

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00083325	2 Total pages filed: 98		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Raynaldo T.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Ray	SUFFIX Lopez	Date Received ELECTRONICALLY FILED 01/18/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7015 Quiet Ridge Walk			Date Hand-delivered or Date Postmarked		
	San Antonio, TX 78250-3544			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Andy	SUFFIX Greene			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5642 Timber Steep		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Antonio, TX 78250-5903					
7 CAMPAIGN TREASURER PHONE	AREA CODE (210) 520-9412	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 125			12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 98

13 C / OH NAME	Lopez, Raynaldo T. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00083325
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 14,287.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 5,126.87
	4. TOTAL POLITICAL EXPENDITURES		\$ 38,998.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 12,307.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Raynaldo T. Lopez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

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

3 of 98

18 FILER NAME Lopez, Raynaldo T. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00083325
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,287.67
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 38,998.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/40 Rpt: 4/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Tyler	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Madison, AL 35756	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleman, Samantha	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code San Antonio, TX 78245	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arfsten, Patricia	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Costa Mesa, CA 92626	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arons, Andrew	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Los Angeles, CA 90017	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babiarz, Carolyn	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Wilmington, DE 19803-2010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/40 Rpt: 5/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bankert, Keith	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Milwaukee, WI 53211	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bardin, Robert	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code New York, NY 10025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barndt, Patricia	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Harleysville, PA 19438	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/40 Rpt: 6/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Mario	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78212-2354	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Michael	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Huntington Beach, CA 92648	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Trent	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Clifton, VA 20124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar County Democratic Party	Amount of Contribution (\$) \$1,300.00
	Contributor address; City; State; Zip Code San Antonio, TX 78201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biks, Centis	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Redmond, WA 98052	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/40 Rpt: 7/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bizzell, Sandra	7 Amount of Contribution (\$) \$6.25
	6 Contributor address; City; State; Zip Code Warrensville Hts, OH 44128	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaue, Elizabeth	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Charlton, MA 01507	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohn, Gary	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Boulder, CO 80301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Castro Valley, CA 94552	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolnick, Patty	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Albuquerque, NM 87114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/40 Rpt: 8/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolnick, Patty	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Albuquerque, NM 87114	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borkowski, Elizabeth	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Washington, DC 20009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosh, Joni	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslin, Gregory	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sandy Creek, NY 13145-3149	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Jennifer	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Nashville, TN 37206	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/40 Rpt: 9/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotman, David	7 Amount of Contribution (\$) \$3.13
	6 Contributor address; City; State; Zip Code Fair Oaks, CA 95628	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnham, Pamela	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Roberta	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19147	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannaday, Mary	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Bartow, FL 33830	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Phyllis Rose	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Loveland, OH 45140	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/40 Rpt: 10/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castell, Linda	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Bow, WA 98232	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Adam	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Leon Valley, TX 78238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Derwood, MD 20855	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jo	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Kat	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/40 Rpt: 11/98	
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325	
4 Date 08/03/2025	5 Full name of contributor Combs, Jacob	6 Contributor address; City; State; Zip Code Studio City, CA 91604	7 Amount of Contribution (\$) \$1.25
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$3.38
	Contributor address; City; State; Zip Code San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code East Freedom, PA 16637		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Watertown, MA 02472		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Ellicot City, MD 21042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/40 Rpt: 12/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/08/2025	5 Full name of contributor Dampf, Ethan	7 Amount of Contribution (\$) \$2.50
