CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00083325		2 Total pages f	iled: 77
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable F	Raynaldo T.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME L	 .AST		SUFFIX	07/14/2025	
		_opez		JUFFIX	0172 172020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CITY	/ ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	7015 Quiet Ridge Walk				Receipt #	Amount
ADDRESS					receipt "	Amount
Change of Address	San Antonio, TX 78250-354	4			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI	-	
TREASURER NAME	Mr. A	ndrew J.				
	NICKNAME L	AST		SUFFIX		
	Andy G	Greene				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP ⁻	T / SUITE #; CITY	; ST	ATE; ZIP CODE
TREASURER ADDRESS	5642 Timber Steep					
(Residence or Business)	San Antonio, TX 78250-590	3				
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(210) 520-9412					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
				_	appointment (off	
	X July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T. I	DOLLOLL	Month Day	Year	
COVERED	01/01/2025	IH	ROUGH	06/30/202	25	
40 51 5051011	ELECTION DATE			EL FOTION TYPE		
10 ELECTION	ELECTION DATE Month Day Year		imary	ELECTION TYPE Runoff	Other	
	Monut Day real		imary	Kulloli	Other	
		Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	Γ (if known)	
	State Representative Distric	t 125				
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 77

13 C / OH NAME	Lopez, Raynaldo T.	The Honorable)	14 Filer ID 00083325	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	officeholder's kr	nowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш .	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	ANS,	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS					7,275.19
4. TOTAL POLITICAL EXPENDITURES					43,226.02
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	37,252.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST D	AY \$	0.00
17 AFFIDAVIT				-	
		true and corre	firm, under penalty of perjury, that thect and includes all information requir, Election Code.		
			The Heavenhie Develop T		
			The Honorable Raynaldo T Signature of Candidate or Offi	•	
			Signature of Carididate of Offi	iccriolaci	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to co	ertify which, witness my hand and	seal of office.		
Signature of offi	cer administering	Printed name of officer adm	inistering Title of	officer administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

18 FILER NAM Lopez, Ra	ME aynaldo T. (The Honorable)	19 Filer ID 00083325	(Ethics Commission Filers)					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 43,226.02					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$					

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	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: 1/74 Rpt: 4/77	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	_
	01/09/2025	AT&T Mobility	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$308.55	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.	
		Check if Austin, TX, officeholder living expense Campaign phones	
		Campaign phones	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	02/16/2025	AT&T Mobility	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$308.51	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 Austin, TX, officeholder living expense Campaign phones	
		Campaign phones	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	03/16/2025	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$308.80	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.	
		Check if Austin, TX, officeholder living expense Campaign phones	
		Sampaign priories	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Г			

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/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: 2/74 Rpt: 5/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/11/2025	AT&T Mobility
6	Amount (\$) \$316.73	7 Payee address; City; State; Zip Code P.O. Box 537104
_		Atlanta, GA 30353-7104
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign phones
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/11/2025	AT&T Mobility
	Amount (\$) \$316.73	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign phones
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2025	AT&T Mobility
	Amount (\$) \$308.74	Payee address; City; State; Zip Code P.O. Box 537104
		Atlanta, GA 30353-7104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign phones
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/74 Rpt: 6/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/14/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.30	2200 S IH-35
		Austin, TX 78704
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. Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	2200 S IH-35
		Austin, TX 78704
	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
		Lodging in Austin during session for Representative Lopez
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/16/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.90	2200 S IH-35
	4010.00	2200 0 111 00
		Austin, TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Ondition to bottom O/OI	

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/74 Rpt: 7/77	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	01/29/2025	Aiden by Best Western	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$180.00	2200 S IH-35	
		Austin, TX 78704	
8	PURPOSE OF	, -	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Lodging in Austin during session for Representative
			Lopez
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Or	1	
	Date	Payee name	
	01/29/2025	Aiden by Best Western	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$210.60	2200 S IH-35	
		Austin, TX 78704	
	PURPOSE OF	, (Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Lodging in Austin during session for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/06/2025	Aiden by Best Western	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00	2200 S IH-35	
		Austin, TX 78704	
	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
			Lodging in Austin during session for Representative
			Lopez
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
ı			

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: 5/74 Rpt: 8/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	02/06/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.60	2200 S IH-35
		Austin, TX 78704
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.
		Check if Austin, TX, officeholder living expense Lodging in Austin during session for staff
		Loughing in 7 doubling 30331011 for Stail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
=	Date	Payee name
	02/06/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.60	2200 S IH-35
	,	
		Austin, TX 78704
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for staff
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Para and a second
	Date 02/13/2025	Payee name Aiden by Best Western
		-
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 2200 S IH-35
	φ160.00	2200 S In-33
		Austin, TX 78704
	DUDDOOF	<u></u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for Representative
L		Lopez
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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

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

Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to con	•	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
l	Sch: 6/74 Rpt: 9/77	Lopez, Raynaldo T. (The Honorable)		00083325				
4	Date	5 Payee name	5 Payee name					
l	02/13/2025	Aiden by Best Western						
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de					
l	\$210.60	2200 S IH-35						
l								
l		Austin, TX 78704						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.				
l				Check if Austin, TX, officeholder living expense Lodging in Austin during session for staff				
l				Loaging in Austin during session for stan				
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held				
	expenditure to benefit C/OI		,	C60 1.616				
⊨	Date	Payee name						
l	02/20/2025	Aiden by Best Western						
┝	Amount (\$)	Payee address; City; State; Zip Coo	de					
l	\$180.00	2200 S IH-35						
l	,							
l		Austin, TX 78704						
┝	PURPOSE		(b)	Description				
l	OF	Fees	(~)	Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE			Check if Austin, TX, officeholder living expense				
l				Lodging in Austin during session for Representative Lopez				
L								
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held				
┡	•							
l	Date	Payee name						
L	02/20/2025	Aiden by Best Western						
l	Amount (\$)	Payee address; City; State; Zip Coo	de					
l	\$210.60	2200 S IH-35						
l		Avertin TV 70704						
L		Austin, TX 78704						
l	PURPOSE OF	, ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense				
l				Lodging in Austin during session for staff				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held				
L	expenditure to benefit C/OI	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 com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/74 Rpt: 10/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name	_	-
	02/27/2025	Aiden by Best Western		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$210.60	2200 S IH-35		
		Austin, TX 78704		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees	1	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense Lodging in Austin during session for staff
				Loughly in Austin during session for stain
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O			Cilide Held
_	Date	Payee name	_	
	02/27/2025	Aiden by Best Western		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$270.00	2200 S IH-35	,	
	Ψ210.00	2230 0 111 00		
		Austin, TX 78704		
	PURPOSE	(6) 6	<u></u>	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	i	Check if Austin, TX, officeholder living expense
				Lodging in Austin during session for Representative
				Lopez
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	experialiture to benefit C/O	'	_	
	Date	Payee name		
	03/06/2025	Aiden by Best Western		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$270.00	2200 S IH-35		
		Austin, TX 78704		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	o)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lodging in Austin during session for Representative
				Lopez
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	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		Legal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/74 Rpt: 11/77	Lopez, Ray	naldo T. (The Honor	able)				00083325	
4	Date	5 Payee name							
	03/06/2025	Aiden by Be	est Western						
6	Amount (\$) \$210.60	7 Payee addre 2200 S IH-3 Austin, TX	35	State; Zip C	ode				
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=		de of Texas. Com	
						Lodging in Au		officeholder living	
						Loughly III At	JSU	ir during ses	sion for stan
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	l ught			Office he	eld
	Date	Payee name							
	03/12/2025	Aiden by Be	est Western						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$210.60	2200 S IH-3	35						
		Austin, TX	78704						
	PURPOSE OF	1	ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Fees				=		de of Texas. Com officeholder living	
						Lodging in Au			
						_oagg /		uug 000	
	Complete ONLY if direct expenditure to benefit C/Ol		ceholder name	Office so	I ught			Office he	eld
	Date	Payee name							
	03/13/2025	Aiden by Be	est Western						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$270.00	2200 S IH-3							
		Austin, TX	78704						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Fees						de of Texas. Com officeholder living	
									sion for Representative
						Lopez	JOU	ii duiliig Ses	sion for representative
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	laht			Office he	ald.
	expenditure to benefit C/OI		CONTROL HAITIE	Office 500	agrit			Office He	JIQ.

