

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

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|---|--|--|--|--------------------------------|----------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00038708 | 2 Total pages filed: 5 | | |
| 3 COMMITTEE NAME TFN PAC | | OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/15/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p> | | | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | | | | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1624 Austin, TX 78767 | | | | | |
| | | | | | |
| | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Carisa | | | MI | |
| | NICKNAME LAST Lopez | SUFFIX | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); PO Box 1624 Austin, TX 78767 | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; PO Box 1624 Austin, TX 78767 | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (512) 212-5001 | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 | <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff | <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year 07/01/2025 | Month Day Year THROUGH | Month Day Year 12/31/2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> General | ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special | <input type="checkbox"/> Other | |

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

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| 12 COMMITTEE NAME TFN PAC | | 13 FILER ID (Ethics Commission Filers) 00038708 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 99,383.45 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 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.

Carisa Lopez

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 5

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|---|--|
| 17 COMMITTEE NAME TFN PAC | 18 FILER ID (Ethics Commission Filers) 00038708 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | |
| 7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS | |
| 10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION****SCHEDULE C4**

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C4: Sch: 1/1 Rpt: 4/5 |
| 2 FILER NAME TFN PAC | | 3 Filer ID (Ethics Commission Filers) 00038708 |
| 4 Date 07/01/2025 | 5 Corporation / Labor Organization name Texas Freedom Network | 6 Amount (\$) 500.00 |
| Date 08/01/2025 | Corporation / Labor Organization name Texas Freedom Network | Amount (\$) 500.00 |
| Date 09/01/2025 | Corporation / Labor Organization name Texas Freedom Network | Amount (\$) 500.00 |
| Date 10/01/2025 | Corporation / Labor Organization name Texas Freedom Network | Amount (\$) 500.00 |
| Date 11/01/2025 | Corporation / Labor Organization name Texas Freedom Network | Amount (\$) 500.00 |
| Date 12/01/2025 | Corporation / Labor Organization name Texas Freedom Network | Amount (\$) 500.00 |

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5 | 2 FILER NAME TFN PAC | 3 Filer ID (Ethics Commission Filers) 00038708 |
| 4 Date 08/17/2025 | 5 Payee name Atchley & Associates | |
| 6 Amount (\$) 404.60 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 6850 Austin Center Blvd, Suite 180 Austin, TX 78731-3129 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Accounting Services |
| Date 09/10/2025 | Payee name Texas Ethics Commission | |
| Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 201 E 14th St #10 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Fine for late Runoff Report |