CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00083325		2 Total pages file 55	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Raynaldo T.			Date Received ELECTRONICA	LYFILED
	NICKNAME	LACT		CLIFFIX	01/15/2025	
	NICKNAME Ray	LAST Lopez		SUFFIX	01/10/2020	
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	7015 Quiet Ridge Walk				Receipt #	Amount
Change of Address	San Antonio, TX 78250-	-3544			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Andrew J.				
	NICKNAME	LAST		SUFFIX		
	Andy	Greene				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	5642 Timber Steep					
(Residence or Business)	San Antonio, TX 78250-	-5903				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (210) 520-9412	ONE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	
9 PERIOD COVERED	Month Day Yea 07/01/2024		IROUGH	Month Day 12/31/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Yea	r Pı	rimary	ELECTION TYPE Runoff	Other	
	11/05/2024	X G	eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)	<u>'</u>		12 OFFICE SOUGHT	(if known)	
	State Representative Di	strict 125				
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 55

13 C / OH NAME	Lopez, Raynaldo T.	(The Honorable)	14 Filer ID (E 00083325	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without d officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	X GENERAL	TREAC/Texas Association of Realtors PAC								
		COMMITTEE ADDRESS								
	SPECIFIC	1115 San Jacinto Blvd.								
		Suite 200								
		Austin, TX 78701								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Cantu, Leslie								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
		PO Box 2246								
		Austin, TX 78768								
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 42,674.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 6,243.19						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,542.09						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 79,302.56						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 318.41						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Honora	able Raynaldo T. Lope	ez						
		Signature of	Candidate or Officehold	er						
4551/110	TABY 0744B / 0544 AB	0.45								
AFFIX NOTARY STAMP / SEAL ABOVE										
Sworn to and subscribed before me, by the said day										
	of, 20, to certify which, witness my hand and seal of office.									
Signature of offi	cer administering	Printed name of officer administering	Title of officer a	administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER	SHEET PG 3 3 of 55
18 FILER			19 Filer ID	(Ethics (Commission Filers)
		ynaldo T. (The Honorable) E SUBTOTALS	00083325	Ī	
		SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	42,674.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,542.09
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/55	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
	i illopai occa	sation) oob title (oce moradions)	2 Employer (See Instructions	,,		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Ancira, April Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Dringing agg	Boerne, TX 78015	Employer (See Instructions	<u>''</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	>)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Assar, Nooruddin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78232-5649				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Barros, Marco Contributor address; City; State; Zip Code San Antonio, TX 78216-1935		•	Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Barros, Marco Contributor address; City; State; Zip Code San Antonio, TX 78216-1935			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/55	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	n Filers)
4	Date 12/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
•	Dringing occu	San Antonio, TX 78258-2554	Employer (See Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Bouloubasis Jr., John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Burney, Frank Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78205				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Martin & Drought, PC	5)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_ CDS Muery PAC Contributor address; City; State; Zip Code San Antonio, TX 78216			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ CWA Politcal Action Committee Contributor address; City; State; Zip Code Washington, DC 20001)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/55	
2	FILER NAME Lopez, Rayr	aldo T. (The Honorable)			3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 11/07/2024	5 Full name of contributor Chevron Employees PAC6 Contributor address; City; S			7	Amount of Contribution (\$)	\$1,000.00
		San Ramon, CA 94583					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor Curbow, Kelly Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 07/05/2024	Full name of contributor DEC PAC Contributor address; City; S Houston, TX 77046	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>l</u> S)		
	Date 12/13/2024	Full name of contributor Friends of San Antonio L Contributor address; City; S San Antonio, TX 78201				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor GJMery Investments Contributor address; City; S San Antonio, TX 78216	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/55	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)			3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 09/30/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	San Antonio, TX 78209	la.	5 1 (0 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/05/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Katy, TX 77493 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Self	•		Self			
	Date 10/05/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (I Isett, Carl Contributor address; City; State; Zip Code Lubbock, TX 79424)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor X out-of-state PAC (I JPMorgan Chase & Co. PAC Contributor address; City; State; Zip Code Washington, DC 20005	D#: <u>C0</u>	0128512)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/55	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 10/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Jin, Ser-Ling 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
•	Dringing occur	San Antonio, TX 78238 upation / Job title (See Instructions)	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_KCI Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing	San Antonio, TX 78248	Frankrija (Cas Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Khan, Samihah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Legacy 44 Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/55	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	n Filers)
4	Date 12/14/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78760				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/07/2024	Full name of contributor x out-of-state PAC (ID#: McGuireWoods Federal PAC Contributor address; City; State; Zip Code	C00225342)		Amount of Contribution (\$)	\$500.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Mery, George Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Naiser, Derek Contributor address; City; State; Zip Code Boerne, TX 78006-6090			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Navejar, Rosa Contributor address; City; State; Zip Code Fort Worth, TX 76107			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/55	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 11/07/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Dein ein al. a ann	Dallas, TX 75202-1234	O Frankrije (Ozakasta stira			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Ortiz McKnight PLLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78205 pation / Job title (See Instructions)	Employer (See Instructions)		
		,		,		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Pape Dawson Engineers PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78213				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Poppoon, Stephen Contributor address; City; State; Zip Code San Antonio, TX 78232			Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions self)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Steven Contributor address; City; State; Zip Code San Antonio, TX 78213-1311)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/55	
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 07/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Raba Kistner PAC, Inc. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deinainal agai	San Antonio, TX 78269	O Francis var (Cap Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Red Rock Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,	. , (
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Reed, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Rudy Contributor address; City; State; Zip Code San Antonio, TX 78229			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ San Antonio Fire & Police Pension Assn PAC Contributor address; City; State; Zip Code San Antonio, TX 78216			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/55	
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		1	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 12/13/2024	 Full name of contributor	ocal 624	7 4	Amount of Contribution (\$)	\$1,624.00
		San Antonio, TX 78201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID# Sandberg, Kyle Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78240-3642 pation / Job title (See Instructions)	Employer (See Instructions) (S)		
	Optometrist/		Rosenberg School of O		etry	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Sutterfield, Kristi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) 		
	Executive Di		Greater San Antonio Blo	,	ASSOC.	
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID# TXCPA Political Action Committee Contributor address; City; State; Zip Code Addison, TX 75001			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/55		
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 12/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78711-2727				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	12/13/2024 Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Austin, TX 78716 Principal occupation / Job title (See Instructions) Employer (See Instruction					
Date 12/14/2024		Full name of contributor out-of-state PAC (ID#:) Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions			
	T IIICipai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Mortgage Bankers PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions))			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/55		
2	FILER NAME Lopez, Rayn	aldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 10/05/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	9 Employer (See Instructions))		
	i inioipai ooda	pation, our title (eve metadatoris)	e Employer (eee meadellerie	,		
	Date 10/23/2024				Amount of Contribution (\$)	\$4,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/13/2024 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date Full name of contributor out-of-state PAC (ID#:) Texas and Southwestern Cattle Raisers Association Contributor address; City; State; Zip Code Fort Worth, TX 76185-1988			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	5)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/55		
2	FILER NAME Lopez, Rayr	naldo T. (The Honorable)		3	Filer ID (Ethics Commission 00083325	on Filers)
4	Date 12/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Logg	San Antonio, TX 78232	0 Employer (Co.) Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/05/2024				Amount of Contribution (\$)	\$500.00
	Principal occu	Arlington, VA 22202 upation / Job title (See Instructions)	Employer (See Instructions)		
	· ····oipai ooda	parent your rate (ever morrage)	pioyo. (600 monacano	,		
Date 12/13/2024		Full name of contributor out-of-state PAC (ID#:) Valero Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78269				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Vexler, Mary Jordan Contributor address; City; State; Zip Code San Antonio, TX 78212			Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Williams, W. Reed Contributor address; City; State; Zip Code San Antonio, TX 78209-6165			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/55	
FILER NAME Lopez, Rayr			3 Filer ID (Ethics Commission Filers) 00083325
Date 5 Full name of contributor out-of-state PAC (ID#:) Zachry Corporation Political Action Committee 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$1,000.00
	San Antonio, TX 78265-3240		
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	FILER NAME Lopez, Rayr Date 11/07/2024	The Instruction Guide explains how to complete this FILER NAME Lopez, Raynaldo T. (The Honorable) Date 5 Full name of contributor out-of-state PAC (ID# Zachry Corporation Political Action Committee 6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form. FILER NAME Lopez, Raynaldo T. (The Honorable) Date L1/07/2024 5 Full name of contributor out-of-state PAC (ID#:) Zachry Corporation Political Action Committee 6 Contributor address; City; State; Zip Code San Antonio, TX 78265-3240