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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/W	pense /ages/Contr		Travel in Distr Travel Out of OTHER (enter	
1	Total pages Schedule F1:	2 FILER NAM	 1E			<u> </u>	3 Filer ID	(Ethics Commission Filers)
	Sch: 9/74 Rpt: 12/77		 ynaldo T. (The Honora	ble)			00083325	
4	Date	5 Payee nam	e			I		
	03/20/2025	,	Best Western					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de			
	\$210.60	2200 S IH						
		Austin, TX	78704					
8	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b) Des	cription		
	OF EXPENDITURE	Fees		,				omplete Schedule T.
	_// _// _// _//						TX, officeholder livi	
					Lou	igirig ili Aus	sun uunng Si	ession for staff
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	nht		Office	held
_	expenditure to benefit C/OI		moonoider name	Office 300	giii		Onice	TIGIG
	Date	Payee nam						
L	03/20/2025	Aiden by E	Best Western					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
	\$270.00	2200 S IH	-35					
		Austin, TX	78704					
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b) Des			-
	OF EXPENDITURE	Fees					utside of Texas. Co TX, officeholder liv	omplete Schedule T.
								ession for Representative
					Lop		Gainig 0	
	Complete ONLY if direct		fficeholder name	Office sou	ght		Office	held
	expenditure to benefit C/OI	-						
	Date	Payee nam	e					
L	03/27/2025	Aiden by E	Best Western					
	Amount (\$)	Payee addr		State; Zip Co	de			
	\$270.00	2200 S IH	-35					
L		Austin, TX	78704					
	PURPOSE OF	(a) Category	See Categories listed at the top of	this schedule)	(b) Des			
	OF EXPENDITURE	Fees					utside of Texas. Co TX, officeholder livi	omplete Schedule T.
								ession for Representative
					Lop			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ght		Office	held
	expenditure to benefit C/O	4						

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: Sch: 10/74 Rpt: 13/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 03/27/2025	5 Payee name Aiden by Best Western
6	Amount (\$) \$603.72	7 Payee address; City; State; Zip Code 2200 S IH-35 Austin, TX 78704
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 Lodging in Austin during session for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/30/2025	Payee name Aiden by Best Western
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 2200 S IH-35 Austin, TX 78704
	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 Lodging in Austin during session for Representative Lopez
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/01/2025	Payee name Aiden by Best Western
	Amount (\$) \$105.30	Payee address; City; State; Zip Code 2200 S IH-35
		Austin, TX 78704
	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 Lodging in Austin during session for staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 11/74 Rpt: 14/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		·
	04/02/2025	Aiden by Best Western		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$180.00	2200 S IH-35		
		Austin, TX 78704		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lodging in Austin during session for Representative
				Lopez
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/03/2025	Aiden by Best Western		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$212.40	2200 S IH-35		
		Austin, TX 78704		
	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
				Lodging in Austin during session for staff
	0 1: 0.11.7.7.1.			0" 111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ıgnt	Office held
	·			
	Date	Payee name		
	04/07/2025	Aiden by Best Western		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$91.80	2200 S IH-35		
		Austin, TX 78704		
	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
				Lodging in Austin during session for Representative
				Lopez
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	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

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: 12/74 Rpt: 15/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/07/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.10	2200 S IH-35
		A
Ļ		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· .	
	Date 04/10/2025	Payee name Aiden by Best Western
L		
	Amount (\$) \$183.60	Payee address; City; State; Zip Code 2200 S IH-35
	Ψ100.00	2200 3 111 03
		Austin, TX 78704
\vdash	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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for Representative Lopez
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/15/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.10	2200 S IH-35
		Austin, TX 78704
	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
		Lodging in Austin during session for staff
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experionale to beliefft C/OI	·

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed above)	
	ordan dara r aymoni			The Instruction	Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 13/74 Rpt: 16/77		Lopez, Rayr	naldo T. (The	Honorable)					00083325		
4	Date	5	Payee name									
	04/17/2025		Aiden by Be	st Western								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$455.94		2200 S IH-3	5								
			Austin, TX 7	'8704								
8	PURPOSE	(a)			4 Alo - 4	de e els d'es	(b)	Description				_
ľ	OF	(")	Fees	e Categories listed a	it the top of this sc	cnedule)	(2)	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003					Check if Austin,	, TX,	officeholder livin	g expense	
								Lodging in Au	ısti	n during se	ssion for Representativ	е
								Lopez				
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									=
	04/17/2025		Aiden by Be	st Western								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$214.20		2200 S IH-3	5								
			Austin, TX 7	'8704								
	PURPOSE	(a)		e Categories listed a	4 41- 4 4 41-1	de e els de la	(b)	Description				
	OF	(",	Fees	e Categories listed a	it the top of this sc	rnedule)	(~)	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 000					Check if Austin,	TX,	officeholder livin	g expense	
								Lodging in Au	ısti	n during se	ssion for staff	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	04/23/2025		Aiden by Be	st Western								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$93.30		2200 S IH-3	5								
			Austin, TX 7	'8704								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Fees			,		Check if travel of			mplete Schedule T.	
	EXPENDITORE							ш		officeholder livin		
								Lodging in Au Lopez	ısti	n during se	ssion for Representativ	9
								Lopez				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	experientare to beliefft G/OI											

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 comple	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission F	ilers)
	Sch: 14/74 Rpt: 17/77	Lopez, Raynaldo T. (The Honorable)	00083325	
4	Date	5 Payee name		
	04/23/2025	Aiden by Best Western		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$107.10	2200 S IH-35		
		Austin, TX 78704		
8	PURPOSE		Description .	
°	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	. 333	Check if Austin, TX, officeholder living expense	
			Lodging in Austin during session for staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
٦	expenditure to benefit C/OI		Office field	
-	Date	Payee name		
	04/25/2025	Aiden by Best Western		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$182.10	2200 S IH-35		
		Austin, TX 78704		
	PURPOSE OF	, , ,	Description	
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			Lodging in Austin during session for Represen	tative
			Lopez	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	experientare to benefit or or	'		
	Date	Payee name		
	04/25/2025	Aiden by Best Western		
	Amount (\$) \$214.20	Payee address; City; State; Zip Code 2200 S IH-35		
	ΨΖ14.20	2200 3 117-33		
		Austin, TX 78704		
	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	
			Lodging in Austin during session for staff	
			-	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Br
Contributions/ Donations Made By - Gift/Awa

