#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057957 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Joe Lopez CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Alejandro NAME NICKNAME LAST **SUFFIX** Perez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 722-8613 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge (Multi-county) District 49 Webb & Zapata District Judge (Multi-county) District 49

Forms provided by Texas Ethics Commission

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Version V4.1.0.f10d0fd8

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Lopez, Jose A. (The	Honorable)		<b>14</b> Filer ID 00057957	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus s may have been made without equired to report this information	the candidate's or off	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		\$, <b>\$</b>	0.00
		ICAL CONTRIBU	<b>JTIONS</b> 5, OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	·	IZED POLITICAL E		- /	\$	88.31
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	12,906.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	38,035.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	of perjury, that the all information require	accompanying d to be report	J report is ed by me
			The Hon	orable Jose A. Lop	oez	
			Signature of	Candidate or Officel	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath

## SUBTOTALS - JC/OH

# FORM **JC/OH** COVER SHEET PG 3

			CC	3 of 18
l	ER NAN oez, Jo	ME se A. (The Honorable)	<b>19</b> Filer ID 00057957	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 12,906.95
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	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 4/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	06/23/2025	AT & T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$258.33	5704 San Bernardo
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	cell phone, mifi service Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cell phone service, equipment and mifi service for
		and on behalf of officeholer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2025	AT & T
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.33	5704 San Bernardo
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	wifi phone service Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		wifi cellphone service for office holder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/21/2025	AT & T
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.15	5704 San Bernardo
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Callphone wifi service  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	cellphone wifi service Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		cellphone service, equipment and wifi service for and
L		on behalf of office holder
	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 Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment	mmittee	Legal Services Salaries/Wages/Contract Labor OTHER (enter a categor  The Instruction Guide explains how to complete this form.								bove)	
		_			uide expiains n	low to cor	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/15 Rpt: 5/18		Lopez, Jose	A. (The Honor	able)					00057957		
4	Date	5	Payee name									
	03/21/2025		AT & T									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$258.31		5704 San B	ernardo								
			Laredo, TX	78041								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		cellphone w		·	·		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								cellphone ser			nt and wifi serv	ice for and
								on benan or c	лпс	e noidei		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	experioration benefit C/Or											
	Date		Payee name									
	04/22/2025		AT & T									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$258.31		5704 San B	ernardo								
			Laredo, TX	78041								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		cellphone w	ifi service				<b>=</b>			nplete Schedule T.	
								ш		officeholder livin		ica for and
								on behalf of c			nt and wifi serv	ice ioi and
	Complete ONL V if direct	Ц	Condidate/Offi	achalder name	0:	ffice cour	abt			Office b	old	
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Oni	ceholder name	O	ffice sou	gni			Office h	eiu	
_		_										
	Date		Payee name									
	03/04/2025		American In									
	Amount (\$)		Payee addres			Zip Co	de					
	\$300.00		1300 Victori	a Steet Suite 2	267 Courtroc	om 3B						
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				ш			nplete Schedule T.	
			Candidate/C	Officeholder/Pol	itical Commi	ttee		_		officeholder livin	g expense of a legal soci	ioty on
								behalf of offic			oi a iegai soci	ety on
_	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name	<u> </u>	ffice soug	aht			Office h	eld	
	expenditure to benefit C/O		Januluale/OIII	cholder Haille	O	mee soul	giil			Onice II	ciu	

## 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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 3/15 Rpt: 6/18	Lopez, Jose A. (The Honorable) 00057957	
4	Date	5 Payee name	
	04/03/2025	Celebration Shoppe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	706/Tx Hwy 16	
		Zapata, TX 78076	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  L Check if Austin, TX, officeholder living expense funeral sprays for constituents on behalf of	
		officeholder	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
_	Date	Payee name	=
	05/13/2025	Cork & Pig	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$51.42	5224 N O'Connor Blvd	
	ΨΟΣΤΔ	J224 N O COING BIVE	
		Irving, TX 75039	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		meal for office holder at Regional Conference	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-	Date	Payee name	=
	03/20/2025	Garza Floral and Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$162.34	5901 Mcpherson	
	<b>\$102.0</b> 1	Ste 1A	
		Laredo, TX 78045	
	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
	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	
		funeral sprays for constituents on behalf of	
		officeholder	
	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 Candidate/Officeholder/Political Con-

