love Field Dr	
	Ψ130.30	2702 Love Field Di	
		Dallas, TX 75235	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Airfare to Attend Officeholder Meetings: Not	
		Reimbursed by State: Travel within the State of	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 47/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/08/2024	Texas Political Solutions, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	PO Box 685201
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Compliance Services
		Campaign Compliance Convices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/26/2024	Walmart
H	Amount (\$)	Payee address; City; State; Zip Code
	\$16.22	1126 W Us Highway 77
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/29/2024	Walmart
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$44.76	1126 W Us Highway 77
		San Benito, TX 78586
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Campaign Event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
1		
I		

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)

l	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 34/35 Rpt: 48/49	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		,
	02/29/2024	Walmart		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
l	\$19.05	1126 W Us Highway 77		
		San Benito, TX 78586		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI		110	Office field
⊨	Date	Davias nama		
	04/12/2024	Payee name Walmart		
┝			lo.	
	Amount (\$) \$108.18		ie	
	Φ100.10	1126 W Us Highway 77		
		Con Boutte, TV 70500		
		San Benito, TX 78586		
	PURPOSE OF	5 C (C C C C C C C C C C C C C C C C C	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Campaign Supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/04/2024	Walmart		
Г	Amount (\$)	Payee address; City; State; Zip Cod	le	
l	\$93.13	1126 W Us Highway 77		
l		San Benito, TX 78586		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI		116	Office Held
\vdash				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Legal Servic	Memorials Expense	Printing Salaries	s/Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not liste	d above)
1	Total pages Schedule F1: Sch: 35/35 Rpt: 49/49	2		ME Inie (The H	onorable)				ı	Filer ID 00085982	(Ethics Comn	nission Filers)
4	Date 02/08/2024	5	Payee nam WinRed		,				<u> </u>			
6	Amount (\$) \$212.43	7		ress; Cit son Blvd, St VA 22209		ate; Zip (Code					
8	PURPOSE OF EXPENDITURE	(a)	Category Fees	(See Categories	s listed at the top of this	s schedule)	(b)	_	, TX,	de of Texas. Com officeholder living of for Online	expense	Contributions:
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/C	Officeholder r	name	Office so	ought			Office he	eld	