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

	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: 15/74 Rpt: 18/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/28/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.80	2200 S IH-35
		Austin, TX 78704
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.
		Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for Representative Lopez
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	04/28/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.10	2200 S IH-35
		Austin, TX 78704
	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
		Lodging in Austin during session for staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
\vdash	Date	Payee name
	05/01/2025	Payee name Aiden by Best Western
\vdash		
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.20	2200 S IH-35
		A . (f.) TV 70704
		Austin, TX 78704
	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
		Lodging in Austin during session for staff
		Loaging in Additioning occording in 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 -

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: 16/74 Rpt: 19/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/02/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.40	2200 S IH-35
		Austin, TX 78704
8	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 Lodging in Austin during session for Representative
		Lopez Lopez
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	05/06/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.80	2200 S IH-35
	Ψ31.00	2200 0 111 00
		Austin, TX 78704
	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 Lodging in Austin during session for Representative
		Lopez
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/06/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.10	2200 S IH-35
	4101.10	2200 0 111 00
		Austin, TX 78704
	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.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for staff
_	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 L	egal Services The Instruction Guide exp	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 17/74 Rpt: 20/77	Lopez, Rayn	aldo T. (The Honora	ıble)				00083325	
4	Date	5 Payee name							
	05/10/2025	Aiden by Bes	st Western						
6	Amount (\$) \$386.58	7 Payee address 2200 S IH-35 Austin, TX 78	5	State; Zip Co	ode				
8	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=			plete Schedule T.
						—		officeholder living n during ses	ssion for Representative
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sou	ight			Office he	eld
	Date	Payee name							
	05/10/2025	Aiden by Bes	st Western						
	Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
	\$451.01	2200 S IH-35	5						
		Austin, TX 78	3704		Las				
	PURPOSE OF	•	Categories listed at the top of	this schedule)	(b)	Description	outoi	do of Toyon Com	unloto Cohodulo T
	EXPENDITURE	Fees				=		officeholder living	plete Schedule T. g expense
						Lodging in Au			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sou	ıght			Office he	eld
	Date	Payee name							
	05/13/2025	Aiden by Bes	st Western						
	Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
	\$107.10	2200 S IH-35	5						
		Austin, TX 78	3704						
	PURPOSE OF		Categories listed at the top of	this schedule)	(b)	Description	a	do of Toy O	splata Cabadula T
	EXPENDITURE	Fees						de of Texas. Com officeholder living	plete Schedule T. g expense
						Lodging in Au			
						5 5		J	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sou	ight			Office he	eld
							_		
_							_		

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: 18/74 Rpt: 21/77	Lopez, Raynaldo T. (The Honorable)	00083325				
4	Date	5 Payee name	•				
	05/16/2025	Aiden by Best Western					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$107.10	2200 S IH-35					
		Austin, TX 78704					
8	PURPOSE OF		Description				
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Lodging in Austin during session for staff				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	1					
	Date	Payee name					
	05/19/2025	Aiden by Best Western					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$107.10	2200 S IH-35					
		Austin, TX 78704					
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description				
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Lodging in Austin during session for staff				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
	Date	Payee name					
	05/19/2025	Aiden by Best Western					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$91.80	2200 S IH-35					
		A TV 70704					
		Austin, TX 78704					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) I Fees	Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	l lees	Check if Austin, TX, officeholder living expense				
			Lodging in Austin during session for Representative				
			Lopez				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	experientare to benefit 6/01	•					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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: 19/74 Rpt: 22/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/23/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.40	2200 S IH-35
		Austin, TX 78704
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.
		Check if Austin, TX, officeholder living expense
		Lodging in Austin during session for Representative Lopez
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/24/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$451.01	2200 S IH-35
	,	
		Austin, TX 78704
	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
		Lodging in Austin during session for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$428.40	2200 S IH-35
		Austin, TX 78704
	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
		Lodging in Austin during session for 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 -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	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: 20/74 Rpt: 23/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/01/2025	Aiden by Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$681.36	2200 S IH-35
		Austin, TX 78704
8	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
		Lodging in Austin during session for Representative
		Lopez
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Aiden by Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$459.00	2200 S IH-35
		Austin, TX 78704
	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
		Lodging in Austin during session for Representative
		Lopez
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	01/06/2025	Payee name Amiga Cafe
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.72	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Staff meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

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

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

Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

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:	
	Sch: 21/74 Rpt: 24/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/17/2025	Amiga Cafe
6	Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 5309 Wurzbach #115 San Antonio, TX 78238
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Staff meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Amiga Cafe
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5309 Wurzbach #115 San Antonio, TX 78238
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Staff meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/08/2025	Payee name Amiga Cafe
	Amount (\$) \$56.79	Payee address; City; State; Zip Code 5309 Wurzbach #115 San Antonio, TX 78238
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Staff appreciation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 22/74 Rpt: 25/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	02/16/2025	Amiga Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.00	5309 Wurzbach
		 #115
		San Antonio, TX 78238
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 Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	02/28/2025	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/11/2025	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.00	5309 Wurzbach
	4000	#115
		San Antonio, TX 78238
	DUDDOCE	
	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	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	1

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: 23/74 Rpt: 26/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/11/2025	Amiga Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.08	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
		Cian meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	06/19/2025	Amiga Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	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
		Coan mooting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	01/20/2025	Canva.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.76	Surry Hills
		2/2 Lacey St
		Australia
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		☐ Check if Austin, TX, officeholder living expense Digital Marketing templates/tutorials, etc.
		Digital Marketing templates/tutorials, etc.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		

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:		Filore\
1	Total pages Schedule F1: Sch: 24/74 Rpt: 27/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission 00083325	riieis)
_	•		
4	Date	5 Payee name	
L	04/20/2025	Canva.com Canva.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$239.16	Surry Hills	
		2/2 Lacey St	
		Australia	
Ļ	DUDDOGE		
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	
		Digital Marketing templates/tutorials, etc.	
		Signal maintaing templates automats, etc.	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O		
L	· 		
	Date	Payee name	
	04/25/2025	Capitol Extension Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.60	1400 Congress Ave	
		#E1.006	
		Austin, TX 78701	
	DUDDOCE	The state of the s	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		End of session gifts for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Data	Davida marta	
	Date	Payee name Conitol Extension Cift Shop	
	05/10/2025	Capitol Extension Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$391.87	1400 Congress Ave	
		#E1.006	
		Austin, TX 78701	
	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	
		End of session gifts for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B' Candidate/Officeholder/Politica Credit Card Payment	al Committee 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)
	The Instruction Guide explains h	ow to complete this form.	<u> </u>
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 25/74 Rpt: 28/77	Lopez, Raynaldo T. (The Honorable)		00083325
4 Date	5 Payee name		
06/27/2025	City of Leon Valley		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$350.00	6400 El Verde Rd. San Antonio, TX 78238		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Event Expense	Check if travel	outside of Texas. Complete Schedule T.
EXI ENDITORE			n, TX, officeholder living expense
		July 4th in the	e Park sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
03/10/2025	Dominguez, Amor		
Amount (\$)	Payee address; City; State;	Zip Code	
\$100.00	5143 Crow Wing Dr.	2.p 0000	
Ψ100.00	3143 Glow Willig Dr.		
	San Antonio, TX 78242		
PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	<u></u>	outside of Texas. Complete Schedule T.
EXI ENDITORE			n, TX, officeholder living expense
		District office	custodial
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
03/31/2025	Dominguez, Amor		
Amount (\$)	-	Zip Code	
\$50.00	5143 Crow Wing Dr.	Zip Code	
Ψ30.00	3143 Glow Willig Dr.		
	San Antonio, TX 78242		
PURPOSE	(a) Category (See Categories listed at the top of this sche-	dule) (b) Description	
OF	Office Overhead/Rental Expense	····/	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living expense
		District office	custodial
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 26/74 Rpt: 29/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/14/2025	Dominguez, Amor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
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
		District office custodial
		District office descental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	04/21/2025	Dominguez, Amor
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
	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
		District office custodial
		2.58.164 5.1165 5.8355.846.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/29/2025	Dominguez, Amor
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
Г	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 District office custodial
		District office custodial
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/74 Rpt: 30/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/12/2025	Dominguez, Amor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
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
		District office custodial
		District office edistedial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
L	05/28/2025	Dominguez, Amor
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
	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
		District office custodial
		Biothet office education
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Data	
	Date	Payee name
	06/10/2025	Dominguez, Amor
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		District office custodial
dash	Operation ONE VIII II	Our file to 10 ff and a later a second at the control of the contr
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

