# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete		1 Filer ID (Ethics Commi 00085982		2 Total pages fil	led: .9
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable J	anie			Date Received	
					ELECTRONICA	ALLY EILED
					07/15/2025	(LLTTILLD
		AST		SUFFIX	07/15/2025	
	_	.opez				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 2073					
ADDRESS					Receipt #	Amount
Change of Address	San Benito, TX 78586					
'-					Date Processed	
					Data lasa and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FI	IRST		MI		
TREASURER		lartha		IVII		
NAME	IV	iaitia				
		AST		SUFFIX		
	5	antos				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	OX PLEASE);	AP	T / SUITE #; CITY	'; STA	ATE; ZIP CODE
ADDRESS	PO Box 2073					
(Residence or Business)						
	San Benito, TX 78586					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(956) 241-3166	NOMBER E	XILNSION			
PHONE	(930) 241-3100					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		-			appointment (office	ceholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day		
COVERED	01/01/2025	TH	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE	I		ELECTION TYPE		
	Month Day Year	X Pr	imary	Runoff	Other	
	03/03/2026	Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative District	37		State Represer	ntative District 37	
				ı		
		GO T	O PAGE 2			
		GO I	O FAGE Z			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Lopez, Janie (The Ho	norable)	<b>14</b> Filer ID (00085982	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made withou officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 9,566.12
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 7,811.13
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 40,643.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 133,239.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
		The H	onorable Janie Lopez	
		Signature	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

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

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEET	
	_ER NAM	(Ethics Commission	3 of 49 n Filers)		
		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,500.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,066.12
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	40,643.14
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/49
2	FILER NAME Lopez, Janie	e (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085982
4	Date 06/25/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$5,000.00
8	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	Principal occu	Houston, TX 77027  upation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> s)

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/49 3 Filer ID (Ethics Commission Filers) FILER NAME Lopez, Janie (The Honorable) 00085982 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Associated Republicans of Texas Campaign Fund \$1,000.00 | Campaign Digital 7 Contributor address; City; State; Zip Code Advertising Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/30/2025 Frontera Texas PAC \$1,066.12 | Printing Expense Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/44 Rpt: 6/49	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	
	02/10/2025	Airbnb	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$349.32	888 Brannan St #119	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Lodging for Staff to Attend Officeholder Related
			Meetings in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	02/13/2025	Airbnb	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$445.64	888 Brannan St #119	
		San Francisco, CA 94103	
	PURPOSE OF	2 ( ( ) ) )	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Lodging for Staff to Attend Officeholder Related
			Meetings in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/13/2025	Airbnb	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$396.39	888 Brannan St #119	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Lodging for Staff to Attend Officeholder Related
			Meetings in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	22
I			

### 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 complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/44 Rpt: 7/49	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	'
	04/11/2025	Airbnb	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$498.25	888 Brannan St #119	
		San Francisco, CA 94103	
8	PURPOSE		Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Lodging for Staff to Attend Officeholder Related Meetings in Austin
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Grot	'	
	Date	Payee name	
l	01/20/2025	Airbnb	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$520.00	888 Brannan St #119	
l			
l		San Francisco, CA 94103	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense  Lodging for Staff to Attend Officeholder Related
l			Meetings in Austin
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cindo nola
⊨	Date	Davies name	
l	01/10/2025	Payee name Amazon	
┝			
	Amount (\$) \$204.52	Payee address; City; State; Zip Code 410 Terry Ave. N	
	φ204.32	410 Telly Ave. IV	
l		0	
		Seattle, WA 98109	
l	PURPOSE OF	, ,	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Scriedule 1.  Check if Austin, TX, officeholder living expense
l			Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
ı			

