FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081836 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gloria E. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Lopez CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Juan L. NAME NICKNAME LAST **SUFFIX** Guerra Jr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 489-6839 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 308th Harris Family District Court Judge

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Lopez, Gloria E. (The	Honorable)		14 Filer ID 00081836	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure:	is accepted or political expenditus in may have been made without required to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages COMMITTEE TYPE COMMITTEE NAME						
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		\$ \$	0.00
		ICAL CONTRIBU	JTIONS S, OR GUARANTEES OF LOAN	C)	\$	6,025.00
EXPENDITURE	`	IZED POLITICAL E		3)	\$	0.00
TOTALS	4. TOTAL POLIT	ICAL EVDENDIT	UDEC			
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	5,067.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	78,656.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the Il information require	accompanying d to be reporte	report is ed by me
			The Hono	orable Gloria E. Lo	pez	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	er administering oath	Printed name	of officer administering oath	Title of offi	icer administer	ing oath

SUBTOTALS - JC/OH

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

					3 of 17
	ER NAN	ΛΕ oria E. (The Honorable)	19 Filer ID 00081836	(Ethics Commission	Filers)
	HEDULI	SUBTOTAL AM	OUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	6,025.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				4,833.53
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	234.00
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	722.13

	MONET	ARY POLITICAL	SCHEDULE A(J)1					
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/17		
2	FILER NAME	a E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081836		
4	Date 06/10/2025	5 Full name of contributor Bobby K. Newman, P.C6 Contributor address; City;			7	Amount of Contribution (\$) \$5,000.00		
		Houston, TX 77098						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)		
12	! If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date 06/27/2025					Amount of Contribution (\$) \$500.00		
		Houston, TX 77070						
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Owner				
		employer/law firm		Law firm of contributor's sp	enouse (if any)			
		Law Firm, P.C.		The Haston Law Firm, F				
	If contributor is	s a child, law firm of parent(s) (i	f any)					
	N/A			N/A				
	Date 06/27/2025	Full name of contributor Moreno, Candace (Mrs. Contributor address; City;	•			Amount of Contribution (\$) \$25.00		
		Midland, TX 79705						
		Principal Occupation		Contributor's Job Title				
	Home Engineer N/A							
Contributor's employer/law firm N/A Law firm of contributor's s					oous	se (if any)		
If contributor is a child, law firm of parent(s) (if any)								
	N/A	o a crima, law iirin or parcria(s) (i						