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

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: 28/74 Rpt: 31/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/27/2025	Dominguez, Amor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
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
		District office custodial
		District office descental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/27/2025	Dominguez, Amor
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5143 Crow Wing Dr.
		San Antonio, TX 78242
	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
		District office custodial
		2.51.64 5.1150 543.54.161
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/08/2025	Edgewood Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 37401
		San Antonio, TX 78237
	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
		Contribution to Veterans Group
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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 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: 29/74 Rpt: 32/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/19/2025	Elegant Worldwide Transportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.84	5157 Blanco Rd.
		Bldg. E
		San Antonio, TX 78216
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 Shuttle to Capitol for Constituents Day
		Shuttle to Capitor for Constituents Day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
┢	Date	Payso nama
	06/16/2025	Payee name Feed Back Catering
		3
	Amount (\$) \$910.66	Payee address; City; State; Zip Code 308 Avenue E.
	\$910.00	308 Avenue E.
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Catering for Legislative Town Hall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/30/2025	Gerald Lopez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7999 Potranco Rd
		#1903
		San Antonio, TX 78251
	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
		Contribution to local campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- cxperialitate to betterit G/GI	·

SCHEDULE F1

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 30/74 Rpt: 33/77	ı	Lopez, Raynaldo T. (The Honorable)				00083325
4	Date	5	Payee name				
	01/08/2025		GoDaddy				
6	Amount (\$) \$42.16		Payee address; City; State; 14455 N. Hayden Rd. Suite 100 Scottsdale, AZ 85260	Zip Cod	e		
8	PURPOSE	├		1	h) Description		
0	OF EXPENDITURE		Category (See Categories listed at the top of this school Office Overhead/Rental Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Domain Name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	01/09/2025		GoDaddy				
	Amount (\$)		Payee address; City; State;	Zip Cod	е		
	\$102.21		14455 N. Hayden Rd. Suite 100 Scottsdale, AZ 85260				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Domain Name
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name C	Office soug	ht		Office held
	Date 06/09/2025		Payee name GoDaddy				
	Amount (\$) \$239.00	ı	Payee address; City; State; 14455 N. Hayden Rd. Suite 100	Zip Cod	e		
			Scottsdale, AZ 85260				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Domain Name
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name C	Office soug	ht		Office held
	rms provided by Tayas F	+h:-	s Commission www.athics.s	toto trees			Version VA 1 0 f10d0fd8

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 Committee

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: 31/74 Rpt: 34/77	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	04/02/2025	HEB Online	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$66.95	2400 S. Congress	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense	
		Supplies and refreshments for Capitol office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
			_
	Date	Payee name	
	01/08/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.01	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 Officeholder vehicle	
		Sub for Smeetholder vernior	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	_
	01/12/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$170.11	9255 Grissom Rd.	
	Ψ170.11	3233 GH330H Pkd.	
		San Antonio, TX 78250	
	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	
		Supplies and refreshments for Capitol office	
	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 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	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: 32/74 Rpt: 35/77	Lopez, Raynaldo T. (The Honorable) 00083325		
4	Date	5 Payee name		
	01/12/2025	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$19.96	9255 Grissom Rd.		
		San Antonio, TX 78250		
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		
		Supplies and refreshments for Capitol office		
		Supplies and refreshments for Supplies		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
\vdash	Dete			
	Date	Payee name		
	01/13/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$30.00	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 Officeholder vehicle		
		Gas for Officeriolaer verificie		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	01/13/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$137.18	2400 S. Congress		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Supplies and refreshments for Capitol office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 33/74 Rpt: 36/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 01/31/2025	5 Payee name HEB
6	Amount (\$) \$49.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/11/2025	Payee name HEB
	Amount (\$) \$57.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/17/2025	Payee name HEB
	Amount (\$) \$39.00	Payee address; City; State; Zip Code 9255 Grissom Rd.
		San Antonio, TX 78250
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 Cara r dyment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/74 Rpt: 37/77	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	02/19/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.96	2400 S. Congress	
		Austin, TX 78704	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		I — I —	s and refreshments for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ч	
	Date	Payee name	
	02/24/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	9255 Grissom Rd.	
		San Antonio, TX 78250	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		l —	Officeholder vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/28/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.00	9255 Grissom Rd.	
		San Antonio, TX 78250	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Travel In District	if travel outside of Texas. Complete Schedule T.
		·	if Austin, TX, officeholder living expense Officeholder vehicle
		Gas Ioi	Officeriolider verticle
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	emoc neid
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/74 Rpt: 38/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	03/08/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.99	9255 Grissom Rd.
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas for Officeholder vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/11/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.84	2400 S. Congress
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies and refreshments for Capitol office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u>'</u>
	Date	Payee name
	03/14/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.20	9255 Grissom Rd.
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies and refreshments for District office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	didate/Officeholder/Politica 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 pa	ages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3	6/74 Rpt: 39/77	Lopez, Raynaldo T. (The Honorable) 00083325
4 Date		5 Payee name
03/14/2	2025	HEB
6 Amount	t (\$)	7 Payee address; City; State; Zip Code
	\$40.00	9255 Grissom Rd.
		San Antonio, TX 78250
	RPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	NDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for Officeholder vehicle
9 Comple	ete ONLY if direct	Candidate/Officeholder name Office sought Office held
	iture to benefit C/O	
Date		Davies name
	2025	Payee name
03/15/2		HEB
Amount	• •	Payee address; City; State; Zip Code
	\$14.10	9255 Grissom Rd.
		San Antonio, TX 78250
	RPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF NDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies and refreshments for District office
Commis	ota ONII V if dinast	Constitute /Office helder name Office accepts
	ete <u>ONLY</u> if direct iture to benefit C/O	Candidate/Officeholder name Office sought Office held H
-		
Date		Payee name
03/23/2	2025	HEB
Amount	t (\$)	Payee address; City; State; Zip Code
	\$46.00	9255 Grissom Rd.
		San Antonio, TX 78250
_	RPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF NDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
LAFLI	NOTIONE	Check if Austin, TX, officeholder living expense
		Gas for Officeholder vehicle
0	ONII W SE SE	Constitute (Office helder name
	ete <u>ONLY</u> if direct iture to benefit C/O	Candidate/Officeholder name Office sought Office held H
- 17-2-10-		