#### 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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/44 Rpt: 8/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/11/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$165.18	410 Terry Ave. N
		Seattle, WA 98109
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 for Capitol Office
		σαρβίτου του σαρικού στίπου
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/19/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	410 Terry Ave. N
	Ψ20.31	410 Telly / We. IV
		Seattle, WA 98109
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.35	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
$\vdash$	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)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/44 Rpt: 9/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	02/02/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.56	410 Terry Ave. N
		Seattle, WA 98109
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 for Capitol Office
		σαρβίτου του σαρικού στίπου
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2025	Amazon
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$95.25	410 Terry Ave. N
	Ψ33.23	410 Telly / We. IV
		Seattle, WA 98109
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.41	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/44 Rpt: 10/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/31/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.84	410 Terry Ave. N
		Seattle, WA 98109
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 for Capitol Office
		Supplies for Suprior Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Power name
	03/28/2025	Payee name Amazon
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.18	410 Terry Ave. N
		Seattle, WA 98109
	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 for Capitol Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	04/08/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.93	410 Terry Ave. N
		Seattle, WA 98109
$\vdash$	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 for Capitol Office
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	Tatal manage Calculula E4.		Chica Commission Filess
1	Total pages Schedule F1: Sch: 6/44 Rpt: 11/49	Lopez, Janie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085982
4	Date	5 Payee name	•
	04/16/2025	Amazon	
6	Amount (\$) \$22.95	7 Payee address; City; State; Zip Code 410 Terry Ave. N	
		Seattle, WA 98109	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice overnedd/Nerital Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Capitol Office
		очруже тог	Capitol Cilide
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.68	410 Terry Ave. N	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nertial Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		🛏	Capitol Office
			•
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/24/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.49	410 Terry Ave. N	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	autaida of Tayan Complete Cahadula T
	EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
			Capitol Office
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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: 7/44 Rpt: 12/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/27/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.17	410 Terry Ave. N
		Seattle, WA 98109
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 for Capitol Office
		Supplies for Capitor Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	05/30/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.62	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Capitol Office
		Supplies for Capitor Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 06/09/2025	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.28	410 Terry Ave. N
		Seattle, WA 98109
	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 for Capitol Office
		ουρρίτου τοι Οαριτοί Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1:	
	Sch: 8/44 Rpt: 13/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/06/2025	Austin Evergreen Realty Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$954.00	13010 N Hwy 183, Ste 104
		Austin, TX 78750
_	PURPOSE	1
8	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
		Rental Expense for Officeholder Austin Housing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	02/19/2025	Austin Evergreen Realty Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,020.00	13010 N Hwy 183, Ste 104
		Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Rental Expense for Officeholder Austin Housing
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	capenditule to belieff C/Of	1
	Date	Payee name
	03/04/2025	Austin Evergreen Realty Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,020.00	13010 N Hwy 183, Ste 104
	,	
		Austin, TX 78750
	DUDDOCE	1
	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
		Rental Expense for Officeholder Austin Housing
-	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/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: 9/44 Rpt: 14/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	
	04/02/2025	Austin Evergreen Realty Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,020.00	13010 N Hwy 183, Ste 104	
		Austin, TX 78750	
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	
		Rental Expense for Officeholder Austin Housing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>-</del>	
	Date	Payee name	=
	05/02/2025	Austin Evergreen Realty Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,020.00	13010 N Hwy 183, Ste 104	
		Austin, TX 78750	
	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	
		Rental Expense for Officeholder Austin Housing	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	-	
	Date	Payee name	_
	06/25/2025	Austin Evergreen Realty Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,020.00	13010 N Hwy 183, Ste 104	
		Austin, TX 78750	
	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.	
	<b>_</b>	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
		Tental Expense for Officerolaer Austin Housing	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T.1 6111=	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
	Sch: 10/44 Rpt: 15/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	
L	01/20/2025	Bath and Body Works	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$264.32	4401 N Interstate Hwy 35, Ste 463	
		Round Rock, TX 78664	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gifts for Legislators	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п 	
	Date	Payee name	
	04/07/2025	Cavazos, Ignacio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV officeholder living expense.	
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor	
		Campaign Contract Labor	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	<b>y</b>	
_	Date	Payeo namo	=
	05/20/2025	Payee name Cavazos, Ignacio	
			4
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	PO Box 2910	
L		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense  Campaign Contract Labor	
		Campaign Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OI		
			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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/44 Rpt: 16/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	02/11/2025	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.74	PO Box 2267
		Austin, TX 78783
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.
		Culty Expense for Officeriolaer Additiviousling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/17/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.70	PO Box 2267
		Austin, TX 78783
	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.    X   Check if Austin, TX, officeholder living expense
		X   Check if Austin, TX, officeholder living expense   Utility Expense for Officeholder Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.03	PO Box 2267
		Austin, TX 78783
	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.
		X Check if Austin, TX, officeholder living expense
		Utility Expense for Officeholder Austin Housing
	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/Politica 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		mmittee	Legal Services	Sal		ges	Contract Labor		OTHER (enter a	strict a category not listed above)	
				The Instruction G	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	)
	Sch: 12/44 Rpt: 17/49		Lopez, Janie	e (The Honorab	le)					00085982		
4	Date	5	Payee name									
	05/13/2025		City of Austi	n Utilities								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Code	е					
	\$77.38		PO Box 226	57								
			Austin, TX 7	'8783								
8	PURPOSE	(a)				. 10	h)	Description				
ľ	OF	(س)		e Categories listed at the		•)	ω,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Overi	icaa/itciitai Ex	ocrisc			=		officeholder livin		
								Utility Expens	se f	or Officehol	der Austin Housing	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e sough	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/10/2025		City of Austi	n Utilities								
	Amount (\$)	Г	Payee addres	ss; City;	State; Zi	p Code	е					
	\$78.04		PO Box 226	57								
			Austin, TX 7	'8783								
	PURPOSE	(a)		e Categories listed at t		. 10	h)	Description				
	OF	(.,		nead/Rental Exp			~,	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Omoc Oven	read/remail Ex	361136			X Check if Austin,	, TX,	officeholder livin	g expense	
								Utility Expens	se f	or Officehol	der Austin Housing	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e sough	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/03/2025		Clayton Spa	ıngler Photogra	phy							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Code	е					
	\$674.00		235 Point Li	ck Drive								
			Charleston ,	WV 25306								
	PURPOSE	(a)	Category (Sc	e Categories listed at t	he ton of this schedule	<u>, (I</u>	b)	Description				
	OF	` `		nead/Rental Ex					outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			·						officeholder livin		
								House Panor	am	ic Photogra	ph for Capitol Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	e sough	ht			Office h	eld	
	onponditure to beliefft 6/01	•										