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorial Legal Services  The Instruction C	•		Vages	/Contract Labor		Travel Out of D OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commission Filers)
_	Sch: 4/15 Rpt: 7/18	_		A. (The Hono	rable)					00057957	(
4	Date	5	Payee name								
	03/26/2025		Garza Flora	and Gift Shop	)						
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	ode				
	\$162.33		5901 Mcphe	erson							
			Ste 1A								
			Laredo, TX	78045							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description			
	OF			s/Donations M		oudio)		_ `	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE			Officeholder/Po		nittee		_		officeholder livin	
									s fo	or constitue	nts on behalf of
								officeholder			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld
	Date		Payee name								
	01/15/2025		Laredo Colle	ege							
	Amount (\$)	H	Payee addres	ss; City;	State;	; Zip Co	de				
	\$500.00		west end W	ashington St.							
				J							
			Laredo, TX	78040							
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description			
	EXPENDITURE			s/Donations M	•			<b>=</b>			nplete Schedule T.
			Candidate/C	Officeholder/Po	litical Comm	iittee		<b>—</b>		officeholder livin	g a scholarship fund paid
								and on behal			
	Complete ONLY if direct		 Candidate/Offic	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/04/2025		Laredo Web	b County Bar	Association						
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	ode				
	\$200.00		1120 Matam	noros							
			Laredo, TX	78040							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations M				ш			mplete Schedule T.
	-		Candidate/C	Officeholder/Po	litical Comm	nittee				officeholder livin	
								Noche de Ag	uve	, iui iui aiSiH	y event
_	Complete ONLY if direct	Ц,	Candidate/Offic	oholder neme		Office acti	abt			Office h	vold
	Complete ONLY if direct expenditure to benefit C/OI		Janunate/Offic	enoluel näme	(	Office sou	ıyrıl			Onice n	ıcıu
	•										

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T. 1 01 11 F4	
1	Total pages Schedule F1: Sch: 5/15 Rpt: 8/18	2 FILER NAME Lopez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057957
4		
4	Date	5 Payee name
	03/25/2025	Leon Ramirez Florists
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.90	1700 san Bernardo
		L - L TV 70040
		laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		funeral sprays for constituents on behalf of
		officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/OI	
_		
	Date	Payee name
	05/28/2025	Leon Ramirez Floritsts
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.63	1700 San Bernardo
		Loredo TV 70040
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		funeral sprays for constituents on behalf of officeholder
		Officeriolder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/30/2025	Liendo, Oscar (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1110 Victoria St. Ste. 103
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		local community fundraising event paid by
		officeholder
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

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		Legal Services  The Instruction Guide e	Salaries/	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/15 Rpt: 9/18	Lopez, Jose	e A. (The Honorable)					00057957	
4	Date	5 Payee name							
	04/09/2025	Longhorn S	teakhouse						
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$219.08	5301 San D	ario Ave						
		Laredo, TX	78041						
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense					de of Texas. Com officeholder living	plete Schedule T.
						_			ed by officeholder
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	<u>I</u> ught			Office he	eld
	Date	Payee name							
	05/27/2025	Mexico Lind	lo						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$57.23	2119 San B	ernardo Ave						
		Laredo, TX	78040		,				
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense					de of Texas. Com officeholder living	plete Schedule T.
						ш			vided by office holder
						2.00	•	oo otaa. p.o	riaca by cinico neide.
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	<b>l</b> ught			Office he	eld
	Date	Payee name			_		_		
	06/24/2025	Nothing Bu	ndt Cake						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$51.78	2019 E. De	Mar						
		#300							
		Laredo, TX	78040						
	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schodula)	(b)	Description			
	OF		/Memorials Expense		`_'		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					_		officeholder living	
									by buying a cake on
						behalf of offic	en.	oiuei	
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
L	expenditure to benefit C/O	<b>1</b>							