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lopez, Glori	a E. (The Honorable)			00081836	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/22/2025	06/22/2025 St. Yves- Brewer, Diane (Mrs.)				\$500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77006	.			
8		Principal Occupation	9 Contributor's Job Title			
	Attorney		Owner			
10		employer/law firm	11 Law firm of contributor's sp	oous	e (if any)	
		f Diane St. Yves, PLLC	N/A			
12		s a child, law firm of parent(s) (if any)				
	N/A		N/A			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/9 Rpt: 6/17	Lopez, Gloria E. (The Honorable) 00081836
4	Date 02/26/2025	5 Payee name Area 5 Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$125.00	3800 Spencer Highway
		Suite L
		Pasadena, TX 77504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ticket for Area 5 Democrats Brunch.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	3212 E. Cesar Chavez St
		Building 1, Suite 1300
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly subscription for design tools/templates to
		create presentations, fliers, and announcements.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	3212 E. Cesar Chavez St
		Building 1, Suite 1300
		Austin, TX 78702
	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 Monthly subscription for design tools/templates to
		create presentations, fliers, and announcements.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ment Solicitation/Fundraising Expense
rnse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense extenses and listed choice)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Ser	ls/Memorials Expense vices ruction Guide expla		Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict i category not listed a	ubove)
1	Total pages Schedule F1:	2	FII FR NAMF					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/9 Rpt: 7/17	ı	Lopez, Gloria E. (T	he Honorable)					00081836	, , , , , , , , , , , , , , , , , , , ,	
4	Date	5	Payee name								
	04/28/2025		Canva								
6	Amount (\$)	7	Payee address;	City; S	tate; Zip Co	ode					
	\$15.00		3212 E. Cesar Cha	vez St							
			Building 1, Suite 13	300							
		ı	Austin, TX 78702								
8	PURPOSE	١.,	0-4			(h)	Description				
١	OF	(4)	Category (See Categor	ies listed at the top of thi	is schedule)	(6)		outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		1 000				=		officeholder living		
										sign tools/temp	
							create preser	ntat	ions, fliers,	and announce	ements.
9	Complete ONLY if direct		andidate/Officeholde	r name	Office sou	ight			Office h	eld	
L	expenditure to benefit C/OI	H									
	Date		Payee name								
	03/28/2025		Canva								
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode					
	\$15.00		3212 E. Cesar Cha	vez St							
			Building 1, Suite 13	300							
		ı	Austin, TX 78702								
	PURPOSE	(a)	Category (See Categor	ies listed at the top of thi	is schedule)	(b)	Description				
	OF EXPENDITURE	ľ	Fees	se noted at the top of the	.c soricuale)	Ĭ ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						ш		officeholder living		
										sign tools/temp and announce	
						<u> </u>	Greate preser	nal			inchia.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholde	r name	Office sou	ıght			Office h	eld	
	Date		Payee name								
L	02/28/2025		Canva								
	Amount (\$)		Payee address;	City; S	tate; Zip Co	ode					
	\$15.00		3212 E. Cesar Cha	vez St							
			Building 1, Suite 13	300							
			Austin, TX 78702								
	PURPOSE	(a)	Category (See Categor	ies listed at the top of thi	is schedule)	(b)	Description				
	OF EXPENDITURE		Fees				ш			plete Schedule T.	
							ш		officeholder living		alotoo to
										sign tools/temp and announce	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholde	r name	Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/OI					J			200 11	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Clit/Awards/Memorials Legal Services The Instruction G	•		/ages	/Contract Labor		OTHER (enter	a category not listed above)	
Ļ		-			uiue expiairis i	iow to co	IIIPIE	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission I	-ılers)
	Sch: 3/9 Rpt: 8/17		Lopez, Glori	a E. (The Hond	orable)					00081836		
4	Date	5	Payee name									
	01/29/2025		Canva									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.00		3212 E. Ces	ar Chavez St								
			Building 1, S	Suite 1300								
			Austin, TX 7	8702								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	Fees	e Categories listed at t	the top of this sche	edule)	(2)	:	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1-663					=		officeholder livir		
											sign tools/template	
								create presen	ntat	ions, fliers,	and announcemer	nts.
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	01/10/2025		Harris Coun	ty Democratic I	Party							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		3302 Canal	St								
			Houston, TX	77003								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				=			mplete Schedule T.	
								ш		officeholder livir		oir
								Celebration.	OI F	Race for the	e Blue Precinct Cha	all
	Complete ONL V if direct	<u> </u>	Condidate/Offic	achalder name		Affice cou	abt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enoluer name	U	Office sou	gni			Office i	ieiu	
		_										
	Date		Payee name									
	02/27/2025		Home Slice	Pizza								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$94.18		3701 Travis	St.								
			Houston, TX	77002								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				=			mplete Schedule T.	
								Check if Austin,		officeholder livir	ng expense	
								Lunch for Sta	III.			
_	Operation ONE VIII II	<u>L</u>	0			vtc:	and a st			65	1 - 1	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	enoider name	O	Office sou	gnt			Office h	ieia	
		•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 9/17	Lopez, Gloria E. (The Honorable) 00081836
4	Date	5 Payee name
	02/25/2025	Houston Black American Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$150.00	P.O. Box 2252
		Houston, TX 77252
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 Ticket for HBAD Brunch.
		Hower of Fig. 2 Branch.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/10/2025	Houston Lawyers Association
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	P.O. Box 300009
	φ220.00	F.O. Box 300009
		Houston, TX 77230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Houston Lawyers Association 2025 Gala ticket.
		Houston Edwycia / Isaacian Zozo Gala tioket.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/23/2025	JW Marriott
H	Amount (\$)	Payee address; City; State; Zip Code
	\$936.57	23808 Resort Parkway
	Ψ330.31	25000 Nesont anway
		Can Antonia TV 70261
		San Antonio, TX 78261
	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	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for Texas State Bar Annual Meeting.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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)