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	Il 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: 1/39 Rpt: 17/55	Lopez, Raynaldo T. (The Honorable) 00083325			
4	Date	5 Payee name			
	07/10/2024	AT&T Mobility			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$349.03	P.O. Box 537104			
		Atlanta, GA 30353-7104			
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 phones			
		Campaign priories			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Date	Davies same			
		Payee name			
	08/06/2024	AT&T Mobility			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$328.96	P.O. Box 537104			
		Atlanta, GA 30353-7104			
	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 phones			
		Campaign priories			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data	Davies same			
	Date 09/11/2024	Payee name AT&T Mobility			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$336.06	P.O. Box 537104			
		Atlanta, GA 30353-7104			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense			
		Campaign phones			
		Campaign priories			
_	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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	•	Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: 2		[3	3 Filer ID (Ethics Commission Filers)
Sch: 2/39 Rpt: 18/55	Lopez, Raynaldo T. (The Honorable)		00083325
4 Date	Payee name		
10/11/2024	AT&T Mobility		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$336.06	P.O. Box 537104		
1			
	All		
	Atlanta, GA 30353-7104		
8 PURPOSE (a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	_	utside of Texas. Complete Schedule T.
		. –	TX, officeholder living expense
		Campaign pho	ones
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
expenditure to benefit C/OH			
Date	Payee name		
11/06/2024	AT&T Mobility		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$343.93	P.O. Box 537104		
Ψ0-10.00	1.0. 500 001104		
	All		
	Atlanta, GA 30353-7104	_	
PURPOSE ((a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Office Overhead/Rental Expense	l =	utside of Texas. Complete Schedule T.
		Campaign pho	TX, officeholder living expense
		Campaign pho	nies
Operation ONLY if discont	Occadinate IOE and ald a second		Office leads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ignt	Office held
Date	Payee name		
12/12/2024	AT&T Mobility		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$308.55	P.O. Box 537104		
	Atlanta, GA 30353-7104		
PURPOSE ((b) December	
OF (a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense		TX, officeholder living expense
		Campaign pho	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
expenditure to benefit C/OH	Called Sulfer Figure 1 Control Sulfer	-9·16	Cinco noid