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 com	plet	te this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 37/74 Rpt: 40/77	Lopez, Raynaldo T. (The Honorable) 00083325					
4	Date	5 Payee name		•			
	03/29/2025	HEB					
6	Amount (\$)	7 Payee address; City; State; Zip Cod	e				
	\$41.00	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	į	Check if travel outside of Texas. Complete Schedule T.			
			L	Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle			
				Ods for Officeriolaci verifice			
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt	Office held			
	expenditure to benefit C/OI			Gillee Held			
	Date	Payee name					
	04/05/2025	HEB					
	Amount (\$)	Payee address; City; State; Zip Cod					
	\$50.00	9255 Grissom Rd.	C				
	Ψ00.00	3233 Ch33011 Nd.					
		San Antonio, TX 78250					
	PURPOSE	T	h)	Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	, ا	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Travor in Biodriot	į	Check if Austin, TX, officeholder living expense			
			(Gas for Officeholder vehicle			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held			
	Date	Payee name					
	04/13/2025	HEB					
	Amount (\$)	Payee address; City; State; Zip Cod	е				
	\$44.00	9255 Grissom Rd.					
		San Antonio, TX 78250					
	PURPOSE OF	c y (coo canogenes materials top or and constant)	b)	Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Travel In District	ļ	Check if travel outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense			
			L	Gas for Officeholder vehicle			
	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt	Office held			
	expenditure to benefit C/OI	1					
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 38/74 Rpt: 41/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/15/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.08	646 S. Flores St.
		San Antonio, TX 78204
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 Supplies and refreshments for Capitol office
		Supplies and refreshittents for Capitol office
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/22/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	5601 Bandera Road
		San Antonio, TX 78238
	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 Officeholder vehicle
		Sub for Smeetholder verificie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	04/26/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.01	5910 Babcock Rd
		San Antonio, TX 78240
	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 Officeholder vehicle
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 39/74 Rpt: 42/77	FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4	Date 04/27/2025	5 Payee name HEB		
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Coo 9255 Grissom Rd. San Antonio, TX 78250	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for staff vehicle
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 05/01/2025	Payee name HEB		
	Amount (\$) \$79.97	Payee address; City; State; Zip Coo 2400 S. Congress Austin, TX 78704	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies and refreshments for Capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 05/03/2025	Payee name HEB		
	Amount (\$) \$43.99	Payee address; City; State; Zip Coo 9255 Grissom Rd.	de	
		San Antonio, TX 78250		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor 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: 40/74 Rpt: 43/77 Lopez, Raynaldo T. (The Honorable) 00083325 4 Date Payee name 05/11/2025 HEB 6 Amount (\$) Payee address; State; Zip Code \$50.00 9255 Grissom Rd. San Antonio, TX 78250 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. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2025 **HEB** Amount (\$) Payee address; City; State; Zip Code \$63.01 9255 Grissom Rd. San Antonio, TX 78250 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/24/2025 **HEB** Amount (\$) Payee address: City; State; Zip Code \$38.00 9255 Grissom Rd. San Antonio, TX 78250 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle 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 Cor

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: 41/74 Rpt: 44/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/04/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.00	9255 Grissom Rd.
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
		Cas for Childen vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	06/09/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.11	5910 Babcock Road.
		San Antonio, TX 78240
	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 Officeholder vehicle
		Gas for Officeriolaer Vehicle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	06/16/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	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 Officeholder vehicle
		Gas for Officeriolaer verticle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/74 Rpt: 45/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
_	06/24/2025	HEB
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd.
	Ψ100.00	3233 GIBSOITTA.
		San Antonio, TX 78250
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Town Hall gift card give aways
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	06/26/2025	HEB
	Amount (\$) \$54.00	Payee address; City; State; Zip Code 9255 Grissom Rd.
	φ34.00	9233 GIISSOIII Ru.
		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 Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/21/2025	Halftime Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.00	7126 Tezel Rd
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/74 Rpt: 46/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
l	02/07/2025	Halftime Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	7126 Tezel Rd
l		
l		San Antonio, TX 78250
8	PURPOSE	
ľ	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Staff Meeting
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantific to belieff G/OI	<u> </u>
Г	Date	Payee name
l	02/21/2025	Halftime Pizza
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$99.37	7126 Tezel Rd
l		
l		San Antonio, TX 78250
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Staff Meeting
		Stall Meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨	D-4-	
l	Date 03/09/2025	Payee name Halftime Pizza
┡		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$44.89	7126 Tezel Rd
l		
L		San Antonio, TX 78250
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
l		

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		mittee I	_egal Services			Vages	/Contract Labor		OTHER (ente	r a category no	listed above)
,			The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics C	ommission Filers)
	Sch: 44/74 Rpt: 47/77	L	₋opez, Rayn	aldo T. (The	Honorable	?)				0008332	5	
4	Date	5 F	Payee name									
	04/17/2025	+	Halftime Pizz	za								
6	Amount (\$)	7 F	Payee addres	s; City;	Sta	ite; Zip Co	ode					
	\$188.00	7	7126 Tezel F	Rd								
			San Antonio	, TX 78250								
8	PURPOSE	_		e Categories listed	at the ten of this	schodulo)	(b)	Description				
	OF			age Expense	at the top of this	scriedule)	()	Check if travel	outsi	de of Texas. C	omplete Schedu	ıle T.
	EXPENDITURE			.gp				Check if Austin,	, TX,	officeholder liv	ing expense	
								Staff & Volun	tee	rs		
								Meeting				
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ıght			Office	held	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	05/13/2025	+	Halftime Pizz	za								
	Amount (\$)	F	Payee addres	s; City;	Sta	ite; Zip Co	ode					
	\$190.00	7	7126 Tezel F	₹d								
			San Antonio	, TX 78250								
	PURPOSE	(a) (Category (See	e Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	F	ood/Bevera	ige Expense				Check if travel of				ıle T.
								Check if Austin,			ing expense	
								Volunteer Ap	hie	cialion		
_	Complete ONLY if direct		andidato/Offic	eholder name		Office sou	ıaht			Office	hold	
	expenditure to benefit C/OI		andidate/Onic	enoluei name		Office Sou	igni			Office	Heiu	
_	Data	_										
	Date	l	Payee name									
	06/25/2025		Halftime Pizz									
	Amount (\$)	1	Payee addres		Sta	ite; Zip Co	ode					
	\$131.00	'	7126 Tezel F	₹d								
			San Antonio	, TX 78250								
	PURPOSE OF			e Categories listed	at the top of this	schedule)	(b)	Description				
	EXPENDITURE	F	Food/Bevera	ige Expense				Check if travel of Check if Austin,				ıle T.
								After event st			ing expense	
								. ator overit st	1	2021101		
-	Complete ONLY if direct	L C	andidate/Offic	eholder name		Office sou	L Iaht			Office	held	
	expenditure to benefit C/OI					230 000	9.10			300		
1												