	6 Contributor address; City; State; Zip Code Los Angeles, CA 90019	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/11/2025	Full name of contributor Darr, Anthony	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Marysville, WA 98270	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor Davis, Jean	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Hoquiam, WA 98550	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor Davis, Mark	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Sultan, WA 98294	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor Davis, Patrick	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Lizella, GA 31052	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/40 Rpt: 13/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Debra	7 Amount of Contribution (\$) \$31.25
	6 Contributor address; City; State; Zip Code Texico, IL 62889	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deputy Sheriffs Association of Bexar County PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Aaron	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77040	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncanson, Bobby	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Stoughton, WI 53589	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, David	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code New York, NY 10023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/40 Rpt: 14/98	
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325	
4 Date 08/05/2025	5 Full name of contributor Edwards, Alexa	6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$6.25
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Asheville, NC 28805		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$31.25
	Contributor address; City; State; Zip Code Folsom, CA 95630		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code San Antonio, TX 78249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/40 Rpt: 15/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Federici, Domenico	7 Amount of Contribution (\$) \$3.13
	6 Contributor address; City; State; Zip Code Asbury, NJ 08802	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feil, Vicki	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Ossian, IN 46777	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Anne	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Eleva, WI 54738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Roberta	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Newton Centre, MA 02459	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/40 Rpt: 16/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedenthal, Ronald	7 Amount of Contribution (\$) \$6.25
	6 Contributor address; City; State; Zip Code Los Altos, CA 94024	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, William	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Hancock, MI 49930	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chicago, IL 60620	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Cathy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagle, ID 83616	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/40 Rpt: 17/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Nicholas	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Fort Lee, NJ 07024	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Catharine	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Apalachicola, FL 32320	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Princeton, NJ 08542-3148	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Patrick	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Boise, ID 83703-3081	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/40 Rpt: 18/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel 6 Contributor address; City; State; Zip Code Los Angeles, CA 90025	7 Amount of Contribution (\$) \$1.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Martha Contributor address; City; State; Zip Code Sacramento, CA 95825	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasslocher, James Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Marcus Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/40 Rpt: 19/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Katherine 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence Contributor address; City; State; Zip Code Louisville, KY 40219	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt, Larry Contributor address; City; State; Zip Code Westminster, CO 80031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubert, Martin Contributor address; City; State; Zip Code Austin, TX 78703-1318	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald Contributor address; City; State; Zip Code Shelton, WA 98584	Amount of Contribution (\$) \$1.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/40 Rpt: 20/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyatt, Ronaldab 6 Contributor address; City; State; Zip Code St. Petersburg, FL 33743	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illiig, Carl Contributor address; City; State; Zip Code Phoenixville, PA 19460	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$2.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn Contributor address; City; State; Zip Code Eugene, OR 97404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Melinda Contributor address; City; State; Zip Code Ventura, CA 93001	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/40 Rpt: 21/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnstone, Andrew 6 Contributor address; City; State; Zip Code Visalia, CA 93291	7 Amount of Contribution (\$) \$3.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolly, Sandra Contributor address; City; State; Zip Code Port Saint Lucie, FL 34952-7281	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Michael Contributor address; City; State; Zip Code Falls Church, VA 22042	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kacmar, Richard Contributor address; City; State; Zip Code San Diego, CA 92105	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karp, Eleanor Contributor address; City; State; Zip Code West Roxbury, MA 02132	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/40 Rpt: 22/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kato, Barbara	7 Amount of Contribution (\$) \$3.13
	6 Contributor address; City; State; Zip Code Chicago, IL 60625	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeler, Brice	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Hood River, OR 97031	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer, James	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Eastland, TX 76448	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Mpls, MN 55404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinbart, Martin	Amount of Contribution (\$) \$4.50