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/39 Rpt: 19/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	08/20/2024	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	2200 S IH-35
		Austin, TX 78704
8	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
		Lodging in Austin for various meetings while not in
		Session.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/15/2024	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.00	2200 S IH-35
	,	
		Austin, TX 78704
	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
		Lodging in Austin for various meetings while not in
		Session.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/17/2024	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	2200 S IH-35
		Austin, TX 78704
	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 Lodging in Austin for various meetings while not in
		Session.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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	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: 4/39 Rpt: 20/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/09/2024	Amiga Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.00	5309 Wurzbach
		#115
		San Antonio, TX 78238
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Stan meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/12/2024	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	5309 Wurzbach
		#115
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Star meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/07/2024	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.42	5309 Wurzbach
		#115
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/39 Rpt: 21/55		Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5	Payee name		-
	09/12/2024		Amiga Cafe		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$53.00		5309 Wurzbach		
			#115		
			San Antonio, TX 78238		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Staff meeting
_	Opening ONE V if direct		0.00		Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ugnt	t Office held
		_			
	Date		Payee name		
	11/12/2024	L	Amiga Cafe		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$44.00		5309 Wurzbach		
			#115		
			San Antonio, TX 78238		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Staff meeting
					Stan meeting
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	t Office held
	expenditure to benefit C/O			9	
	Date	Т	Payee name		
	12/13/2024		Amiga Cafe		
		┢		odo	
	Amount (\$) \$47.00		Payee address; City; State; Zip C 5309 Wurzbach	oue	
	\$47.00				
			#115		
		L	San Antonio, TX 78238	1	
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if dustin, TX, officeholder living expense
					Staff meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/39 Rpt: 22/55	Lopez, Raynaldo T. (The Honorable) 00083325			
4	Date	5 Payee name			
	09/30/2024	Best Western Plus - Hill Country Suites			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$106.00	18555 US Highway 281 North			
		San Antonio, TX 78258			
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 Lodging for office Legislative Director for statewide			
		meetings.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	- 1			
	Date	Payee name			
	08/25/2024	Best Western Plus - Portland, TX			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.84	1707 US Hwy 181			
		Portland, TX 78374			
	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			
		Lodging for statewide meetings			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/25/2024	Best Western Plus - Portland, TX			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.84	1707 US Hwy 181			
		Portland, TX 78374			
	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.			
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense			
		Lodging for statewide meetings - staff			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/39 Rpt: 23/55	Lopez, Raynaldo T. (The Honorable) 00083325
4 Date	5 Payee name
09/09/2024	Best Western Plus - Tyler
6 Amount (\$) \$84.49	7 Payee address; City; State; Zip Code 120 W. Rieck Rd Tyler, TX 75703
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 Lodging for statewide meetings - staff
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/09/2024	Best Western Plus - Tyler
Amount (\$) \$84.49	Payee address; City; State; Zip Code 120 W. Rieck Rd Tyler, TX 75703
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 Lodging for statewide meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/09/2024	Bexar County Democratic Party
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd
	San Antonio, TX 78201
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to local Democratic party
Complete ONLY if direct expenditure to benefit C/C	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 Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By 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: 8/39 Rpt: 24/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	11/22/2024	Capitol Extension Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$620.39	1400 Congress Ave
		#E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		X-Mas ornaments for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	07/26/2024	Crossroads Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	8300 Tezel Rd
		San Antonio, TX 78254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship of backpack giveaway event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	Para and
	Date 08/02/2024	Payee name Crossroads Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$205.50	8300 Tezel Rd
		San Antonio, TX 78254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for backpack giveaway event
		11
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 9/39 Rpt: 25/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/21/2024	Cuellar, Mary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
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
		Janitorial @ Didtrict office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
	Date	Payee name
	09/02/2024	Cuellar, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.20	4707 Wurzbach Road
		9208
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Janitorial @ Didtrict office
	Operation ONLY if dispose	Outstide to 10 ff and held as a second to the second to th
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	
	Date 10/01/2024	Payee name Cuellar, Mary
	Amount (\$)	Payee address; City; State; Zip Code 4707 Wurzbach Road
	\$103.20	
		9208
		San Antonio, TX 78238
	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
		Janitorial @ Didtrict office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