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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/74 Rpt: 48/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	04/26/2025	Hilton Palacio Del Rio
6	Amount (\$) \$221.48	7 Payee address; City; State; Zip Code 200 S. Alamo
	ΨΕΕΙ. 10	200 G. / Wallio
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative meeting in San Antonio
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	02/07/2025	Janal Wholesale Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$303.10	1942 N. St. Mary's St.
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Roses for 2 Senior Center Valentine's events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/14/2025	Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$380.00	P.O. Box 5643
		Austin, TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	
	EXPENDITORE	Check if Austin, TX, officeholder living expense Emaol distribution
	EXPENDITURE	Check if Austin, TX, officeholder living expense Emaol distribution
	-	Emaol distribution
	Complete ONLY if direct expenditure to benefit C/O	Emaol distribution Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Emaol distribution Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Emaol distribution Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex		Travel in Di			
	Credit Card Payment		The Instruction Guide explain	ns how to cor	mplete this form.				
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 46/74 Rpt: 49/77	Lopez, Ray	naldo T. (The Honorable	<u>:</u>)		0008332	25		
4	Date	5 Payee name							
	01/18/2025	MailChimp							
6	Amount (\$)	7 Payee addre	ss; City; Sta	ite; Zip Co	de				
	\$47.97	\$47.97 675 Ponce de Leon Ave NE							
		#5000							
		Atlanta, GA	30308						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b) Description				
	OF EXPENDITURE	Fees					Complete Schedule T.		
					E-mail Marke	n, TX, officeholder			
					L-mail warke	ing Scrvice	.5		
_	Complete ONLY if direct	Candidata/Off	iooholdar nama	Office cour	nht.	Offic	e held		
9	expenditure to benefit C/O		iceholder name	Office sou	<u></u>	Oilic	e neiu		
	Date	Payee name							
	02/18/2025	MailChimp							
	Amount (\$)	Payee addre	ss; City; Sta	ite; Zip Co	de				
\$47.97 675 Ponce de Leon Ave NE									
		#5000							
		Atlanta, GA	30308						
	PURPOSE		ee Categories listed at the top of this		(b) Description				
	OF	Fees	ee Categories listed at the top of this s	scnedule)		outside of Texas.	Complete Schedule T.		
	EXPENDITURE	. 000	living expense						
					E-mail Marke	eting Service	es .		
	Complete ONLY if direct		ceholder name	Office sou	ght	Offic	e held		
	expenditure to benefit C/OI	1							
	Date	Payee name							
	03/18/2025	MailChimp							
	Amount (\$)	Payee addre	ss; City; Sta	ite; Zip Co	de				
	\$47.97	675 Ponce	de Leon Ave NE						
		#5000							
		Atlanta, GA	30308						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this :	schedule)	(b) Description				
	OF EXPENDITURE	Fees	11 Languines hated at the top of this :		Check if travel		Complete Schedule T.		
	EXPENDITURE					n, TX, officeholder			
					E-mail Marke	eting Service	es .		
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght	Offic	e held		
	S. portantaro to borront 0/01	•							

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 47/74 Rpt: 50/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 04/18/2025	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/18/2025	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/O	Candidate/Officeholder name Office sought Office held
	Date 06/18/2025	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/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Pol Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 48/74 Rpt: 51/77	Lopez, Raynaldo T. (The Honorable)
•	
4 Date	5 Payee name
03/13/2025	Marriott Riverwalk
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$39.00	711 East Riverwalk
	San Antonio, TX 78205
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Parking for Homeland Security meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/14/2025	Marriott Riverwalk
Amount (\$)	Payee address; City; State; Zip Code
\$256.61	711 East Riverwalk
	San Antonio, TX 78205
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 Homeland Security meeting
	Loughly for Floridadia Occurry mocting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
Date	Power name
Date 01/16/2025	Payee name Mayican American Legislative Caucus
	Mexican American Legislative Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	1108 Lavaca Street
	#110-351
	Austin, TX 78701
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.
Di Libilone	Check if Austin, TX, officeholder living expense
	Membership dues
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

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

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: 49/74 Rpt: 52/77	Lopez, Raynaldo T. (The Honorable) 00083325
4 Date	5 Payee name
02/04/2025	Moonshine Patio Bar
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.15	303 Red River St.
	Austin, TX 78701
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
	Rep & Staff meal during session
	The planting acasion
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Davida manua
	Payee name Magnetine Detic Box
02/04/2025	Moonshine Patio Bar
Amount (\$)	Payee address; City; State; Zip Code
\$189.55	303 Red River St.
	Austin, TX 78701
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
	Rep & Staff meal during session
Complete ONLY if direct	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/02/2025	Norma Denham & Associates
Amount (\$)	Payee address; City; State; Zip Code
\$1,740.00	15706 Knoll Cliff
	San Antonio, TX 78247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Services
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
p = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 Lenal Services 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: 50/74 Rpt: 53/77	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	02/24/2025	Northside American Federation of Teachers Committee on Political Education	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	6502 Bandera Rd	
	!		
		San Antonio, TX 78238	
8	PURPOSE OF	(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	
	!	Candidate/Officeholder/Political Committee	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	05/07/2025	PJ's Coffee of New Orleans	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.94	8530 State Highway 151	
	!		
		San Antonio, TX 78250	
	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	
	!	Sul Ross Middle School Teacher Appreciation	
	!	Breakfast	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
_	Date	Payee name	
	01/31/2025	Pericos Mexican Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.61	10820 Bandera 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.	
	<u> </u>	Check if Austin, TX, officeholder living expense Staff outing	
	!	Stan outing	
┝	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	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: 51/74 Rpt: 54/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	06/23/2025	Pericos Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,152.24	10820 Bandera 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
		Precinc Chairs after session recap
		The same states also because
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
	01/13/2025	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	835 W. 6th Street
		#114
		Austin, TX 78703
	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 meal after 1st day of session
		Star mediater 1st day of session
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	02/22/2025	Rodriguez, Donovon
	Amount (\$)	Payee address; City; State; Zip Code
	\$318.41	8318 Timberwilds St.
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payback staff loan to campaign from prior period
		r ayback stail loan to campaigh from phot period
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

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: Sch: 52/74 Rpt: 55/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 05/03/2025	5 Payee name Rosario's
6	Amount (\$) \$455.65	7 Payee address; City; State; Zip Code 7252 S. St. Mary's St. San Antonio, TX 78205
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Political event in San Antonio
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/19/2025	Payee name Sailor Made Custom Woodworks, LLC
	Amount (\$) \$252.00	Payee address; City; State; Zip Code 571 Haverty Court Suite H Rockledge, FL 32955
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wall hanging for Capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/02/2025	Payee name Sailor Made Custom Woodworks, LLC
	Amount (\$) \$189.00	Payee address; City; State; Zip Code 571 Haverty Court Suite H Rockledge, FL 32955
	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 T. Check if Austin, TX, officeholder living expense Gift to Committee Chairperson for current Leg. Session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E 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		nmittee Legal Services Salaries/Wages/Contract La	bor		OTHER (enter a	category not listed above)	
	Orean Sara Fayment	_	The Instruction Guide explains how to complete this for	m.				
1	Total pages Schedule F1:	2	FILER NAME	3	-	Filer ID	(Ethics Commission F	Filers)
	Sch: 53/74 Rpt: 56/77		Lopez, Raynaldo T. (The Honorable)		(00083325		
4	Date	5	Payee name	•				
	05/02/2025		Sailor Made Custom Woodworks, LLC					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$189.00		571 Haverty Court					
			Suite H					
			Rockledge, FL 32955					
_	DUDDOCE	(0)		,				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descripti		hie	of Teyas Com	plete Schedule T.	
	EXPENDITURE		Citt/ Wards/Memorials Expense			officeholder living		
			Gift to S	Sub- Cor	mı	mittee of V	eterans Affairs Vic	e-
			Chairpe	rson for	r c	urrent Leg.	. Session	
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	06/17/2025		Sailor Made Custom Woodworks, LLC					
	Amount (\$)	H	Payee address; City; State; Zip Code					
	\$16.00		571 Haverty Court					
			Suite H					
			Rockledge, FL 32955					
	DUDDOCE	(-)						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description Check		hie	of Teyas Com	plete Schedule T.	
	EXPENDITURE		Onice Overneau/Nentai Expense			officeholder living		
			Wall ha	nging รเ	up	plies for C	apitol office	
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	01/23/2025		Slack.com					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$72.82		500 Howard St					
			San Francisco, CA 94105					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Descripti	ion				
	OF	()			sid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE		Check	if Austin, TX	Χ, α	fficeholder living	g expense	
			Online of	commun	nic	ations plat	form	
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	П						