	Contributor address; City; State; Zip Code Aventura, FL 33180	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/40 Rpt: 23/98	
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325	
4 Date 08/21/2025	5 Full name of contributor Kolb, Barbara	6 Contributor address; City; State; Zip Code Phoenix, AZ 85050	7 Amount of Contribution (\$) \$6.25
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Nipomo, CA 93444		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Clemente, CA 92673		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/40 Rpt: 24/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampka, Joseph 6 Contributor address; City; State; Zip Code Fleming Island, FL 32003	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapio, Cindy Contributor address; City; State; Zip Code San Diego, CA 92105	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha Contributor address; City; State; Zip Code La Pine, OR 97739	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David Contributor address; City; State; Zip Code Chester, NJ 07930	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Mary Contributor address; City; State; Zip Code Wilsonville, OR 97070	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/40 Rpt: 25/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Nick	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Rochester, MN 55906	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leinung, Mark	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Valatie, NY 12184	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Joseph	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Davis, CA 95616	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Mary	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Kathleen	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Westminster, CO 80030	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/40 Rpt: 26/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marceau, Cheryl	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Arlington, MA 02474	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin, Lynda	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Santa Cruz, CA 95060	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Tallahassee, FL 32312	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Paula	Amount of Contribution (\$) \$3.75
	Contributor address; City; State; Zip Code Guilford, VT 05301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Catherine	Amount of Contribution (\$) \$3.75
	Contributor address; City; State; Zip Code Madison, WI 53705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/40 Rpt: 27/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Catherine	7 Amount of Contribution (\$) \$3.75
	6 Contributor address; City; State; Zip Code Madison, WI 53705	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlin Blue Strategies	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattocks, Danna	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Raleigh, NC 27609	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Robert	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Hillsboro, NH 03244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Eric	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fayetteville, NC 28306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/40 Rpt: 28/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel Cummings, Jan	7 Amount of Contribution (\$) \$3.38
	6 Contributor address; City; State; Zip Code Leominster, MA 01453	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDole, Gary	Amount of Contribution (\$) \$2.38
	Contributor address; City; State; Zip Code Berkeley, CA 94701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Gary	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code San Antonio, TX 78222	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Cody	Amount of Contribution (\$) \$167.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrifield, Donna	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Monument, CO 80132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/40 Rpt: 29/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul	7 Amount of Contribution (\$) \$1.66
	6 Contributor address; City; State; Zip Code Hays, KS 67601	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Diego, CA 92116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Christina	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Hillsboro, OR 97123	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Suzan	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Manhattan, NY 10025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code Charlotte, NC 28277	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/40 Rpt: 30/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Joanna	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Woodstown, NJ 08098	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musto, F A	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Ada, MI 49301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nall, Michael	Amount of Contribution (\$) \$167.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Gail	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Ewing, NJ 08637	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese	Amount of Contribution (\$) \$8.19
	Contributor address; City; State; Zip Code Chicago , IL 60615	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/40 Rpt: 31/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Neil	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Sherman Oaks, CA 91423	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rosemarie	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Hillsborough Township, NJ 08844	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunes, Samantha	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Angels Camp, CA 95222	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Mara, Marc	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Pagosa Springs, CO 81147	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz McKnight PLLC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/40 Rpt: 32/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape Dawson Engineers PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Sharon Contributor address; City; State; Zip Code Wantagh, NY 11793	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peloquin, Barbara Contributor address; City; State; Zip Code Evanston , IL 60201-3010	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Andrew Contributor address; City; State; Zip Code Hillsboro, WI 54634	Amount of Contribution (\$) \$3.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinks, Megan Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/40 Rpt: 33/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Darren	7 Amount of Contribution (\$) \$2.50