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	7	The Instruction Guide	e explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	FILER NAME					3 F	iler ID	(Ethics Commis	ssion Filers)
	Sch: 10/39 Rpt: 26/55	Lopez, Rayna	aldo T. (The Hon	ıorable)				00083325		
4	Date	Payee name								
	12/12/2024	Denham, Dai	in							
6	Amount (\$)	Payee address	s; City;	State; Zip C	ode					
	\$125.00	1109 N Inters	state Highway 35							
		Austin, TX 78	3702							
8	PURPOSE	Category (See	Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Waç	ges/Contract Labo	or				e of Texas. Comp officeholder living	plete Schedule T.	
						Staff Salary a			expense	
						,	,			
9	Complete ONLY if direct	Candidate/Office	 eholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	09/13/2024	Donor Atlas								
	Amount (\$)	Payee address	s; City;	State; Zip C	ode					
	\$300.00	337 7th Aven	nue							
		Suite 1401								
		New York, N	Y 10001							
	PURPOSE	Category (See	e Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		undraising Exper						plete Schedule T.	
						Check if Austin, Fundraiser da		officeholder living		
						i unuluisci ut	шиы	200 001 VICC	•	
	Complete ONLY if direct	Candidate/Office	 eholder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/O				3					
	Date	Payee name								
	10/14/2024	Donor Atlas								
	Amount (\$)	Payee address	s; City;	State; Zip C	ode					
	\$300.00	337 7th Aven								
		Suite 1401								
		New York, N	Y 10001							
	PURPOSE	Category (See	e Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE		undraising Exper			ш			plete Schedule T.	
	EXI ENDITORE					Check if Austin, Fundraiser da		officeholder living		
						rununaisei ua	alabo	ase service	;	
	Complete ONLY if direct	Candidate/Office	 eholder name	Office so	uaht			Office he	-ld	
	expenditure to benefit C/O	Sarraraato, Sino	sholder hame	3.11.00 30.1	agiit			011100 110	, ia	

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 comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 11/39 Rpt: 27/55	Lopez, Raynaldo T. (The Honorable)	00083325		
4	Date	5 Payee name	•		
	10/10/2024	Edgewood Education Foundation			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$255.58	PO Box 37401			
		San Antonio, TX 78237			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Check if Austin, TX, officeholder living expense		
			Golf Tournament Hole Sponsor		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	08/27/2024	El Paraiso			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$352.90	1934 Fredericksburg Rd			
		San Antonio, TX 78201			
	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 Popsicles for Grandparents Raising Grandchildren		
			event		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
_	Date	Payee name			
	12/12/2024	Greene, Andrew			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$125.00	5642 Timber Steep			
	Ψ120.00	3042 Timber Oteop			
		San Antonio, TX 78250-5903			
	DUDDOCE	In.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Salaties/Wages/Contract Labor	Check if Austin, TX, officeholder living expense		
			Staff Salary adjustment		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				