### SCHEDULE F1

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

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

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

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:	<u> </u>
	Sch: 13/44 Rpt: 18/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/09/2025	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.37	302 N Ed Carey Dr
		Harlingen, TX 78550
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 for State Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/11/2025	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.25	302 N Ed Carey Dr
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/19/2025	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.14	302 N Ed Carey Dr
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIGITATE TO DEFICIT C/OI	1

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 14/44 Rpt: 19/49	Lopez, Janie (The Honorable)	00085982					
4	Date	5 Payee name						
	01/06/2025	Dollar Tree						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$193.71	5310 Burnet Rd #120						
	¥2002	00-10 - 10 11 10 11 10 11 10 11 11 11 11 11 11						
		Austin, TX 78756						
Ļ	DUDDOOF							
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
			Supplies for State Office					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	03/10/2025	Dollar Tree						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$151.99	5310 Burnet Rd #120						
	¥====							
		Austin, TX 78756						
	PURPOSE							
	OF	,	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
			Supplies for State Office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	04/28/2025	Dollar Tree						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$72.39	5310 Burnet Rd #120						
		Austin, TX 78756						
	PURPOSE	· ·	Description					
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Cinoc Overnoual Contact Expenses	Check if Austin, TX, officeholder living expense					
			Supplies for State Office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics CSch: 15/44 Rpt: 20/49Lopez, Janie (The Honorable)00085982	commission Filers)
Sch: 15/44 Rpt: 20/49   Lopez, Janie (The Honorable) 00085982	
4 Date 5 Payee name	
05/04/2025 Dollar Tree	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$133.46 5310 Burnet Rd #120	
Austin, TX 78756	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description  Office Overhood/Pointed Favores	
EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schede  Check if Austin, TX, officeholder living expense	ule T.
Supplies for State Office	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/07/2025 Espinoza, Judith	
Amount (\$) Payee address; City; State; Zip Code	
\$330.00 PO Box 2073	
\$350.00 FO BOX 2073	
San Benito, TX 78586	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedu	ule T.
Check if Austin, TX, officeholder living expense  Campaign Contract Labor	
Campaign Contract Labor	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experiment to benefit or or i	
Date Payee name	
01/09/2025 Fonseca, Krystina	
Amount (\$) Payee address; City; State; Zip Code	
\$250.00 PO Box 2910	
Austin, TX 78768	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Colorina AMA was a (Contract to the second schedule)  Colorina AMA was a (Contract to the second schedule)	
Salaries/Wages/Contract Labor   Light of texas, complete serieur	ule T.
Check if Austin, TX, officeholder living expense  Campaign Contract Labor	
Campaign Contract Labor	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	