	6 Contributor address; City; State; Zip Code Romeoville, IL 60446	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radan, Richard	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Fair Oaks, CA 95628	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragsdale, Clay	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Mountain Brook, AL 35213-3801	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphael, Sharon	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Long Beach, CA 90808	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, David	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Edwards, CO 81632	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/40 Rpt: 34/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Manchester , NH 03104	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Dennie	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Rio Vista, CA 94571	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, MaryAnn	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Wyncote, PA 19095	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Boulder City, NV 89006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/40 Rpt: 35/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Stormville, NY 12582-5302	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Susan	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Brookline, MA 02445-7508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Emily	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Louis	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Queens, NY 11355	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/40 Rpt: 36/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayresmith, Nick	7 Amount of Contribution (\$) \$3.13
	6 Contributor address; City; State; Zip Code Waxhaw, NC 28173	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Mark	Amount of Contribution (\$) \$3.13
	Contributor address; City; State; Zip Code Fennville, MI 49408	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Jose, CA 95126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siniscal, Joyce	Amount of Contribution (\$) \$31.25
	Contributor address; City; State; Zip Code La Conner, WA 98257	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/40 Rpt: 37/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slagg, Barbara	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55122	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slover, Lynette	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Conesus, NY 14435	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle	Amount of Contribution (\$) \$6.58
	Contributor address; City; State; Zip Code Leesburg, VA 20175	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smollen, Catherine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ridgefield, CT 06877	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smorol, Gregory	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Lockport, NY 14094	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/40 Rpt: 38/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code St. Petersburg, TX 33701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tan, Daniel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701-2132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Curtis	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Carson, CA 90746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/40 Rpt: 39/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Leroy	7 Amount of Contribution (\$) \$2.50
	6 Contributor address; City; State; Zip Code Los Angeles, TX 90047	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrey, Marcia	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Pasadena, CA 91105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Charles	Amount of Contribution (\$) \$167.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2441	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschanz, Jackie	Amount of Contribution (\$) \$31.25
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ursenbach, Charles	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Houston, TX 77041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/40 Rpt: 40/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero Political Action Committee 6 Contributor address; City; State; Zip Code San Antonio, TX 78269	7 Amount of Contribution (\$) \$2,000.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villanueva, Kristi San Antonio, TX 78203-1247	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Shane Washington, DC 20018	Amount of Contribution (\$) \$1.88
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walterick, Susan Parrish, FL 34219	Amount of Contribution (\$) \$3.13
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Ann Seattle, WA 98122-5248	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/40 Rpt: 41/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94122	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Bradley	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Cullen	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Gorham, ME 04038	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Andrew	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78751-4010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/40 Rpt: 42/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittig, Louis	7 Amount of Contribution (\$) \$2.50
	6 Contributor address; City; State; Zip Code Union City, NJ 07087	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Lafayette, CA 94549	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Susan	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code St. Louis, MO 63139	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodson, Sue	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolfson, Molly	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Los Angeles, CA 91356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/40 Rpt: 43/98
2 FILER NAME Lopez, Raynaldo T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaffee, Marc	7 Amount of Contribution (\$) \$6.25
	6 Contributor address; City; State; Zip Code Sparks, NV 89436	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michael	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Eugene, OR 97405	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zareski, James	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Berlin, CT 06037	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zochowski, Nicholas	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Ann Arbor, MI 48105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwain, Benjamin	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Greenville, SC 29615	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/55 Rpt: 44/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/07/2025	5 Payee name AT&T Mobility	