SCHEDULE F1

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

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: 12/39 Rpt: 28/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/18/2024	HEB Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.87	300 W. Olmos Dr.
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for:
		Supplies for.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/23/2024	HEB Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.93	5601 Bandera Rd.
		San Antonio, TX 78238
	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
		Supplies for various events for neighborhoods and groups, during the fall.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	07/03/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	9255 Grissom Rd.
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle
		Gas for Campaign/Oniceriolder vehicle
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 13/39 Rpt: 29/55	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	07/15/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	11652 Bandera Rd	
		San Antonio, TX 78250	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle	
		Sus for Sumpaign/Officeriolider vernice	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Date	Dougo nama	
		Payee name	
	07/16/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	20721 Hwy 46	
		Bulverde, TX 78070	
	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.	
		Coo for Compaign (Office holder vehicle	
		Gas for Campaign/Officeholder vehicle	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
L	Dete		
	Date	Payee name	
	07/23/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.51	2508 E. Riverside Dr.	
L		Austin, TX 78741	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Grocery items for Capitol Office	
		Glocely items for Capitol Office	
_	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: 14/39 Rpt: 30/55	Lopez, Raynaldo T. (The Honorable) 00083325		
4	Date	5 Payee name		
	07/29/2024	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$58.00	198 FM 306		
		New Braunfels, TX 78130		
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 Gas for Campaign/Officeholder vehicle		
		Sus for Sumpaign/Officeriolider verifice		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
١	expenditure to benefit C/O			
\vdash	Date	Dougo nama		
		Payee name		
	08/02/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$53.00	5910 Babcock Rd		
		San Antonio, TX 78250		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle		
		Gas for Campaign/Officendider vehicle		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	08/22/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$54.00	9255 Grissom Rd.		
		San Antonio, TX 78250		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle		
		Gas for Campaign/Officendider vehicle		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 15/39 Rpt: 31/55	Lopez, Raynaldo T. (The Honorable) 00083325		
4	Date	5 Payee name		
	08/31/2024	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$16.00	9255 Grissom Rd.		
		San Antonio, TX 78250		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Gas for Campaign/Officeholder vehicle		
		Cate for Campaign Smooth deliver		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
\vdash	Date	Davies same		
		Payee name		
	09/06/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$56.00	7951 Guilbeau Rd.		
		San Antonio, TX 78250		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Gas for Campaign/Officeholder vehicle		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name		
	09/21/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$58.00	735 SW Military		
		San Antonio, TX 78221		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle		
		Gas for Campaign/Officendider vehicle		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 16/39 Rpt: 32/55	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	10/03/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.00	7951 Guilbeau Rd.	
		San Antonio, TX 78250	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle	
		Sus for Sumpaign/Officeriolider vernice	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Date	Dougo nama	
		Payee name	
	10/24/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.00	9255 Grissom Rd.	
		San Antonio, TX 78250	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle	
		Gas for Campaign/Officendider vehicle	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	10/29/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	5910 Babcock Road	
		San Antonio, TX 78240	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle	
		Ous for Campaign/Officeholder vehicle	
_	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 Loai Fees Offic Food/Beverage Expense Polli Gitt/Awards/Memorials Expense Print Lenal Services Sala

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 17/39 Rpt: 33/55	Lopez, Raynaldo T. (The Honorable) 00083325			
4	Date	5 Payee name			
	11/01/2024	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.01	7951 Guilbeau Rd.			
		San Antonio, TX 78250			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Gas for Campaign/Officeholder vehicle			
		Sas for Sampaign/Officeriolaer verifice			
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/11/2024	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00	9255 Grissom Rd.			
		San Antonio, TX 78250			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle			
		das for Campaign/Onlecholder vehicle			
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
L					
	Date	Payee name			
L	12/10/2024	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.01	9255 Grissom Rd.			
		San Antonio, TX 78250			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Gas for Campaign/Officeholder vehicle			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialitate to benefit 0/011				

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 34/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	12/13/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$518.79	10718 Potranco
		San Antonio, TX 78251
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 Giveaways and supplies for Legislative Townhall
		Civoanayo ana sappinos isi zogisiaavo i siimian
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/16/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	9255 Grissom Rd.
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for Campaign/Officeholder vehicle
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/23/2024	НЕВ
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$21.52	9255 Grissom Rd.
		San Antonio, TX 78250
	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 Giveaways and supplies for Legislative Townhall
		Giveaways and supplies for Legislative Townhair
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Н		
l		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 35/55	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		· ·
	12/24/2024	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$45.00	9255 Grissom Rd.		
		San Antonio, TX 78250		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDHORL			Check if Austin, TX, officeholder living expense
				Gas for Campaign/Officeholder vehicle
_	Complete ONLY if direct	Condidate/Officeholder some		Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ynt	t Office held
_				
	Date	Payee name		
	12/24/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$427.80	9255 Grissom Rd.		
		San Antonio, TX 78250		
	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
				Contributions to Sr. Center event
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O		3	
	Date	Payee name		
	12/24/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$32.00	9255 Grissom Rd.	uc	
	402.00			
		San Antonio, TX 78250		
	DUDDOCE		//->)
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Havei III District		Check if Austin, TX, officeholder living expense
				Gas for Campaign/Officeholder vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20/39 Rpt: 36/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/02/2024	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.00	7126 Tezel Rd
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Stan meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	07/19/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.00	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Stan meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 08/01/2024	Payee name
		Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.00	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Stan meeting
_	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 Commit

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/39 Rpt: 37/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	08/06/2024	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.00	7126 Tezel Rd
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/26/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.63	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense Staff meeting
		Stan meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/09/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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	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: 22/39 Rpt: 38/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	11/23/2024	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$112.00	7126 Tezel Rd
		San Antonio, TX 78250
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
		Cian mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	12/23/2024	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.22	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff meeting
L	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/01/2024	J. W. Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$546.91	23808 Resort Pkwy
		San Antonio, TX 78261
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Lodging/meals while attending M.A.L.C. conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
$ldsymbol{ldsymbol{ldsymbol{eta}}}$		