### 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: 16/44 Rpt: 21/49	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	1
	02/07/2025	Fonseca, Krystina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$110.00	PO Box 2910	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1 · · · · · · · · · · · · · · · · · · ·	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		Campaign	Contract Labor
Ļ	Complete ONLY if direct	Condidate Office halder neare Office south	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L	Data		
	Date	Payee name	
	03/14/2025	Fonseca, Krystina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.33	PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jalanes/Wages/Contract Eabor	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		l	Contract Labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/04/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.92	8801 S Congress Ave	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	,	stin, TX, officeholder living expense
		Supplies to	or Capitol Office
L	Complete ONII V if direct	Condidate Office holder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	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: 17/44 Rpt: 22/49	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
4	Date 04/28/2025	5 Payee name HEB
6	Amount (\$) \$123.62	7 Payee address; City; State; Zip Code 8801 S Congress Ave Austin, TX 78745
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  Supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/27/2025	Payee name HEB
	Amount (\$) \$158.46	Payee address; City; State; Zip Code 8801 S Congress Ave Austin, TX 78745
	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 for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/21/2025	Payee name Hobby Lobby
	Amount (\$) \$502.98	Payee address; City; State; Zip Code 6600 S MoPac Expy
		Austin, TX 78749
	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  Decoration for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Lat  The Instruction Guide explains how to complete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/44 Rpt: 23/49	Lopez, Janie (The Honorable)	00085982
4 Date 5	,	
02/24/2025	Kate Tankersley Consulting	
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 41964	
	Houston, TX 77241	
8 PURPOSE () OF EXPENDITURE	Check i	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn Fundraising Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/15/2025	Kate Tankersley Consulting	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 41964	
	Houston, TX 77241	
PURPOSE OF EXPENDITURE	Check ii	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn Fundraising Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 06/30/2025	Payee name Living Stone Family Church	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1501 W Expy 83	
	San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check in	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense ble Contribution
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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Guid	Salaries	Wage	es/Contract Labor		OTHER (enter a	a category not listed above)	
_	T. 1 0 1 1 54	_			c explains now to e	Ompi	ete tiiis ioiiii.	_	F" ID	(Ethio Commission Eilean)	_
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 19/44 Rpt: 24/49		Lopez, Janie	e (The Honorable)	)				00085982		
4	Date	5	Payee name								
	01/02/2025		Mailchimp								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	odo					-
١	* *	ľ	•		State, Zip C	oue					
	\$55.97			de Leon Ave NE							
			Suite 5000								
			Atlanta, GA	30308							
8	PURPOSE	(a)	Category (sc	e Categories listed at the t	ton of this schodulo)	(b)	Description				
	OF	l` ′	Advertising		top of this schedule)	`	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Схрепос			Check if Austin	, TX,	officeholder livin	g expense	
							Campaign Er	nai	l Marketing		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	H 									
	Date		Payee name								
	02/03/2025		Mailchimp								
	Amount (\$)	H	Payee addres	ss; City;	State; Zip C	ode					
	\$55.97		675 Ponce	de Leon Ave NE							
	,		Suite 5000								
				00000							
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense			<u> </u>			nplete Schedule T.	
	-						ш		officeholder livin	g expense	
							Campaign Er	IIai	ı marketing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office h	eld	
	experialitate to beliefit 6/01										
	Date		Payee name								
	03/03/2025		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					_
	\$55.97		•	de Leon Ave NE	, <sub> </sub>						
	φοσ.σ1			de Leon / We NL							
			Suite 5000								
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense			ш			nplete Schedule T.	
	LAFENDITORE						_		officeholder livin	g expense	
							Campaign Er	nai	l Marketing		
L		L									
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	H									
											_
l											

### 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 comp	pleto	e this form.
1	Total pages Schedule F1: Sch: 20/44 Rpt: 25/49	FILER NAME     Lopez, Janie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085982
4	Date 04/01/2025	5 Payee name Mailchimp		-
	Amount (\$) \$55.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Marketing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ıt	Office held
	Date 05/01/2025	Payee name Mailchimp		
	Amount (\$) \$55.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	•	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Marketing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	Date 06/02/2025	Payee name Mailchimp		
	Amount (\$) \$55.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	•	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Marketing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held