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	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: 54/74 Rpt: 57/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	02/23/2025	Slack.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.71	500 Howard St
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online communications platform
		Offilite Confinitions platform
_	Complete ONLY if alice -t	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	·	
	Date	Payee name
	03/23/2025	Slack.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.91	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
		Offiline confindingations platform
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/23/2025	Slack.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.59	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 Austin, TX, officeholder living expense
		Online communications platform
_	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 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/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: 55/74 Rpt: 58/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/23/2025	Slack.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.00	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/O	
T	Date	Payee name
	06/23/2025	Slack.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.62	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
	!	Stillie dottillation platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	05/04/2025	Springhill Suites
_	Amount (\$)	Payee address; City; State; Zip Code
	\$379.45	524 S. St. Mary's St.
	ψυ ευτυ	324 3. 3t. Mai y 3 3t.
	!	San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
	!	Lodging for political event in San Antonio
	Camplete ONLY if direct	Office cought Office holds
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 56/74 Rpt: 59/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/17/2025	Texas Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,030.00	PO Box 12943
		Austin, TX 78711-2943
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.
		Check if Austin, TX, officeholder living expense Membership dues
		membereinp adde
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/02/2025	Tezel Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.57	7126 Tezel Rd.
		San Antonio, TX 78250
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas for Officeholder vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
	Data	Para and a second
	Date 03/28/2025	Payee name Tezel Market
	Amount (\$) \$25.28	Payee address; City; State; Zip Code 7126 Tezel Rd.
	Ψ23.20	7120 Te2eTNu.
		San Antonio, TX 78250
	DUDDOCE	
	PURPOSE 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 Officeholder vehicle
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to belieff C/OI	<u>'</u>

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 57/74 Rpt: 60/77	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	04/06/2025	Tezel Market	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.66	7126 Tezel Rd.	
		San Antonio, TX 78250	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		ı	distin, 17, onicendider hining expense
		3.0.0	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/11/2025	Tezel Market	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.45	7126 Tezel Rd.	
	,		
		San Antonio, TX 78250	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	avel outside of Texas. Complete Schedule T.
	EXI ENDITORE		ustin, TX, officeholder living expense fficeholder vehicle
		Gas IOI O	inceriolaei veriicie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Cine neid
-	Date	Payee name	
	04/18/2025	Tezel Market	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.41	7126 Tezel Rd.	
	Ф 00.41	7120 102011kd.	
		San Antonio, TX 78250	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	ustin, TX, officeholder living expense
		Gas for O	fficeholder vehicle
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- parametric to action 0/01		

SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 58/74 Rpt: 61/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/13/2025	The Capitol Grille
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.58	1400 Congress Avenue
		Austin, TX 70870
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 meal during session
		Cian mod during coolein
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/16/2025	The Capitol Grille
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	1400 Congress Avenue
		Austin, TX 70870
	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 meal during session
		Cian mod during coolein
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/13/2025	The Capitol Grille
H	Amount (\$)	Payee address; City; State; Zip Code
	\$56.50	1400 Congress Avenue
		5
		Austin, TX 70870
	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 meal during session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

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	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 59/74 Rpt: 62/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		•
	02/27/2025	The Capitol Grille		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$91.16	1400 Congress Avenue		
		Austin, TX 70870		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Representative and Staff meal during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		gni	Office field
	<u> </u>			
	Date	Payee name		
	03/10/2025	The Capitol Grille		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.20	1400 Congress Avenue		
		Austin, TX 70870		
	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 meal during session
				3
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1	-	
	Date	Payee name		
	05/22/2025	The Capitol Grille		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.58	1400 Congress Avenue		

		Austin, TX 70870		
	PURPOSE	i	(h)	- Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(n)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 ood/beverage Expense		Check if Austin, TX, officeholder living expense
				Staff meal during session
_				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 60/74 Rpt: 63/77	Lopez, Raynaldo T. (The Honorable) 00083325	
4	Date	5 Payee name	
	05/27/2025	The Capitol Grille	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$18.40	1400 Congress Avenue	
		Austin, TX 70870	
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 meal during session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	05/30/2025	The Capitol Grille	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$31.48	1400 Congress Avenue	
		Austin, TX 70870	
H	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 meal during session	
		Stall fried during 3c33ion	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	01/04/2025	The Centre Club	
Н	Amount (\$)	Payee address; City; State; Zip Code	_
	\$139.37	112 E. Pecan St.	
		San Antonio, TX 78205	
H	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.	
l	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Legislative update sessions	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			-

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
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: 61/74 Rpt: 64/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	02/03/2025	The Centre Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$548.30	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 Legislative update sessions
		Legislative update sessions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	03/04/2025	The Centre Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.28	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 Legislative update sessions
		Legisiative update sessions
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name The Control Club
	04/02/2025	The Centre Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.55	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 Legislative update sessions
		Legisiative update sessions
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/74 Rpt: 65/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	05/01/2025	The Centre Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.25	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 Legislative update sessions
		Legislative apartic sessions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	06/11/2025	The Centre Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.25	112 E. Pecan St.
		San Antonio, TX 78205
	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
		Legislative update sessions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.76	405 Howard St
		San Francisco, CA 94105
	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
		Local transportation during session
		3 · · · · · · · · · · · · · · · · · · ·
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 63/74 Rpt: 66/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date	5 Payee name
_	01/27/2025	Uber 7 Payon address: City: State: 7in Code
0	Amount (\$) \$7.99	7 Payee address; City; State; Zip Code 405 Howard St San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/28/2025	Payee name Uber
	Amount (\$) \$6.36	Payee address; City; State; Zip Code 405 Howard St San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/28/2025	Payee name Uber
	Amount (\$) \$16.59	Payee address; City; State; Zip Code 405 Howard St
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 64/74 Rpt: 67/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	01/28/2025	Uber
6	Amount (\$) \$8.67	7 Payee address; City; State; Zip Code 405 Howard St
		San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	Uber
	Amount (\$) \$12.34	Payee address; City; State; Zip Code 405 Howard St
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Uber
	Amount (\$) \$11.76	Payee address; City; State; Zip Code 405 Howard St
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 65/74 Rpt: 68/77	2 FILER NAME Lopez, Raynaldo T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083325
4	Date 02/04/2025	5 Payee name Uber
6	Amount (\$) \$8.95	7 Payee address; City; State; Zip Code 405 Howard St San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/04/2025	Payee name Uber
	Amount (\$) \$8.18	Payee address; City; State; Zip Code 405 Howard St San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/04/2025	Payee name Uber
	Amount (\$) \$7.99	Payee address; City; State; Zip Code 405 Howard St
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	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: 66/74 Rpt: 69/77	Lopez, Raynaldo T. (The Honorable) 00083325
4	Date	5 Payee name
	02/05/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.99	405 Howard St
		San Francisco, CA 94105
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 Local transportation during session
		Local transportation during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	02/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.67	405 Howard St
		San Francisco, CA 94105
	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 Local transportation during session
		Local transportation during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
 	Data	
	Date	Payee name
	02/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.82	405 Howard St
		San Francisco, CA 94105
	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
		Local transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 67/74 Rpt: 70/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		
	02/12/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$11.76	405 Howard St		
		San Francisco, CA 94105		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF	Travel In District	, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		į	Check if Austin, TX, officeholder living expense
				Local transportation during session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	experience to borion 670			
	Date	Payee name		
	02/12/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$11.76	405 Howard St		
		San Francisco, CA 94105		
	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
				Local transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	9	H	Office field
	Data			
	Date	Payee name		
	02/19/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$14.09	405 Howard St		
		San Francisco, CA 94105		
	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
				Local transportation during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		Office Hold