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: 23/39 Rpt: 39/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	08/03/2024	Joe's Crab Shack
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$223.00	5025 S. Padre Island Drive
		Corpus Christi, TX 78411
8	PURPOSE	
o	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while in Corpus Christi for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/12/2024	Lopez, Eleanor
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	11615 Kings Liar
	4120.00	TTOTO TAINING ENA
		Can Antonia TV 70252
		San Antonio, TX 78253
	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
		Staff Salary adjustment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/12/2024	Ludiker, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	4009 Victory Drive #01
	4120.00	D309
		Austin, TX 78704
	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
		Staff Salary adjustment
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 24/39 Rpt: 40/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/18/2024	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		#5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		E-mail Marketing Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	08/18/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		#5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-mail Marketing Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/18/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		#5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		E-mail Marketing Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 25/39 Rpt: 41/55	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 10/18/2024	5 Payee name MailChimp
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-mail Marketing Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/18/2024	Payee name MailChimp
	Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-mail Marketing Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/19/2024	Payee name MailChimp
	Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-mail Marketing Services
	Complete <u>ONLY</u> 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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Gift/Awards/Memorial Legal Services	s Expense	Salaries/M		se s/Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 26/39 Rpt: 42/55		Lopez, Rayr	naldo T. (The	Honorable)					00083325		
4	Date	5	Payee name					•				
	07/22/2024	ı	Murphy Exp	ress								
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$62.00		9530 Culebr	a Rd.								
			San Antonio	, TX 78251								
8	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this sch	odulo)	(b)	Description				
	OF	l`	Travel In Dis		the top of this son	ledule)	` ,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							_		officeholder livi		
								Gas for Camp	paiç	gn/Officeho	older vehicle	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
		_										
	Date		Payee name									
	07/22/2024		Murphy Exp	ress								
	Amount (\$)	ı	Payee addres		State;	; Zip Co	de					
	\$55.00		9530 Culebr	a Rd.								
			San Antonio	, TX 78251								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				=		de of Texas. Co officeholder livi	mplete Schedule T.	
								Gas for Camp				
										J		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	07/26/2024		Murphy Exp	ress								
	Amount (\$)		Payee addres		State:	; Zip Co	de					
	\$62.00		9530 Culebr	•	,	, ,						
			San Antonio	, TX 78251								
	PURPOSE	(a)		e Categories listed at	the ten of this sale	odulo)	(b)	Description				
	OF	"	Travel In Dis		the top of this sch	edule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							_		officeholder livi		
								Gas for Camp	oai	gn/Officeho	older vehicle	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office I	neld	
	onponditure to benefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 27/39 Rpt: 43/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	08/06/2024	Murphy Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.00	9530 Culebra Rd.
		San Antonio, TX 78251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle
		Gus for Gumpaign/Onlocholder Vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	08/15/2024	Murphy Express
H	Amount (\$)	Payee address; City; State; Zip Code
	\$49.00	9530 Culebra Rd.
	* ******	
		San Antonio, TX 78251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Campaign/Officeholder vehicle
		Gas for Campaign/Oniceholder vehicle
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/28/2024	Murphy Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	9530 Culebra Rd.
	φ00.00	9330 Culebia Nu.
		San Antonio, TX 78251
H	PURPOSE	I a .
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas for Campaign/Officeholder vehicle
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
Г		
1		
ı		

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/39 Rpt: 44/55	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		-
	09/13/2024	Murphy Express		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$24.00	9530 Culebra Rd.		
		San Antonio, TX 78251		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Gas for Campaign/Officeholder vehicle
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		gnı	Office neid
_				
	Date	Payee name		
	10/18/2024	Murphy Express		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$51.00	9530 Culebra Rd.		
		San Antonio, TX 78251		
	PURPOSE OF	, -	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Gas for Campaign/Officeholder vehicle
				. •
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	11/21/2024	Murphy Express		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$56.00	9530 Culebra Rd.		
		San Antonio, TX 78251		
	PURPOSE	i	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(6)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in Dieuret		Check if Austin, TX, officeholder living expense
				Gas for Campaign/Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held
	experience to beliefft G/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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/39 Rpt: 45/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	08/26/2024	Name-Cheap.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.76	4600 E. Washington St
		#305
		Phoenix, AZ 85034
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 Internet fees - Domain Names
		internet lees - Domain Names
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/02/2024	Name-Cheap.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.50	4600 E. Washington St
	402.00	#305
		Phoenix, AZ 85034
	DUDDOCE	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
	Date	Payee name
	10/21/2024	Name-Cheap.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.88	4600 E. Washington St
		#305
		Phoenix, AZ 85034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internet fees
_	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/39 Rpt: 46/55 Lopez, Raynaldo T. (The Honorable) 00083325 4 Date Payee name Norma Denham & Associates 08/01/2024 6 Amount (\$) Payee address; City; State; Zip Code \$1,748.00 15706 Knoll Cliff San Antonio, TX 78247 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2024 Norma Denham & Associates Amount (\$) Payee address; City; State; Zip Code \$300.00 15706 Knoll Cliff San Antonio, TX 78247 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/30/2024 Northwest Democrats of Bexar County PAC Amount (\$) Payee address: City: State: Zip Code \$450.00 P.O. Box 681911 San Antonio, TX 78268 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	lete this for	m.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 31/39 Rpt: 47/55	Lopez, Raynaldo T. (The Honorable)			00083325	
4	Date	5 Payee name				
	12/12/2024	Palacios, Jessica				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$125.00	14935 Lantern Ln				
		San Antonio, TX 78248-2709				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	on		
	OF EXPENDITURE	Salaries/Wages/Contract Labor			de of Texas. Com	plete Schedule T.
	EXPENDITURE	-			officeholder living	expense
			Staff Sa	lary adju	stment	
_	0 1: 0 1: 0				055	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	Date	Payee name				
	12/12/2024	Papa John's Pizza				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$242.48	1573 Bandera Road				
		San Antonio, TX 78228				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	on		
	OF EXPENDITURE	Event Expense				plete Schedule T.
					officeholder living	e Townhall meeting
					.g _0g.0.a.r	o
	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	12/11/2024	Perry's Steak House				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$571.77	114 W. 7th				
	ΨΟ/ Ι.//	114 W. 701				
		Austin, TX 78701				
	DUDDOOF					
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Check in		de of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense			officeholder living	•
			Staff end	d of year	dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	1				