### SCHEDULE F1

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

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

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

	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: 21/44 Rpt: 26/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	03/03/2025	Malone, Parker
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.33	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Contract Labor
		Gampaigh Continue Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	D
	Date	Payee name  Malono Payker
	04/07/2025	Malone, Parker
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.33	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaign Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name Malana Payker
	05/20/2025	Malone, Parker
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.33	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Condidate/Officeholder name Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<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: 22/44 Rpt: 27/49	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	
	06/02/2025	Malone, Parker	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.33	PO Box 2910	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Goritract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ontract Labor
		- Campaign C	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/07/2025	Martinez, Carine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$166.66	PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
			ontract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/20/2025	Martinez, Carine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.33	PO Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ontract Labor
		Sampaigh Ch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/44 Rpt: 28/49	Lopez, Janie (The Honorable)	00085982
4	Date	5 Payee name	
	05/21/2025	Martinez, Carine	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	PO Box 2910	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
		I — I —	in, TX, officeholder living expense Contract Labor
		Campaign	ontidet Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cco 1.610
_	Date	Payee name	
	05/27/2025	Martinez, Carine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$368.00	PO Box 2910	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
	EXPENDITORE		in, TX, officeholder living expense
		Campaign C	Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Date	Davies warms	
	06/02/2025	Payee name Martinez, Carine	
	Amount (\$) \$83.00	Payee address; City; State; Zip Code PO Box 2910	
	φο3.00	FO BOX 2310	
		Austin TV 70760	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	in, TX, officeholder living expense
		Campaign C	Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	<del></del>	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 24/44 Rpt: 29/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
L	06/04/2025	Martinez, Carine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.61	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/13/2025	McCaig, Mark
H	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	9438 Pearsall Dr
		Houston, TX 77064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Consulting Services
		Campaign consulting services
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/21/2025	Medrano, Eloisa
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$326.00	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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/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: 25/44 Rpt: 30/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/27/2025	Medrano, Eloisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contract Labor
		Sampaight Sontiact Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/17/2025	Mishra, Shipra
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2910
	,	
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Dayso name
	02/06/2025	Payee name Mishra, Shipra
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 2910
	Ψ30.00	1 O BOX 2310
		Austin, TX 78768
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Gift/Awards/Memorials Legal Services	Expense	Printing E Salaries/V		se s/Contract Labor	Travel Out of OTHER (ente	District r a category not listed at	oove)
	Credit Card Payment			The Instruction G	uide explains	s how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 26/44 Rpt: 31/49		Lopez, Janie	(The Honorab	le)				0008598	2	
4	Date	5	Payee name								
	01/07/2025		Sam's Club								
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de				
	\$63.04		621 N Expre	ssway 77							
			Harlingen, T	X 78550							
8	PURPOSE	(a	Category (Se	e Categories listed at t	he top of this so	chedule)	(b)	Description			
	OF EXPENDITURE			ıead/Rental Exp				<b>=</b>		omplete Schedule T.	
								Check if Austin, T Supplies for Ca		ing expense	
								Supplies for Ca	ариог Опісе		
_	Commists ONII V if diseast	<u> </u>	Canadidata/Offic			Office			Office	الماما	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enolder name		Office sou	gnı		Office	neid	
	Date		Payee name								
	01/31/2025		Sam's Club								
	Amount (\$)	T	Payee addres	s; City;	State	e; Zip Co	de				
	\$149.88		621 N Expre	ssway 77							
			Harlingen, T	X 78550							
	PURPOSE	(a	Category (Se	e Categories listed at t	he top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ıead/Rental Exp	pense			<b>=</b>		omplete Schedule T.	
								Check if Austin, T Supplies for Ca		ing expense	
								Supplies for Co	ариог Опісе		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght		Office	held	
	expenditure to benefit C/OI	Н									
	Date	Π	Payee name								
	02/07/2025		Sam's Club								
	Amount (\$)	H	Payee addres	s; City;	State	e; Zip Co	de				
	\$63.50		621 N Expre			-, [					
			•	,							
			Harlingen, T	X 78550							
	PURPOSE	(a					(h)	Description			
	OF	۱۱۳	•	e Categories listed at t nead/Rental Ex	•	cnedule)	(5)		tside of Texas. C	omplete Schedule T.	
	EXPENDITURE		Omoc Oven		301130			Check if Austin, T	X, officeholder liv	ing expense	
								Supplies for Ca	apitol Office		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght		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 Committ 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: 27/44 Rpt: 32/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	02/24/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$205.88	4970 US-290
		Austin, TX 78735
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 for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/17/2025	Sam's Club
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$102.48	4970 US-290
		Austin, TX 78735
	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 for Capitol Office
		The state of the s
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/22/2025	Sam's Club
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$99.63	4970 US-290
		Austin, TX 78735
	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 for Capitol Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
Ī		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/44 Rpt: 33/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/05/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.46	4970 US-290
		Austin, TX 78735
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 for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.11	4970 US-290
		Austin, TX 78735
	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 for Capitol Office
		Саррио и сарио сто
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/27/2025	Sam's Club
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$64.43	4970 US-290
		Austin, TX 78735
	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 for Capitol Office
		σαρρίτου τοι σαριτοί στίτος
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
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### 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 complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 29/44 Rpt: 34/49	Lopez, Janie (The Honorable)		00085982	
4	Date	5 Payee name			
	06/24/2025	Sam's Club			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$43.96	4970 US-290			
		Austin, TX 78735			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Com	
	LAI LINDITORE			(, officeholder living	expense
		Supplies for	Ca	pitoi Onice	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
9	expenditure to benefit C/O			Office file	eiu
	Data				
	Date 02/06/2025	Payee name Sandoval, Samantha			
		·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00	PO Box 2910			
		Austin, TX 78768			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Jaianes/ Wages/ Contract Labor		side of Texas. Com K, officeholder living	
		Campaign C			Схрепос
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			
	Date	Payee name			
	03/03/2025	Sandoval, Samantha			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	PO Box 2910			
		Austin, TX 78768			
	PURPOSE	·			
	OF	,	el outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE		in, TX	K, officeholder living	expense
		Campaign C	Cont	tract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 comp	plete this fo	orm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 30/44 Rpt: 35/49	Lopez, Janie (The Honorable)		00085982	
4	Date	5 Payee name			
	04/07/2025	Sandoval, Samantha			
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э		
	\$100.00	PO Box 2910			
		A			
Ļ		Austin, TX 78768			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Descript	<b>tion</b> k if travel outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		k if Austin, TX, officeholder livi	
			Campa	aign Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office I	neld
_	·				
	Date	Payee name			
	05/20/2025	Sandoval, Samantha			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$50.00	PO Box 2910			
		Auctin TV 70760			
	DUDDOCE	Austin, TX 78768	-> -		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Descript	<b>tion</b> k if travel outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	Salaties/Wayes/Cultifact Labul		k if Austin, TX, officeholder livi	
			Campa	aign Contract Labor	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office I	neld
	Date	Payee name			
	02/10/2025	Servellon Consulting Services			
	Amount (\$)	Payee address; City; State; Zip Code 151 Lakeview North	9		
	\$100.00	151 Lakeview North			
		San Benito, TX 78586			
	PURPOSE		D) Descrip	tion	
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense		k if travel outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	3 - A - A - A - A - A - A - A - A - A -		k if Austin, TX, officeholder livi	ng expense
			Campa	aign Consulting Fee	
	Operation Of the Control of the Cont	Occasionate (Officialist)			I - I
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ıt	Office I	neia
_	•				
l					