6 Amount (\$) \$308.72	7 Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name AT&T Mobility	
Amount (\$) \$341.16	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name AT&T Mobility	
Amount (\$) \$331.41	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/55 Rpt: 45/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/07/2025	5 Payee name AT&T Mobility	
6 Amount (\$) \$326.40	7 Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name AT&T Mobility	
Amount (\$) \$326.56	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name AT&T Mobility	
Amount (\$) \$326.54	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353-7104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/55 Rpt: 46/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/09/2025	5 Payee name Aiden by Best Western	
6 Amount (\$) \$91.80	7 Payee address; City; 2200 S IH-35 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aiden by Best Western	Office sought Office held
Date 07/20/2025	Payee name Aiden by Best Western	
Amount (\$) \$91.80	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aiden by Best Western	Office sought Office held
Date 07/21/2025	Payee name Aiden by Best Western	
Amount (\$) \$107.10	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aiden by Best Western	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 4/55 Rpt: 47/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/20/2025	5 Payee name Aiden by Best Western	
6 Amount (\$) \$91.80	7 Payee address; City; 2200 S IH-35 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Aiden by Best Western	
Amount (\$) \$91.80	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Aiden by Best Western	
Amount (\$) \$91.80	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 5/55 Rpt: 48/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/28/2025	5 Payee name Aiden by Best Western	
6 Amount (\$) \$183.60	7 Payee address; City; 2200 S IH-35 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/30/2025	Payee name Aiden by Best Western	
Amount (\$) \$107.10	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Aiden by Best Western	
Amount (\$) \$76.50	Payee address; City; 2200 S IH-35 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 6/55 Rpt: 49/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325	
4 Date 07/24/2025	5 Payee name Aiden by Best Western		
6 Amount (\$) \$275.40	7 Payee address; City; 2200 S IH-35 Austin, TX 78704	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin during Special Session of the Legislature for Representative Lopez.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/05/2025	Payee name Amiga Cafe		
Amount (\$) \$137.00	Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff thank you event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/08/2025	Payee name Amiga Cafe		
Amount (\$) \$34.17	Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 7/55 Rpt: 50/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/06/2025	5 Payee name Amiga Cafe	
6 Amount (\$) \$69.14	7 Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Amiga Cafe	
Amount (\$) \$43.00	Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Amiga Cafe	
Amount (\$) \$46.16	Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 8/55 Rpt: 51/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/19/2025	5 Payee name Amiga Cafe	
6 Amount (\$) \$62.71	7 Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Amiga Cafe	
Amount (\$) \$18.07	Payee address; City; 5309 Wurzbach #115 San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$30.00	Payee address; City; 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 9/55 Rpt: 52/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/30/2025	5 Payee name Bexar County Democratic Party	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/02/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 10/55 Rpt: 53/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/02/2025	5 Payee name Bexar County Democratic Party	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recurring contribution to local party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 11/55 Rpt: 54/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/21/2025	5 Payee name Bexar County Young Democrats	
6 Amount (\$) \$250.00	7 Payee address; City; P.O. Box 830651 San Antonio, TX 78283	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Costco	
Amount (\$) \$392.90	Payee address; City; 5611 UTSA Blvd San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for community events.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Costco	
Amount (\$) \$220.98	Payee address; City; 5611 UTSA Blvd San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Neighborhood & Sewnior events refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 12/55 Rpt: 55/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/02/2025	5 Payee name Crossroads Baptist Church	
6 Amount (\$) \$500.00	7 Payee address; City; 8300 Tezel Rd San Antonio, TX 78254	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to backpack giveaway.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Dominguez, Amor	
Amount (\$) \$103.20	Payee address; City; REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78242	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Dominguez, Amor	
Amount (\$) \$154.65	Payee address; City; REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78242	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 13/55 Rpt: 56/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/23/2025	5 Payee name Dominguez, Amor	
6 Amount (\$) \$360.45	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dominguez, Amor	Office sought Office held
Date 10/07/2025	Payee name Dominguez, Amor	
Amount (\$) \$247.26	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78242	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dominguez, Amor	Office sought Office held
Date 11/09/2025	Payee name Dominguez, Amor	
Amount (\$) \$247.26	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78242	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dominguez, Amor	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 14/55 Rpt: 57/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/26/2025	5 Payee name El Paraiso	
6 Amount (\$) \$352.90	7 Payee address; City; State; Zip Code 1934 Fredericksburg Rd San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for Grandparents Raising Grandchildren Annual Picnic
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/16/2025	Payee name FedEx	
Amount (\$) \$176.50	Payee address; City; State; Zip Code 5714 NW Loop 410 #800 San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Campaign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/23/2025	Payee name FedEx	