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			Gift/Award Legal Ser		xpense		xpens Wages			Travel in Dist Travel Out of OTHER (ente	Distri	ict ategory not listed above)
1	Total pages Schedule F1:	ı								3	Filer ID		(Ethics Commission Filers)
L	Sch: 32/39 Rpt: 48/55	L	Lopez, Rayı	naldo T	T. (The Ho	norable)					0008332	5	
4	Date	5	Payee name										
	10/30/2024		Plesa, Miha	ela (Th	e Honoral	ole)							
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip Co	ode					
	\$1,000.00		PO Box 796	311									
L		L	Dallas, TX 7	75248									
8	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution						Check if travel				
			Candidate/C	πiceho	oider/Politi	cai Comm	ittee		Campaign co			virig e	хренѕе
									Janipaigii 00	1			
9	Complete ONLY if direct		Candidate/Offic	ceholde	r name	C	Office sou	<u>l</u> ught			Office	held	<u> </u>
	expenditure to benefit C/OI				-			<u> </u>					
	Date		Payee name										
	10/16/2024		Qi Austin										
	Amount (\$)	ı	Payee addres	•	City;	State;	Zip Co	ode					
	\$226.00		835 W. 6th	Street									
			#114										
L			Austin, TX 7	78703									
	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sche	edule)	(b)	Description				<u> </u>
	OF EXPENDITURE		Food/Bever	age Ex	pense				Check if travel Check if Austin				ete Schedule T.
									Capitol staff			virig e	лрепое
									3				
	Complete ONLY if direct		Candidate/Offic	ceholde	r name	C	Office sou	ıght			Office	held	d
	expenditure to benefit C/O							-					
	Date		Payee name										
	11/21/2024		Qi Austin										
	Amount (\$)		Payee addres	ss;	City;	State;	Zip Co	ode					
	\$209.87		835 W. 6th	Street									
			#114										
			Austin, TX 7	8703									
	PURPOSE	(a)	Category (Se	e Categor	ies listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever			,	-7		Check if travel				ete Schedule T.
	EM ENDITORE								Capital staff			ving e	xpense
									Capitol staff (airif	iei		
	Complete ONLY if direct	Щ	Candidate/Offic	ceholde	r name		Office sou	lapt			Office	hole	<u> </u>
	expenditure to benefit C/O		ai iuiuale/OIII	cenoiue	i iiaiiie	C	7111CG 20L	agrit			Onice	Hell	u

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 33/39 Rpt: 49/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	09/17/2024	R. J. Publications
6	Amount (\$) \$550.00	7 Payee address; City; State; Zip Code P.O. Box 272
		Helotes, TX 78023
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fall Sports posters for 2 Northside ISD High School
		The species posterior and a second se
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/12/2024	Rodriguez, Donovon
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	838 Timberwilde St.
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Salary adjustment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	San Antonio Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3006 Hudnell Dr.
		San Antonio, TX 78226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

(Ethics Commission Filers)

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 34/39 Rnt: 50/55 Lonez Raynaldo T (The Honorable) 0000000