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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		mmittee	Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	category not liste	d above)
	Credit Card Fayment			The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 7/15 Rpt: 10/18		Lopez, Jose	A. (The Honor	able)					00057957		
4	Date	5	Payee name									
	06/24/2025		Nothing Bur	ndt Cake								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
•	\$51.75	ľ	2019 E. Del		O totto,	p						
	4020		#300									
				70040								
		L	Laredo, TX			-						
8	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description				
	EXPENDITURE		Gift/Awards	/Memorials Exp	ense			<b>=</b>		de of Texas. Com officeholder living		
								celebration of				em a cake
								on behalf of c			.,,	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ot	ffice sou	aht			Office he	əld	
•	expenditure to benefit C/OI		ourandato, om		0.		9			000 1		
	Date	Т	D									
	03/17/2025		Payee name	rill								
		┞	Palenque G									
	Amount (\$)		Payee addres		State;	Zip Co	ae					
	\$75.19		4615 San B	ernardo Ave								
			Laredo, TX	78041								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				<b>=</b>		de of Texas. Com officeholder living		
								lunch with co				nd Oscar
								Lopez			a.o _opo_ a	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	aht			Office he	eld	
	expenditure to benefit C/OI											
	Date	Т	Payoo namo									
	06/13/2025		Payee name Private Ride	Service								
					Ctoto	7in Co	do					
	Amount (\$) \$45.00		Payee addres		State,	Zip Co	ue					
	<b>Φ45.00</b>		2400 Avialic	וט ווט								
			DEM A									
			DFW Airpor									
	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description		d4.T O	alaka Oakaakila T	
	EXPENDITURE		Expense	ion Equipment	And Related					de of Texas. Com officeholder living		
			Ехрепас					Transportatio				ort to hotel
								for Regional (				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI						J			233 110	-	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		kpens /ages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/15 Rpt: 11/18		Lopez, Jose	A. (The Honor	able)					00057957	
4	Date	5	Payee name								
L	06/06/2025		San Antonio	Express News	S						
6	Amount (\$)	7	Payee addres		State;	Zip Co	de				
	\$88.00		420 Broadw	ay							
			San Antonic	o, TX 78205							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Regional pu					<b>=</b>		de of Texas. Com	
								ш		officeholder living	spaper digital for use by
								officeholder.			spaper digital for use by
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office he	eld
Ĺ	expenditure to benefit C/Oh		Janaidato/Olli	Jonoldon Hame		oc 30u	9111			Since he	
	Date		Payee name								
	04/08/2025		Santos, Sylv	/ia							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$150.00		200 E. 7th S	Street							
			Zapata, TX	78076							
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma		:		<b>=</b>		de of Texas. Com	
			Candidate/C	Officeholder/Pol	iticai Comm	ittee		_		officeholder living	office annual event for
								regional distri			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OH	Н									
	Date		Payee name								
	05/12/2025		St. Augustin	e School							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$500.00		1300 Galve	ston							
L			Laredo, TX	78040							
	PURPOSE	(a)		e Categories listed at t		edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma		:++				de of Texas. Com	•
			Canuldate/C	Officeholder/Pol	ılıcai Comm	шее		Donation to s		officeholder living Dlarship func	
								officeholder			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O	Н									