Amount (\$) \$183.82	Payee address; City; State; Zip Code 5714 NW Loop 410 #800 San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Campaign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 15/55 Rpt: 58/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/08/2025	5 Payee name Feed Back Catering	
6 Amount (\$) \$778.75	7 Payee address; City; 308 Avenue E. San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HD 125 Neighborhood President's meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/06/2025	Payee name HEB	
Amount (\$) \$50.00	Payee address; City; 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for staff vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name HEB	
Amount (\$) \$43.00	Payee address; City; 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 16/55 Rpt: 59/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/14/2025	5 Payee name HEB	
6 Amount (\$) \$235.80	7 Payee address; City; State; Zip Code 2130 Culebra Rd San Antonio, TX 78228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for MindShift Ed conference and board meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name HEB	
Amount (\$) \$90.16	Payee address; City; State; Zip Code 1000 E. 41st St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name HEB	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for staff vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 17/55 Rpt: 60/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/28/2025	5 Payee name HEB	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for staff vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name HEB	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name HEB	
Amount (\$) \$52.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 18/55 Rpt: 61/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/22/2025	5 Payee name HEB	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Staff vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name HEB	
Amount (\$) \$38.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name HEB	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 19/55 Rpt: 62/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/11/2025	5 Payee name HEB	
6 Amount (\$) \$40.00	7 Payee address; City; 9255 Grissom Rd. San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name HEB	
Amount (\$) \$47.01	Payee address; City; 108 N. Rosillo San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name HEB	
Amount (\$) \$86.50	Payee address; City; 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 20/55 Rpt: 63/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/26/2025	5 Payee name HEB	
6 Amount (\$) \$51.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name HEB	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name HEB	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 5910 Babcock Rd San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Halloween Event at Sr. Center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 21/55 Rpt: 64/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/15/2025	5 Payee name HEB	
6 Amount (\$) \$73.00	7 Payee address; City; State; Zip Code 9255 Grissom Rd. San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name HEB	
Amount (\$) \$39.00	Payee address; City; State; Zip Code 5910 Babcock Rd. San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name HEB	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 7951 Guilbeau San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 22/55 Rpt: 65/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 11/19/2025	5 Payee name HEB	
6 Amount (\$) \$25.01	7 Payee address; City; 9255 Grissom San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name HEB	
Amount (\$) \$20.00	Payee address; City; 7951 Guilbeau San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for Officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name HEB	
Amount (\$) \$32.47	Payee address; City; 5601 Bandera San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sr. Center Event giveaways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 23/55 Rpt: 66/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/08/2025	5 Payee name HEB	
6 Amount (\$) \$40.00	7 Payee address; City; 9255 Grissom San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for staff vehicle
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name HEB	
Amount (\$) \$44.00	Payee address; City; 9255 Grissom San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name HEB	
Amount (\$) \$41.00	Payee address; City; 9255 Grissom San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for officeholder vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 24/55 Rpt: 67/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/02/2025	5 Payee name Halftime Pizza	
6 Amount (\$) \$100.00	7 Payee address; City; 7126 Tezel Rd San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Thank you Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Halftime Pizza	Office sought Office held
Date 07/17/2025	Payee name Halftime Pizza	
Amount (\$) \$50.00	Payee address; City; 7126 Tezel Rd San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Halftime Pizza	Office sought Office held
Date 08/02/2025	Payee name Halftime Pizza	
Amount (\$) \$93.40	Payee address; City; 7126 Tezel Rd San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Halftime Pizza	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 25/55 Rpt: 68/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/17/2025	5 Payee name Halftime Pizza	
6 Amount (\$) \$105.00	7 Payee address; City; 7126 Tezel Rd San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Halftime Pizza	
Amount (\$) \$66.00	Payee address; City; 7126 Tezel Rd San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Hernandez, Patricia	
Amount (\$) \$190.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 26/55 Rpt: 69/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/01/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 09/04/2025	Payee name Hernandez, Patricia	
Amount (\$) \$230.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 09/13/2025	Payee name Hernandez, Patricia	
Amount (\$) \$210.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 27/55 Rpt: 70/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/20/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$260.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2025	Payee name Hernandez, Patricia	
Amount (\$) \$270.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/04/2025	Payee name Hernandez, Patricia	
Amount (\$) \$270.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 28/55 Rpt: 71/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/11/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$355.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 10/25/2025	Payee name Hernandez, Patricia	