	The Instruction Guide explains how to co	omplete	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/9 Rpt: 10/17	Lopez, Gloria E. (The Honorable)			00081836	
4 Date	5 Payee name		•		
01/13/2025	Laz Parking				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$5.00	5512 Memorial Dr.				
	Houston, TX 77007				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
OF EXPENDITURE	Fees	l`´Ē	Check if travel outs	side of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX		
		P	Parking Fee for	Breakfast w	ith HBA Leadership.
		<u> </u>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
Date	Payee name				
06/05/2025	Moreno, Candace (Ms.)				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$300.00	907 Pine Ct				
	Midland, TX 79705				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
OF EXPENDITURE	Fees	[Check if travel outs		
			Check if Austin, TX Jpdate Campai		g expense
			Space Campa	gii website.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office he	eld
expenditure to benefit C/O		agiit		000	
Date	Payee name				
06/24/2025	Morris, Iris				
	Payee address; City; State; Zip Ci	odo			
Amount (\$) \$300.00	2345 Bering Drive, #408	oue			
Ψ300.00	2545 Defing Drive, #400				
	Houston TV 77057				
	Houston, TX 77057	1			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description Check if travel outs	ride of Toyas Com	nlota Schadula T
EXPENDITURE	Salaries/Wages/Contract Labor	 	Check if Austin, TX		
		2	Contract Labor	for CEC Mee	eting.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	Н				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card F dyment	The Instruction Guide explains how to co	omple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 6/9 Rpt: 11/17	Lopez, Gloria E. (The Honorable)			00081836	
4 Date	5 Payee name		•		
04/22/2025	Omni Houston Hotel				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$15.00	4 River Dr				
	Houston, TX 77056				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Fees			tside of Texas. Com	
			—	X, officeholder living	g expense neonBlazing Forward,
			Pct 4.	Allena Lunci	leonblazing Forward,
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	ald.
expenditure to benefit C/O		ugnt		Office fit	siu
Data					
Date 03/31/2025	Payee name Ono Creative Design				
	-				
Amount (\$)	Payee address; City; State; Zip Ci	oae			
\$245.39	6309 Milam Branch Lane				
	December TV 77474				
	Rosenberg, TX 77471	T			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	tside of Texas. Com	unloto Schodulo T
EXPENDITURE	Salaries/Wages/Contract Labor			X, officeholder living	
			—		Campaign Logo.
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
03/31/2025	Ono Creative Design				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$100.00	6309 Milam Branch Lane				
	Rosenberg, TX 77471				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Event Expense		Check if travel out	tside of Texas. Com	•
LAFENDITORE				X, officeholder living	
			Event.	ctures at wor	nen's History Month
Complete Chill V if all a	Condidate/Officeholder name			Office 1	- I - I
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ugnt		Office he	elu
•					

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 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	e this form.
1	Total pages Schedule F1: Sch: 7/9 Rpt: 12/17	2 FILER NAME Lopez, Gloria E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081836
4	Date 06/27/2025	5 Payee name Paypal	
6	Amount (\$) \$1.21	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee from third party for online donation.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/27/2025	Payee name Paypal	
	Amount (\$) \$14.94	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee from third party for online donation.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/22/2025	Payee name Paypal	
	Amount (\$) \$14.94	Payee address; City; State; Zip Code 2211 North First Street	
		San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee from third party for online donation.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