### 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

1 Total pages Schedule F1: 2 FILER NAME   Lopez, Jose A. (The Honorable)   3 Filer ID (Effics Commission Filers)		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Gift/Awards/Memorial Legal Services  The Instruction C	·		/ages/	/Contract Labor		Travel Out o OTHER (ent		rict category not listed above)
Sch: 9/15 Rpt: 12/18   Lopez, Jose A. (The Honorable)   00057957    1 alte	1	Total nagge Schodule F1.	2	EII ED NIAME							Eiler ID		(Ethics Commission Eilars)
4 Date 06/09/2025 5 Payee name Team Mobile  6 Amount (\$) 7 Payee address; City; State; Zip Code S110 McPherson Rd Unit 7 Laredo, TX 78041  8 PURPOSE EXPENDITURE  (A) Category (see Categories listed at the top of this schedule) Phone, plone, service staff, political staff, for and on behalf of office holder name 05/13/2025 Payee address; City; State; Zip Code S13/2025 Payee address; City; State; Zip Code S13/2025 Payee address; City; State; Zip Code S13/2025 Payee address; City; State; Zip Code S27/2025 Payee address; City; State; Zip Code Payee Address; City	*					rahla)						57	(=4.165 COMMINSSION   11615)
Team Mobile	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Ļ	-								, ,	
7 Payee address: City; State: Zip Code	4		5	•									
\$311.75   Sind McPherson Rd Unit 7   Laredo, TX 78041		06/09/2025	L	ream Mobil	e 								
Unit 7   Laredo, TX 78041	6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de_					
Laredo, TX 78041		\$311.75		5110 McPh	erson Rd								
B PURPOSE OF EXPENDITURE				Unit 7									
Purpose Of Expenditure   Phone   Cell phone   Service   Phone   Cell phone   Service   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, T.X. officeholder living expense				Laredo, TX	78041								
Check if travel outside of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder of Treas. Complete Schedule T.   Check if Austin, TX, officeholder Treas. Complete Schedule T.   Check if Austin, TX, officeholder Treas. Complete Schedule T.   Check if Trease Date	8		(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
Check if Aussin, TX, officeholder living expense cell phone, phone, services staff, political staff, for and on behalf of officeholder living expense cell phone, phone, services staff, political staff, for and on behalf of officeholder		OF	ĺ <sup>*</sup>				/		Check if travel of				
Complete ONLY if direct expenditure to benefit C/OH		EVI-FIADI I OKE							<b>—</b>				
PURPOSE ONLY if direct expenditure to benefit C/OH  Date 05/13/2025													
Date 05/13/2025									and on Delial	. 01			
Date 05/13/2025  Amount (\$) \$75.00  Payee address; City; State; Zip Code \$75.00  \$20 Austin, TX 78701  PURPOSE OF EXPENDITURE  Candidate/Officeholder name 03/26/2025  Amount (\$)  Payee address; City; State; Zip Code  (a) Category (see Categories listed at the top of this schedule) Registration fee  Complete ONLY if direct expenditure to benefit C/OH  Date 03/26/2025  Amount (\$)  Payee name 03/26/2025  Texas Ethics Commission  Payee address; City; State; Zip Code  \$3,000.00  \$3,000.00  Payee address; City; State; Zip Code  P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) fees ann/or fines  (b) Description    (b) Description   (c) Description   (c) Code (b) Check if ravel outside of Texas. Complete Schedule of Check if Check	9			Candidate/Offi	ceholder name	(	Office sou	ght			Office	e hel	ld
Date   Payee name   O3/26/2025   Texas Ethics Commission     Amount (\$)   Payee address; City; State; Zip Code	_		_					_		_			
Amount (\$)		Date		Payee name				_		_		_	
\$75.00   1210 San Antonio   Suite 800   Austin, TX 78701    PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Registration fee   Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held    Date	L	05/13/2025		Texas Cent	er for the Judic	iary		_		_			
Suite 800 Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Registration fee  (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Registration fee for Regional Conference for Office Holder  Complete ONLY if direct expenditure to benefit C/OH  Date 03/26/2025  Payee name 03/26/2025  Texas Ethics Commission  Amount (\$) Payee address; City; State; Zip Code  \$3,000.00  \$3,000.00  P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if faustin, TX, officeholder living expense		Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Registration fee  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration fee for Regional Conference for Office Holder  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name Texas Ethics Commission  Amount (\$) Payee address; City; State; Zip Code \$3,000.00 P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		\$75.00		1210 San A	ntonio								
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Registration fee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration fee for Regional Conference for Office Holder  Office held  Office held  Payee name 03/26/2025  Amount (\$) Payee address; City; State; Zip Code \$3,000.00 Payee address; City; State; Zip Code P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description    (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense				Suite 800									
Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Registration fee for Regional Conference for Office				Austin, TX 7	'8701								
Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Registration fee for Regional Conference for Office			(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
Complete ONLY if direct expenditure to benefit C/OH  Date 03/26/2025  Amount (\$)  Payee address; City; State; Zip Code \$3,000.00  P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office sought Office held  Office held  Office held  Office sought Office held  Offi		_							Check if travel of				
Complete ONLY if direct expenditure to benefit C/OH  Date O3/26/2025 Payee name Texas Ethics Commission  Amount (\$) Payee address; City; State; Zip Code P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  Holder  Office sought Office held  Office held  Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									ш				
Date 03/26/2025 Payee name Texas Ethics Commission  Amount (\$) Payee address; City; State; Zip Code \$3,000.00 P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										iee	ıvı Kegic	ııal	Connecence for Office
Date 03/26/2025  Payee name Texas Ethics Commission  Amount (\$) Payee address; City; State; Zip Code P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				Candidate/Offi	ceholder name	(	Office sou	ght			Office	e hel	ld
O3/26/2025  Texas Ethics Commission  Amount (\$)		·	_										
Amount (\$)  \$3,000.00  P. O. Box 12070  Capital Station  Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				,	- 0.00								
\$3,000.00 P. O. Box 12070 Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			$oxed{oxed}$										
Capital Station Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ı	•	•	State	e; Zip Co	de					
Austin, TX 78711  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		\$3,000.00											
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) fees ann/or fines  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				Capital Stat	ion								
OF EXPENDITURE fees ann/or fines Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				Austin, TX 7	78711								
FEXPENDITURE  fees ann/or fines  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
Check if Austin, 1 X, officenoider living expense									ш				
tees or tines on benair or officeholder		_/DITORE							_				
									iees of tines (	บท	nengii 0f	UIII(	CELIOIUEI
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if alice at	ب	Pandidate/Off	apholdor name		Office or	nb+			Ott	a hr'	Id
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				Januluate/Offi	cenolaer name	(	Office Sou	grit			OTTICE	e nei	iu