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed	above)
L		_		The Instruction G	uide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commis	ssion Filers)
l	Sch: 31/44 Rpt: 36/49		Lopez, Jan	ie (The Honoral	ole)					00085982		
4	Date	5	Payee name						•			
l	02/14/2025			Consulting Servi	ces							
Ļ		<u> </u>										
l٥	Amount (\$)	'	Payee addre		State;	Zip Co	ae					
l	\$200.00		151 Lakevi	ew North								
l												
l			San Benito	, TX 78586								
8	PURPOSE	(a)	Category				(h)	Description				
ľ	OF	'"	Consulting	ee Categories listed at	tne top of this sch	edule)	(2)		outsi	de of Texas. Cor	mplete Schedule T.	
l	EXPENDITURE		Consumy	Lxperise				<b>=</b>		officeholder livir		
l								Campaign Co	ons	ulting Fee		
l												
9	Complete ONLY if direct	<u> </u>	Candidato/Off	iceholder name		Office sour	aht			Office h	aold	
"	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/On	icenoidei name		Office sou	gni			Office i	ieiu	
L	<u>'</u>											
l	Date		Payee name									
	02/24/2025		Servellon C	Consulting Servi	ces							
H	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
l	\$400.00		151 Lakevi	ew North		·						
	¥ 100.00											
				T) / T0500								
L		L	San Benito	, IX 78586								
l	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Consulting	Expense				<b>=</b>			mplete Schedule T.	
l								<b>—</b>		officeholder livir	ng expense	
l								Campaign Co	JIIS	ulling Fee		
L												
l	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
l	expenditure to benefit C/OI	П										
F	Date		Payee name									
l	04/08/2025		•	Consulting Servi	ces							
┝	Amount (\$)	┢	Payee addre			Zip Co	do					
l	` '		151 Lakevi	•	Siale,	Zip Co	ue					
l	\$600.00		131 Lakevi	ew Mortii								
l												
l			San Benito	, TX 78586								
Г	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF		Consulting			,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
l	EXPENDITURE		3	•				_		officeholder livir	ng expense	
l								Campaign Co	ons	ulting Fee		
Г	Complete ONLY if direct	. (	Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
l												

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/44 Rpt: 37/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/13/2025	Solis, Marcus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		·
	Date	Payee name
	03/10/2025	Solis, Marcus
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name T-Mobile
	02/19/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	12920 SE 38th Street
		Bellevue, TX 98006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Phone Expense
		Sampaign Hono Exponds
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Commit	Gift/Awai ttee Legal Se <b>The Ins</b>	ds/Memorials Expense vices	Salaries	Expens S/Wages	se s/Contract Labor	Tr	avel III District avel Out of Dis THER (enter a	strict category not liste	d above)
1	Total pages Schedule F1:	2 FII	LER NAME					3 Fi	ler ID	(Ethics Comr	nission Filers)
	Sch: 33/44 Rpt: 38/49	Lo	pez, Janie (The	Honorable)				0	0085982		
4	Date	<b>5</b> Pa	ayee name								
	04/11/2025	T-	Mobile								
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State; Zip (	Code					
	\$100.00	12	2920 SE 38th Sti	eet							
		Вє	ellevue, TX 9800	6							
8	PURPOSE	(a) Ca	ategory (See Catego	ries listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Of	ffice Overhead/F	Rental Expense						plete Schedule T	
							Campaign Ph			j expense	
							Campaign Fi	ilone i	Lxperise		
9	Complete ONLY if direct	Can	ndidate/Officeholde	er name	Office so	nuaht			Office he	əld 	
ľ	expenditure to benefit C/O		ididate/Oniceriolat	i name	Office 30	Jugin			Office fic	SIG.	
H	Date	Pa	ayee name								
	06/26/2025		Mobile								
	Amount (\$)	Pa	ayee address;	City;	State; Zip (	Code					
	\$100.00		2920 SE 38th Sti	<i>3</i> .	otato, zip t	Jouc					
	Ψ100.00										
		Вє	ellevue, TX 9800	6							
	PURPOSE OF		ategory (See Catego		this schedule)	(b)	Description				
	EXPENDITURE	Of	ffice Overhead/F	Rental Expense			Check if travel			plete Schedule T.	
							Campaign Ph			ускрепас	
	Complete ONLY if direct		ndidate/Officeholde	er name	Office so	 ought			Office he	eld	
	expenditure to benefit C/OI	1									
	Date	Pa	ayee name								
	01/02/2025	TJ	J Maxx								
	Amount (\$)	Pa	ayee address;	City;	State; Zip (	Code					
	\$258.10	44	19 E Morrison Ro	d							
		Br	rownsville, TX 78	3526							
	PURPOSE	<b>(a)</b> Ca	ategory (See Catego	ries listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Of	ffice Overhead/F	Rental Expense			ш			plete Schedule T.	
	EXI ENDITORE						Check if Austin			j expense	
							Decorations f	iui Sta	ate Office		
	Complete ONLY if direct	Can	ndidate/Officeholde	er name	Office so	nught			Office he	7ld	
	expenditure to benefit C/O		ididate/Officeriolat	, name	Office 30	Jugiil			Office He	J. G.	
Eor	me provided by Texas F	thice (	Commission	JANANA' Otl	nice etate ty					Vorcion V	4 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 Com