3011. 34/39 Kpt. 30/33	Lopez, Rayilaldo I. (The Hoholable)					
4 Date	5 Payee name					
10/15/2024	San Antonio Hispanic Chamber of Commerce					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$250.00	3006 Hudnell Dr.					
	San Antonio, TX 78226					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	4th Annual ABLDP Familia Fest sponsorship					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
07/23/2024	Slack.com					
Amount (\$)	Payee address; City; State; Zip Code					
\$46.64	500 Howard St					
	San Francisco, CA 94105					
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.					
LXI LINDITORE	Check if Austin, TX, officeholder living expense					
	Online communications platform					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
08/23/2024	Slack.com					
Amount (\$)	Payee address; City; State; Zip Code					
\$75.82	500 Howard St					
	San Francisco, CA 94105					
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 Online communications platform					
	Online communications platform					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed above	e)
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 35/39 Rpt: 51/55		Lopez, Rayr	naldo T. (The	Honorable)					00083325		
4	Date	5	Payee name									
	09/23/2024		Slack.com									
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$34.30		500 Howard	St								
			San Francis	co, CA 94105								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)		e Categories listed at nead/Rental Ex		hedule)	(5)		outsi	de of Texas. Con	plete Schedule T.	
EXPENDITURE			Office Over	icad/ixeritai L	фензе			_		officeholder livin		
								Online comm	uni	cations plat	form	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/23/2024		Slack.com									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$46.64		500 Howard	St								
			San Francis	co, CA 94105								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental E	kpense			=			plete Schedule T.	
								Online comm		officeholder livin		
								Offinite Commit	uiii	cations plai	101111	
_	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O		zarialaato/ O me	onolder name		011100 000	9			01110011		
_	Date	<u> </u>	Daysa nama									
	11/23/2024		Payee name Slack.com									
				-: O't-::	04-4-	7:- 0-	-1 -					
	Amount (\$)		Payee addres		State	e; Zip Co	ue					
	\$103.79		500 Howard	Si								
				0.4.0.4.05								
				co, CA 94105								
	PURPOSE OF	(a)		e Categories listed at		hedule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental E	kpense					officeholder livin		
								Online comm				
										-		
	Complete ONLY if direct		Candidate/Offic	eholder name	-	Office sou	ght			Office h	eld	
	expenditure to benefit C/OH											
l												

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	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: 36/39 Rpt: 52/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	12/23/2024	Slack.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.33	500 Howard St
		San Francisco, CA 94105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online communications platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/03/2024	Texas House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	PO Box 12453
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Wellisteinp adde
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/03/2024	Texas House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	PO Box 12453
	,	
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 37/39 Rpt: 53/55	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	08/05/2024	The Centre Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$189.99	112 E. Pecan St.	
		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meetings with contributors	
		Wiccumgs with contributors	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	_
	09/03/2024	The Centre Club	
			_
	Amount (\$) \$191.46	Payee address; City; State; Zip Code 112 E. Pecan St.	
	Ф191.40	112 E. Petan St.	
		Con Antonio TV 7020F	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meetings with contributors	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	10/02/2024	The Centre Club	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$177.10	112 E. Pecan St.	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meetings with contributors	
		I Weetings with continuators	
_	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

Sch: 38/39 Rpt: 54/55 Lopez, Raynaldo T. (The Honorable) 00083325	
	Commission Filers)
4 Date 5 Payee name	
11/05/2024 The Centre Club	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$263.79 112 E. Pecan St.	
San Antonio, TX 78205	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FOOD/Beverage Expense Check if travel outside of Texas. Complete Sche	edule T.
Check if Austin, TX, officeholder living expense	
Meetings with contributors	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
12/18/2024 The Centre Club	
Amount (\$) Payee address; City; State; Zip Code	
\$392.21 112 E. Pecan St.	
San Antonio, TX 78205	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Check if travel outside of Texas. Complete Sche	edule T.
Check if Austin, TX, officeholder living expense Meetings with contributors	
modange man centandatere	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 08/13/2024 The Rose Boutique	
Date Payee name 08/13/2024 The Rose Boutique Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 08/13/2024 The Rose Boutique	
Date 08/13/2024 Amount (\$) Payee name Payee address; City; State; Zip Code \$221.91 Payee address; City; State; Zip Code	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code 955 Cincinatti Ave San Antonio, TX 78201	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	edule T.
expenditure to benefit C/OH Date 08/13/2024 Amount (\$) Payee name The Rose Boutique Payee address; City; State; Zip Code 955 Cincinatti Ave San Antonio, TX 78201 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	edule T.
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 Payee address; City; State; Zip Code \$221.91 Payee address; City; State; Zip Code \$221.91 Purpose OF OF Gift/Awards/Memorials Expense (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 Payee address; City; State; Zip Code \$221.91 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Sche	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if ravel outside of Texas. Complete Schellen Check if Austin, TX, officeholder living expense Bereavement flowers for constituen Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule)	
Date 08/13/2024 Payee name The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$221.91 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if ravel outside of Texas. Complete Schellen Check if Austin, TX, officeholder living expense Bereavement flowers for constituen Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 39/39 Rpt: 55/55	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	07/02/2024	Vargas III, Robert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	633 S. St. Mary's St.
		#1503
		San Antonio, TX 78205
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 Data
		Campaigh Data
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/19/2024	Vargas III, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	633 S. St. Mary's St.
		#1503
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Community over
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/17/2024	Westside Stories
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	6718 Westfield Blvd.
		San Antonio, TX 78227
	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 Photographer for event
		Thotographer for event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	