nt 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 compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 13/17	Lopez, Gloria E. (The Honorable)	00081836
4	Date	5 Payee name	
	06/25/2025	Phoenicia Specialty Foods	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$891.00	1001 Austin St	
		Houston, TX 77010	
8	PURPOSE		N. Donastinitas
0	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	- Cook Cook and Cook	Check if Austin, TX, officeholder living expense
			Food paid for Ramadan CLE Hosted by Judges at Courthouse.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/O		550
	Date	Payee name	
	02/05/2025	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	19607 Tomball Pkwy	
		Houston, TX 77070	
	PURPOSE OF	, (************************************	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Coffee and Breakfast for Jurors.
	0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0		0" 111
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/17/2025	State Bar of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.92	PO Box 12487	
		Austin, TX 78711	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Fee to obtain MCLE credit for CLE hosted by Family
			Board.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit C/Of	·	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, 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 co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 14/17	Lopez, Gloria E. (The Honorable)		00081836
4	Date	5 Payee name		•
	06/12/2025	USPS		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$188.00	701 San Jacinto		
		Houston, TX 77002		
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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fee for Campaign PO BOX.
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	04/01/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$13.47	5714 Star Ln		
		Houston, TX 77057		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Uber fee to CLE at Hilton Americas Houston from Courthouse.
	Complete ONLY if disent	Condidate Office helder name	a. la.t	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sould	gnı	Office held
	Date	Payee name		
	04/25/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$12.91	5714 Star Ln		
		Houston, TX 77057		
	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
				Uber Fee to CLE to Court House.
	Complete ONLY if direct	Condidate/Officeholder nema	abt	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sould	ynı	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense				Travel in District Travel Out of District OTHER (enter a category not lis	sted above)
1	Total pages Schedule G:	2	FILER NAME	≣				3	Filer ID (Ethics Comn	nission Filers)
	Sch: 1/2 Rpt: 15/17		Lopez, Glo	ria E. (The Hond	orable)				00081836	
4	Date	5	Payee name					•		
	01/12/2025		Schedulista	ı						
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode			
	\$39.00		1419 S Jac	kson Street, Su	ite 111					
	Reimbursement from political contributions intended		Seattle, WA	A 98144						
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description	=	neck if travel outside of Texas. C	
	OF EXPENDITURE		Fees				L	_	neck if Austin, TX, officeholder liv	• ,
									cheduling service for court's docket/hearings/	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name	ı.						
	02/12/2025		Schedulista	ı						
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode			
	\$39.00		1419 S Jac	kson Street, Su	ite 111					
	Reimbursement from political contributions intended		Seattle, WA	A 98144						
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	=	neck if travel outside of Texas. C	
	OF EXPENDITURE		Fees					_	neck if Austin, TX, officeholder liv	
									cheduling service for court's docket/hearings/	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name			<u> </u>				
	03/12/2025		Schedulista	ı						
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode			
	\$39.00		1419 S Jac	kson Street, Su	ite 111					
	Reimbursement from political contributions intended		Seattle, WA	\ 98144 -						
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	=	neck if travel outside of Texas. C	· ·
	OF EXPENDITURE		Fees					_	neck if Austin, TX, officeholder liv	
									cheduling service for court's docket/hearings/	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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		Gift/Awards/Memorials Expens Legal Services	Salaries/V	Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide ex	plains how to co	mplete this form.	
1	Total pages Schedule G:	2 FILER NAM	ИE			3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 16/17	Lopez, Gl	oria E. (The Honorable)			00081836
4	Date	5 Payee nam	ne			
	04/12/2025	Schedulis	ta			
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode	
	\$39.00	1419 S Ja	ackson Street, Suite 113	=		
	Reimbursement from political contributions intended	Seattle, W	/A 98144			
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Check if Austin, TX, officeholder living expense
	EXPENDITORE					y scheduling service for online Court's docket/hearings/trials.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought	Office held
	Date	Payee nam	ne			
	05/12/2025	Schedulis				
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode	
	\$39.00	1419 S Ja	ackson Street, Suite 113	-		
	Reimbursement from					
	political contributions intended	Seattle, W	/A 98144			
	political contributions intended PURPOSE		/A 98144 (See Categories listed at the top of	this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	political contributions intended PURPOSE OF			this schedule)	Description _	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	political contributions intended PURPOSE	Category		this schedule)	Cost of third part	₫
	political contributions intended PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Cost of third part	Check if Austin, TX, officeholder living expense y scheduling service for online
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit	Category Fees	(See Categories listed at the top of seholder name	this schedule)	Cost of third party	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category Fees Candidate/Office	(See Categories listed at the top of ceholder name	this schedule)	Cost of third party	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category Fees Candidate/Office Payee name	(See Categories listed at the top of ceholder name	this schedule) State; Zip Co	Cost of third part scheduling of the Office sought	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025	Category Fees Candidate/Office Payee name Schedulis Payee addi	(See Categories listed at the top of ceholder name	State; Zip Co	Cost of third part scheduling of the Office sought	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025 Amount (\$)	Category Fees Candidate/Office Payee name Schedulis Payee addi	ceholder name ne ta ress; City; ackson Street, Suite 112	State; Zip Co	Cost of third part scheduling of the Office sought	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025 Amount (\$) Reimbursement from political contributions	Category Fees Candidate/Office Payee nam Schedulis Payee addl 1419 S Ja Seattle, W	ceholder name ne ta ress; City; ackson Street, Suite 112	State; Zip Co	Cost of third part scheduling of the Office sought	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials.
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025 Amount (\$) \$39.00 Reimbursement from political contributions intended PURPOSE OF	Category Fees Candidate/Office Payee nam Schedulis Payee addl 1419 S Ja Seattle, W	ceholder name ceholder name ne ta ress; City; ackson Street, Suite 11:	State; Zip Co	Cost of third party scheduling of the Office sought	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials. Office held
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025 Amount (\$) Reimbursement from political contributions intended PURPOSE	Category Fees Candidate/Office Payee name Schedulis Payee addit 1419 S Jate Seattle, We Category	ceholder name ceholder name ne ta ress; City; ackson Street, Suite 11:	State; Zip Co	Cost of third party scheduling of the Office sought Description	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials. Office held Check if travel outside of Texas. Complete Schedule T.
	political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/12/2025 Amount (\$) \$39.00 Reimbursement from political contributions intended PURPOSE OF	Category Fees Candidate/Office Payee name Schedulis Payee addit 1419 S Jate Seattle, We Category Fees	ceholder name ne ta ress; City; ackson Street, Suite 11:	State; Zip Co	Cost of third party scheduling of the Office sought Description	Check if Austin, TX, officeholder living expense y scheduling service for online Court's docket/hearings/trials. Office held Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense y scheduling service for online

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/17 2 FILER NAME Filer ID (Ethics Commission Filers) Lopez, Gloria E. (The Honorable) 00081836 5 Name of person from whom amount is received 8 Amount (\$) 02/12/2025 \$722.13 State Bar of Texas 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Partial Reimbursement for Hotel and Travel for speaking at speak at Advanced Trial Skills for Family