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: 34/44 Rpt: 39/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	04/15/2025	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 2659
		Austin, TX 78768
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 Officeholder Membership Dues
		Cilicendual Membership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	03/07/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
	. ,	
		Austin, TX 78711
	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
		Officeholder Membership Dues
L	On which the ONE Wife discrete	Out tidate Office health and a second to the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	06/16/2025	The Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1400 E Nolana Ave
		McAllen, TX 78504
	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
		Campaign Newspaper Advertising
		Campaign voltopaper navorationing
$\vdash$	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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

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			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed at	oove)
	orean out a tyment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 35/44 Rpt: 40/49		Lopez, Janie	e (The Honoral	ole)					00085982		
4	Date	5	Payee name									
	01/16/2025		Uber Techno	ologies								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$7.91		1515 3rd St		•	·						
			San Erancis	co, CA 94158								
Ļ	BUBBOOF	⊢					(1-)					
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description	outei	do of Toyas Cor	mplete Schedule T.	
	EXPENDITURE		Travel Out o	of District				<b>=</b>		officeholder livir		
								Transportatio	n to	COH Rela	ated Meeting	
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н					•					
H	Date	Π	Payee name									
	01/21/2025		Uber Techno	ologies								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$9.59	l	1515 3rd St		Otato,	Z.p 00	uo					
	Ψ0.00		1010 014 01									
			Can Francis	co, CA 94158								
	DUDDOGE	(-)					(1-)					
	PURPOSE OF	(a) 		e Categories listed at	the top of this scho	edule)	(a)	Description  Check if travel (	outei	de of Teyas Cor	mplete Schedule T.	
	EXPENDITURE		Travel Out o	of District				<b>=</b>		officeholder livir		
								Transportatio	n to	COH Rela	ated Meeting	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/28/2025		Uber Techno	ologies								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$12.75		1515 3rd St									
			San Francis	co, CA 94158								
	PURPOSE	(a)	Category (ea	e Categories listed at	the ton of this sch	edule)	(b)	Description				
	OF	l`´	Travel Out of		the top of this sent	cuuic)	` ,		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							ш		officeholder livir		
								Transportatio	n to	COH Rela	ated Meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	C	Office sou	ght			Office h	neld	
	experientale to beliefft 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 36/44 Rpt: 41/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	_
	01/31/2025	Uber Technologies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$16.97	1515 3rd St	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting	
		Transportation to corrected wiceting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	=
	02/04/2025	Uber Technologies	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$19.04	1515 3rd St	
	410.01	1010 014 01	
		San Francisco, CA 94158	
┝	PURPOSE		_
	OF OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Transportation to COH Related Meeting	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit eror		
	Date	Payee name	
	02/05/2025	Uber Technologies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.26	1515 3rd St	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting	
		Transportation to COTT Rolated Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
			_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 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: 37/44 Rpt: 42/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	02/10/2025	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.91	1515 3rd St
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
		Transportation to Corr Related Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/14/2025	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	1515 3rd St
		San Francisco, CA 94158
	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
		Transportation to COH Related Meeting
		Transportation to Corr Notated incoming
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	02/18/2025	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.98	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
		Transportation to COH Related Meeting
	Complete ONLY if direct	Condidate/Office helder no rec
	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 Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Gard i dyment	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: 38/44 Rpt: 43/49	Lopez, Janie (The Honorable)		00085982
4	Date	5 Payee name		·
	03/03/2025	Uber Technologies		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$14.95	1515 3rd St		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
				Transportation to COH Related Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		grit	Office field
	Data			
	Date 03/24/2025	Payee name Uber Technologies		
		3	-1-	
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$13.93	1515 3rd St		
		Car Francisco CA 04450		
		San Francisco, CA 94158		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if dustin, TX, officeholder living expense
				Transportation to COH Related Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/31/2025	Uber Technologies		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.76	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transportation to COH Related Meeting
	Complete ONLY if alias -t	Condidate/Officeholder nema	ab+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	d 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/44 Rpt: 44/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	05/23/2025	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.87	1515 3rd St
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
		Transportation to Corr Related Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	Para a same
	Date	Payee name
	06/04/2025	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.64	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
		Transportation to Corr Related Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/17/2025	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.91	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Transportation to COH Related Meeting
		Transportation to Corr Neiated Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 40/44 Rpt: 45/49	Lopez, Janie (The Honorable) 00085982	
4	Date	5 Payee name	_
	06/09/2025	Uber Technologies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$32.57	1515 3rd St	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Transportation to COH Related Meeting	
Ļ	0 1 0 0 1 1 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
	Date	Payee name	
	06/18/2025	Uber Technologies	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$28.99	1515 3rd St	
l			
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Transportation to COH Related Meeting	
l			
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	01/09/2025	Walmart	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$232.90	1126 W Us Highway 77	
l		San Benito, TX 78586	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for State Office	
L	0 1. 2		_
	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