### 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: 10/15 Rpt: 13/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	02/28/2025	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P. O. Box 12070
l		Capital Station
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	fees and fines Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fees/fines paid to TEC on behalf of officeholder
		lees/lines paid to TEG on Berlair of officeriolder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	01/18/2025	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 12070
		Capital Station
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	fees or fines Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fees/fines paid on behalf o officeholder
		ices/intes paid on bentali o officeriolaer
r	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/21/2025	The Gift Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1110 Victoria
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		funeral sprays for constituents on behalf of
		officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
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## 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 11/15 Rpt: 14/18	Lopez, Jose A. (The Honorable) 00057957							
4	Date	5 Payee name							
	01/17/2025	Tlaquepaque							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$49.04	115 W Hillside Rd							
		Laredo, TX 78041							
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  Iunch with constituents Mundo Lopez and Oscar							
		Lopez							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
_	Data								
	Date	Payee name							
	05/13/2025	Two Mules Restaurant							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$33.78	501 W Las Colinas Blvd							
		Irving, TX 75039							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  meal for office holder at Regional Conference							
		medi foi office floider di Negional Comercine							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
_	Date	Davies same							
	01/28/2025	Payee name United High School Baseball Booster							
		-							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	2811 United Ave,							
		Laredo , TX 78045							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.							
		Candidate/Officeholder/Political Committee							
		fundraising efforts on behalf of officeholder							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH									