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

l	orean outer ayment	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)
l	Sch: 68/74 Rpt: 71/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		•
l	02/20/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$8.99	405 Howard St		
l				
l		San Francisco, CA 94105		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
l	LAI LINDITORE			Check if Austin, TX, officeholder living expense
l				Local transportation during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
⊨	Date	Payee name		
l	02/20/2025	Uber		
┝	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$31.43	405 Howard St	ue	
l	Ψ31.43	403 Howard St		
l		San Francisco, CA 94105		
L	DUDDOCE		(h)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(n)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Havei III District		Check if Austin, TX, officeholder living expense
l				Local transportation during session
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/20/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$7.99	405 Howard St		
l				
l		San Francisco, CA 94105		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Local transportation during session
				and a second secon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	

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

	Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 69/74 Rpt: 72/77	Lopez, Raynaldo T. (The Honorable)	00083325
4	Date	5 Payee name	
	02/20/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$5.25	405 Howard St	
		San Francisco, CA 94105	
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
			Local transportation during session
			200al transportation during 0000ion
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
	expenditure to benefit C/OI		2 22 22 22 22 22 22 22 22 22 22 22 22 2
F	Date	Payee name	
	02/20/2025	Uber	
H	Amount (\$)	Payee address; City; State; Zip Ci	ode
	\$5.61	405 Howard St	
		San Francisco, CA 94105	
⊢	PURPOSE		(b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel III Bistrict	Check if Austin, TX, officeholder living expense
			Local transportation during session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
L	·		
	Date	Payee name	
	02/20/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$12.37	405 Howard St	
		San Francisco, CA 94105	
	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
			Local transportation during session
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	I Ight Office held
	expenditure to benefit C/OI	1	
Г			
ᆫ			

SCHEDULE F1

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

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: 70/74 Rpt: 73/77	Lopez, Raynaldo T. (The Honorable) 00083325		
4 Date	5 Payee name		
02/20/2025	Uber		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$12.52	405 Howard St		
	San Francisco, CA 94105		
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 Local transportation during session		
	Local transportation during session		
O Commission Chill M is also	Condidate/Office helder norse		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
02/21/2025	Uber		
Amount (\$)	Payee address; City; State; Zip Code		
\$7.99	405 Howard St		
	San Francisco, CA 94105		
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 Local transportation during session		
	Local transportation during session		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
	1		
Date	Payee name		
02/21/2025	Uber		
Amount (\$)	Payee address; City; State; Zip Code		
\$98.55	405 Howard St		
	San Francisco, CA 94105		
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		
	Local transportation		
Complete ONU V. C.	Condidate/Officeholder norse		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
p = 1 = 2 = 2 = 1 = 1 = 1 = 1 = 1 = 1 = 1			

SCHEDULE F1

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

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

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	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 71/74 Rpt: 74/77	Lopez, Raynaldo T. (The Honorable)		00083325
4	Date	5 Payee name		•
	02/21/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$12.52	405 Howard St		
		San Francisco, CA 94105		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Local transportation
0	Complete ONLY if direct	Condidate/Officeholder name Office cou	aht	t Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	yııı	Chiice field
	Data			
	Date 02/21/2025	Payee name		
		Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$15.77	405 Howard St		
		San Francisco, CA 94105		
	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	
				Local transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/21/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$19.29	405 Howard St		
		San Francisco, CA 94105		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Travel In District	` ′	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Local transportation
	0 1. 0	0 511 105 1 11		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 72/74 Rpt: 75/77	Lopez, Raynaldo T. (The Honorable) 00083325							
4	Date	5 Payee name							
	02/21/2025	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$59.73	405 Howard St							
		San Francisco, CA 94105							
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 Local transportation							
		Local italisportation							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
⊨	Date	Davisa nama							
	02/25/2025	Payee name Uber							
L									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6.93	405 Howard St							
		San Francisco, CA 94105							
	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 Local transportation during session							
		Local transportation during session							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
⊨	Date	Davisa nama							
	02/25/2025	Payee name Uber							
L									
Amount (\$) Payee address; City; State; Zip Code									
	\$6.93	6.93 405 Howard St							
		San Francisco, CA 94105							
	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							
		Local transportation during session							
		aportation adming obodion							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
1	expenditure to benefit C/OI	•							
\vdash									
I									

SCHEDULE F1

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

1

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	3	Filer ID	(Ethics Commission Filers)
Sch: 73/74 Rpt: 76/77	Lopez, Raynaldo T. (The Honorable)		00083325	

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Sch: 73/74 Rpt: 76/77	Lopez, Raynaldo T. (The Honorable) 00083325							
4	Date	5 Payee name							
	03/13/2025	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$12.52	405 Howard St							
		San Francisco, CA 94105							
_	PURPOSE								
8	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							
		Local transportation during session							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
H	Date	Payee name							
	04/07/2025	Uber							
-	Amount (\$)								
	\$6.39	Payee address; City; State; Zip Code 405 Howard St							
	Ψ0.33	403 Howard St							
		Con Francisco CA 0410F							
		San Francisco, CA 94105							
	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							
		Local transportation during session							
		3							
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	•							
-	Date	Payee name							
	04/07/2025	Uber							
	Amount (\$) \$4.80	Payee address; City; State; Zip Code 405 Howard St							
	Φ4.00	403 HOWard St							
		San Francisco, CA 94105							
	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							
		Local transportation during session							
		Lood tansportation during session							
-	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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comr	mittee	Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction		Polling Exportant Printing Exportant Salaries/Wahan Polling Exportant Printing Exportant	ense ges/Cor			Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:								3	Filer ID	(Ethics Commission File	ers)
	Sch: 74/74 Rpt: 77/77	Ļ—			e Honorable)					00083325		
4	Date		Payee name									
	02/22/2025		Vix.com									
6	Amount (\$)		Payee addre			; Zip Coo	е					
	\$376.71	l		Francois Bl	/a							
		l	Floor 6	CA 041F	.0							
_				sco, CA 9415		1.						
8	PURPOSE OF				at the top of this sch	nedule)	b) De □	scription	l outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Jilice Over	head/Rental	Expense		H			officeholder living		
							W	ebsite				
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	iceholder name	e (Office soug	ht			Office h	eld	