	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: 41/44 Rpt: 46/49	Lopez, Janie (The Honorable) 00085982
4	Date	5 Payee name
	01/13/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.23	1126 W Us Highway 77
		San Benito, TX 78586
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 for State Office
9	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	01/16/2025	Walmart
H	Amount (\$)	Payee address; City; State; Zip Code
	\$81.16	1126 W Us Highway 77
		San Benito, TX 78586
	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 for State Office
		Supplies for State Silves
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/03/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.31	1126 W Us Highway 77
		San Benito, TX 78586
	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 for State Office
		Supplies for State Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### 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		Legal Services  The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 42/44 Rpt: 47/49	Lopez, Jani	e (The Honorable)					00085982	
4	Date	5 Payee name							
	01/06/2025	Walmart							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$356.12	1126 W Us	Highway 77						
		San Benito,	TX 78586						
8	PURPOSE	(a) Category (Se	ee Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	ise		_		de of Texas. Com officeholder living	plete Schedule T.
						Supplies for S			g expense
9	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	7							
	Date	Payee name							
	01/07/2025	Walmart							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$420.79	1126 W Us	Highway 77						
		San Benito,	TX 78586						
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expen	ise				de of Texas. Com officeholder living	plete Schedule T.
						Supplies for S			y expense
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	02/18/2025	Walmart							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$124.49	1126 W Us	Highway 77						
		San Benito,	TX 78586						
	PURPOSE	(a) Category (Se	ee Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	ise		ш			plete Schedule T.
						Supplies for S		officeholder living	g expense
						2000100 101 6			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Η							

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1: Sch: 43/44 Rpt: 48/49	2 FILER NAME Lopez, Janie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085982
Ļ	·	I I
4	Date	5 Payee name
	02/24/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.37	1126 W Us Highway 77
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		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Supplies for State Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
$\vdash$	Data	
	Date	Payee name
	03/10/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.39	1126 W Us Highway 77
		0 × B × ii × TV 70500
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LIMBITORE	Check if Austin, TX, officeholder living expense
		Supplies for State Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
H	Date	Payee name
	03/31/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.18	1126 W Us Highway 77
		San Benito, TX 78586
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (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 for State Office
		Supplies for State Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		

## 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		mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	·		ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)		
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commission Filers	s)	
ľ	Sch: 44/44 Rpt: 49/49			e (The Honorab	le)					00085982	(Lunes Commission Filers	3)	
4	Date	5	Payee name						_				
l	04/15/2025		Walmart										
ᆫ		_											
6	Amount (\$)	7 Payee address; City; State; Zip Code											
l	\$76.46		1126 W Us Highway 77										
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l													
l			San Benito,	TX 78586									
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this sche	edule)	(b)	Description					
	OF					suu.o,		`	outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense						Check if Austin, TX, officeholder living expense				
			Supplies for State Office										
L													
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office sou	ght			Office h	eld		
l	expenditure to benefit C/OH												
F	Date	Г	Payee name										
l													
	06/27/2025		Wix										
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de						
	\$253.30 100 Gansevoort Street												
			New York, I	NY 10014									
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (						(b)	Description					
OF		Office Overhead/Rental Expense						:	outsi	de of Texas. Cor	nplete Schedule T.		
EXPENDITURE			Office Overfication Expense					Check if Austin, TX, officeholder living expense					
								Campaign Website Hosting Services					
l								, ,		J			
⊢	- 1:	<u> </u>											
l	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	C	office sou	ght			Office h	eld		
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