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Cabadula F1:									
1	Total pages Schedule F1:									
	Sch: 12/15 Rpt: 15/18	Lopez, Jose A. (The Honorable) 00057957								
4	Date	5 Payee name								
	02/03/2025	Washington Middle School Athletics								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$100.00	10306 Riverbank								
		Laredo, TX 78045								
Ļ										
8	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								
		Candidate/Officeholder/Political Committee								
		fundraising efforts on behalf of officeholder								
<u>_</u>	Operation Children									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
L										
	Date	Payee name								
	05/13/2025	Westin Las Colinas								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$513.45	400 W Las Colinas Blvd								
		Irving, TX 75039								
_	DUDDOS-									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T								
EXPENDITURE		Hotel Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Hotel stay for office holder during Regional								
		Conference								
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	difficultivate/Officerolider frame Office sought Office field									
L										
	Date	Payee name								
	05/13/2025	Yardhouse								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$37.64	320 W Las Colinas Blvd								
		Irving, TX 75039								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense								
	EVLEINDIIOKE	Check if Austin, TX, officeholder living expense								
		meal for office holder at Regional Conference								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/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: 13/15 Rpt: 16/18	Lopez, Jose A. (The Honorable) 00057957
4	Date	5 Payee name
	02/14/2025	alfaro, teresa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	1110 victoria st.
	l	ste 304
		laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
	l	Candidate/Officeholder/Political Committee Gifts by way of gift cards to office staff and clerks for
		xmas and valentines on behalf officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	lopez, maryel
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1110 Victoria St.
	1	ste 304
		laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
	l	Candidate/Officeholder/Political Committee
	l	of officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	04/10/2025	montes, ramon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	200 E 7th Street
	l	Sheriffs Office
		Zapata, TX 78076
	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
	1	contribution to local Sheriffs fundraising event for the
	I	community
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
Ļ		-			ide explains now t	o comp	леце		_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
	Sch: 14/15 Rpt: 17/18		Lopez, Jose	A. (The Honora	able)					00057957		
4	Date	5	Payee name									
	02/07/2025		ramirez, jua	n								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	<del></del>					
	\$200.00		1110 Victori	a St.								
			cc1									
				70040								
		L	laredo , TX									
8	PURPOSE OF	(a)		e Categories listed at th		(b	) D	escription				
	EXPENDITURE			s/Donations Ma			F	Check if travel of Check if Austin,			mplete Schedule T.	
			Candidate/C	Officeholder/Poli	licai Commillee		L d	_			g efforts on behalf of	
								fficeholder	ou.	ranarationing	g chorte on bonan or	
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name	Office	sough				Office h	vold	
9	expenditure to benefit C/OI		Januluale/Onic	centituer name	Office	Sougn	IL			Office fi	leiu	
		_										
	Date		Payee name									
	05/09/2025		tmobile									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	)					
	\$311.75		5110 Mcphe	erson								
			Ste. 7									
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ue ton of this schedule)	(b	) D	escription				
	OF			nd equipment	io top or time concurre)			_ :	outsio	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		•					Check if Austin,				
								nonthly cellph nd political st			ipment for office holder	
							aı	nu ponticai si	ıaı			
Complete ONLY if direct			Candidate/Offic	ceholder name	Office	sough	it			Office h	neld	
	expenditure to benefit C/OI											
	Date		Payee name									
	01/09/2025		tmobile									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	;					
	\$286.75		5110 Mcphe	erson								
			Ste. 7									
			Laredo, TX	78040								
	BUBBOOF	(-)				l a						
	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule)	(b	) D	escription  Check if travel or	nutei	de of Tevas Cor	mplete Schedule T.	
	EXPENDITURE		celipnone ai	nd equipment			F	Check if Austin,			•	
							m	_			ipment for office holder	
								nd political s			•	
H	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	ıt			Office h	neld	
expenditure to benefit C/OH												

## 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: 15/15 Rpt: 18/18	Lopez, Jose A. (The Honorable) 00057957				
4	Date	5 Payee name				
	03/10/2025	tmobile				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$286.75	5110 Mcpherson				
		Ste. 7				
		Laredo, TX 78040				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	cellphone and equipment  Check if travel outside of Texas. Complete Schedule T.  Check if Available of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense monthly cellphone and equipment for office holder				
		and political staff				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	04/09/2025	tmobile				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$286.75	5110 Mcpherson				
		Ste. 7				
		Laredo, TX 78040				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	cellphone and equipment  Check if travel outside of Texas. Complete Schedule T.  Check if Avertin TX officeholder living averages				
		Check if Austin, TX, officeholder living expense monthly cellphone and equipment for office holder				
		and political staff				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						
	Date	Payee name				
	06/24/2025	vivint				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$594.90	4931 north 300 West				
		Provo, UT 84604				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	security cameral, alarm etc.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		6 months worth of security monitoring, alarm and				
		cameras for officeholder				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					