Amount (\$) \$365.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 11/01/2025	Payee name Hernandez, Patricia	
Amount (\$) \$405.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 29/55 Rpt: 72/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/07/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$260.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 12/13/2025	Payee name Hernandez, Patricia	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 12/21/2025	Payee name Hernandez, Patricia	
Amount (\$) \$220.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 30/55 Rpt: 73/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/27/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$105.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 12/27/2025	Payee name Hernandez, Patricia	
Amount (\$) \$100.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held
Date 08/23/2025	Payee name Hernandez, Patricia	
Amount (\$) \$190.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hernandez, Patricia	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 31/55 Rpt: 74/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/18/2025	5 Payee name Hernandez, Patricia	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Block walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/19/2025	Payee name Hispanic Women's Network of Texas	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 152278 Austin, TX 78715	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Sponsorship of Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Jones, Gina Ortiz	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 12246 San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 32/55 Rpt: 75/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/18/2025	5 Payee name Labor Council for Latin American Advancement	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 815 16th St NW Washington DC, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Sponsorship of Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Las Palapas Restaurant	
Amount (\$) \$31.36	Payee address; City; State; Zip Code 5525 Tezel Road San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with constituent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name Las Palapas Restaurant	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 3039 TPC Parkway San Antonio, TX 78259	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with stakeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 33/55 Rpt: 76/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/20/2025	5 Payee name Las Palapas Restaurant	
6 Amount (\$) \$67.74	7 Payee address; City; 5525 Tezel San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Las Palapas Restaurant	
Amount (\$) \$35.20	Payee address; City; 8005 Callaghan San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Las Palapas Restaurant	
Amount (\$) \$29.00	Payee address; City; 5525 Tezel San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 34/55 Rpt: 77/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 11/30/2025	5 Payee name Las Palapas Restaurant	
6 Amount (\$) \$53.44	7 Payee address; City; 5525 Tezel San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lisa's Mexican Restaurant	Office sought Office held
Date 08/19/2025	Payee name Lisa's Mexican Restaurant	
Amount (\$) \$40.47	Payee address; City; 815 Bandera Rd San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lisa's Mexican Restaurant	Office sought Office held
Date 09/12/2025	Payee name Lisa's Mexican Restaurant	
Amount (\$) \$294.20	Payee address; City; 815 Bandera Rd San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Sponsor Event for Edgewood Education
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lisa's Mexican Restaurant	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 35/55 Rpt: 78/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/18/2025	5 Payee name MailChimp	
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name MailChimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name MailChimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 36/55 Rpt: 79/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/18/2025	5 Payee name MailChimp	
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name MailChimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name MailChimp	
Amount (\$) \$61.56	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mail Marketing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 37/55 Rpt: 80/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/30/2025	5 Payee name Panaderia Jimenez LLC	
6 Amount (\$) \$244.66	7 Payee address; City; State; Zip Code 1846 Fredericksburg Road San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Neff Middle School Teacher Appreciation event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/20/2025	Payee name Rios, Aaron	
Amount (\$) \$475.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Entertainment At his campaign kickoff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$321.88	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 38/55 Rpt: 81/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/03/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$491.09	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 07/05/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 08/04/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$1,175.54	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 39/55 Rpt: 82/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/20/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$76.16	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$489.35	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/20/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$85.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 40/55 Rpt: 83/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 09/26/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$6.57	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$20.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$30.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 41/55 Rpt: 84/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/01/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$787.02	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/03/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$6.56	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/04/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$45.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 42/55 Rpt: 85/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/06/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/10/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$6.56	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/11/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$80.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 43/55 Rpt: 86/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/13/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/14/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$60.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/17/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$6.56	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 44/55 Rpt: 87/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/17/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 10/23/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$824.01	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 11/04/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$798.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 45/55 Rpt: 88/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/03/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$246.70	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 12/12/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$70.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held
Date 12/24/2025	Payee name Rodriguez, Donovan	
Amount (\$) \$20.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Donovan	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 46/55 Rpt: 89/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 12/26/2025	5 Payee name Rodriguez, Donovan	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name SATX AFL-CIO	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 9502 Computer Dr. #201 San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad for Labor Day event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name San Antonio Hispanic Chamber of Commerce	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3006 Hudnell Dr. San Antonio, TX 78226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Leadership development event sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 47/55 Rpt: 90/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/02/2025	5 Payee name Scale to Win	
6 Amount (\$) \$132.27	7 Payee address; City; State; Zip Code 141 Tremont St Boston, MA 02111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Campaign texting service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Scale to Win	
Amount (\$) \$131.04	Payee address; City; State; Zip Code 141 Tremont St Boston, MA 02111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Campaign texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Scale to Win	
Amount (\$) \$472.47	Payee address; City; State; Zip Code 141 Tremont St Boston, MA 02111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan J. Rodriguez Campaign - Campaign texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 48/55 Rpt: 91/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/23/2025	5 Payee name Slack.com	
6 Amount (\$) \$70.27	7 Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name Slack.com	
Amount (\$) \$4.67	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/23/2025	Payee name Slack.com	
Amount (\$) \$65.29	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 49/55 Rpt: 92/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 08/25/2025	5 Payee name Slack.com	
6 Amount (\$) \$57.95	7 Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Slack.com	
Amount (\$) \$65.29	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Slack.com	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 50/55 Rpt: 93/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/23/2025	5 Payee name Slack.com	
6 Amount (\$) \$77.87	7 Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/25/2025	Payee name Slack.com	
Amount (\$) \$14.41	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/23/2025	Payee name Slack.com	
Amount (\$) \$40.02	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 51/55 Rpt: 94/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 11/25/2025	5 Payee name Slack.com	
6 Amount (\$) \$70.11	7 Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Slack.com	
Amount (\$) \$55.97	Payee address; City; State; Zip Code 500 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Communication Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name State Tejano Democrats	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad in convention program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 52/55 Rpt: 95/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/22/2025	5 Payee name Tavarez, Jenny	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Boerne, TX 78015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Tavarez, Jenny	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Boerne, TX 78015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Tavarez, Jenny	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Boerne, TX 78015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind contribution to Donovan Rodriguez Campaign - Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 53/55 Rpt: 96/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/09/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$1,430.00	7 Payee address; City; 314 Highland Blvd Suite 100 Austin, TX 78752	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Current Voter Database
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name The Centre Club	
Amount (\$) \$965.64	Payee address; City; 112 E. Pecan St. San Antonio, TX 78205	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name The Centre Club	
Amount (\$) \$48.74	Payee address; City; 112 E. Pecan St. San Antonio, TX 78205	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting with contributors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 54/55 Rpt: 97/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 07/16/2025	5 Payee name The Moon's Daughters	
6 Amount (\$) \$291.00	7 Payee address; City; 101 Lexington San Antonio, TX 78205	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting after event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Tobar, Matthew	Office sought Office held
Date 08/24/2025	Payee name Tobar, Matthew	
Amount (\$) \$500.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78232	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind Contribution to Donovan J. Rodriguez Campaign - Campaign Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Trejo, Oscar	Office sought Office held
Date 09/01/2025	Payee name Trejo, Oscar	
Amount (\$) \$1,500.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind Contribution to Donovan J. Rodriguez Campaign - Campaign Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 55/55 Rpt: 98/98	2 FILER NAME Lopez, Raynaldo T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083325
4 Date 10/01/2025	5 Payee name Trejo, Oscar	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind Contribution to Donovan J. Rodriguez Campaign - Campaign Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held