(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS(MR) FIRST	M!	OFFICE USE ONLY		
OFFICEHOLDER NAME	Leonel		Date Received		
	NICKNAME LAST	SUFFIX	CAMERON COUNTY EPARTMENT OF ELECTIONS &		
	Lopez		VOTER REGISTRATION 4:20Ph		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP GODE	JAN 1 5 2015		
MAILING ADDRESS	235 Sumplet 10	/.1,	Date Hand-delivared or Postmarked		
change of address	Proummulle.	TX 18500	REAEIVED		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount		
OFFICEHOLDER PHONE	(950 3/2-4853		Date Precessed		
6 CAMPAIGN	MS/MRS MR FIRST	MI	Date Imaged		
TREASURER NAME	T)avid				
	NICKNAME LAST	SUFFIX			
	CORNE (O				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	1265 Durant	-a Lane	a		
(residence or business)	1005		i		
	Browns Ville,	TX 785	20		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	1952 (239-000S	<u> </u>			
9 REPORT TYPE	January 15 🔲 30th day before election	Rynoff	15th day after campaign treasurer appointment		
	July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)		
	July 15 our day octors discuss	Short \$5.5	The sport of the s		
10 PERIOD	Month Day Year	Month Day	Year		
COVERED*****	07-701/2014 THROUGH	12/31/	2014		
and seeming the fit					
11 ELECTION	ELECTION DATE ELECTION TYPE		Savet y Livy		
	Month Day Year Primary	Runoff	General Special		
	05/29/2014				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	B 15 11		
	211.0	Country	Commissioner		
	- NIA-	100100	-ще-		
		Ircra			
	GO TO PAG	E 2			

Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	- eon e	2/ LOPEZ 15 ACC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,920.00	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,240.00	
EXPENDITURE TOTALS				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,637.3	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 0 _	
OUTSTANDING LOAN TOTALS	TAL ST D	PRINCIPAL MISSING OF A LL OUTSTANDING LOANS AS OF THE	\$93, 155. 51	
18 AFFIDAVIT		1 swear, or affirm, under penalty of Frjur		
56-2016	:40 (3).2	is true and correct and includes all inform me under Title 15, Election Code.	David A. Rojas	
c, Gizie of Texas c, Sizie of Texas ilssion Expires	Motary Publ		Notary Public, State of Texas My Commission Expires 07-26-2016	
		Signature of Candidate	or Officeholder	
AFFIX NOTARY STAM	1P / SEAL ABOVE	me, by the said Leone Lo	002	
1 /	scribed before	me, by the said	and and seal of office.	
uay	To the second	David Rojas		
Signature of officer adin	inistering oath	Printed name of officer administering path	Title of officer administering oath	
www.ethics.state.tx.us		1	Revised 04/19/2013	

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	eonel Lopez		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/2/4	Victor Quintanilla 6 Contributor address; City; State; Zip Code 277 E. Harrison S	2st.	100.00	•
	Bro., TX 18520			of Texas, complete Schedule T)
	eation / Job title (See Instructions)	10 Employer (See	O Gams	, law
Date	Full name of contributor Out-of-state PAC (ID#_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/12/94	Ernesto Gamez, Contributor address; City; State; Zip Code	st.	100.00	
	Brownsville, TX	18530	(If travel outside o	of Texas, complete Schedule T
Principal occup	nation / Job title (See Instructions)	Employer (See	nstructions)	<u>d</u> .
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
18/18/is	DOLOVES Zavate Contributor address; City; State; Zip Code 38 W. Madison Brownsville, TX	5 St. 78520	320.00	
Principal occur	ation / Job title (See Instructions)	Employer (See	<u> </u>	ed
	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
Date	Ruth Serra		contribution (\$)	description (if applicable)
/2/10/14	Contributor address; City; State; Zip Code	~en	100,00)
	Brownsville, TX	18 200	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	oyed
Date	Full name of contributor : ' out-of-state PAC (ID#:_	U _j	Amount of contribution (\$)	he kind contribution description (if applicable)
12/14/14	Contributor address; City; State; Zip Code 855 E. Harriso Brownsylle	n St.	100,00	! !
Principaljoccuj	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
HTTO	riley		- William	
		<i>V</i>	A O NEEDED	O_{\perp}
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instruction			requirements.

The instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME / C = 0 1		3 ACCOUNT# (E	thics Commission Filers)
2 FILER NAME Leonel Lopez			
4 Date 5 Full name of contributor out-of-state PAC (ID#	`	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Rey (15 neros			
8 10 2014 6 Contributor address; City: State: Zip Code	Buren	100,00	
Brownsville,			of Texas, complete Schedule T)
9 Pripopal/occupation / Job title (See Instructions)	10 Employer (See In	istructions)	sued
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Carlos Monarr		(1)	
8/10/2014 Contributor address; City; State; Zip Code 1044 E. Van Bur	en	100,00	
Brownsville, TX	78520	(If travel outside o	l of Texas, complete Schedule T)
Principal/occupation / Job title (See Instructions)	Employer (See/In	structions)	loyed
Date Full name of contributor ☐ out-of-state PAC (ID#:_		Amount of	In-kind contribution description (if applicable)
1, 1 Rianberto Flore	5	contribution (\$)	description (ii applicable)
8/10/2014 Contributor address; City; State; Zip Code 914 E. Van BV	en St.	100.00	
Bro. TX 18520		(If travel outside	of Texas, complete Schedule T)
Principal decupation Job title (See Instructions)	Employer (See/)r	nstructions)	sloyed
Date Full name of contributor out-of-state PAC(ID#:	quez	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14 Contributor address; City; State; Zip Code of	en St.	200.00)
Brownsville,	1/ 1820		of Texas, complete Schedule T)
Principal occupation /dob title (See Instructions)	Employer/See/li	- My	loyed
Date Full name of sentributor out-of-state PAC/ID#_	mes	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Gode	ich	500.00	†)
1 18W 1X 1830	LC - C-A		of Texas, opmplete Schedule T)
Principal occupation Job title (See Instructions)	Employer (See I	nstructions) M	proyed
		U	·
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	raquiraments
If contributor is out-of-state PAC, please see instr	ruction guide forado	irdottar tebolitist	i requiremente.

SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Leonel Lopez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (10#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
9/30/14 6 Contributor address; City: State; Zip Code Output Output	St. 100.00
BW, TX 18520	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 En	self-Imployed
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind solution contribution (\$) description (if applicable)
10/10/14 Contributor address; City; State; Zip Code 902 E Maddy Gn	34. 300,00
Bw., TX 78320	(If travel outside of Texas, complete Schedule T)
Principal/occupation / Job title (See Instructions) En	pplayer (See Instructions) My LOY LO
Date Full name of sontributor out-of-state PAC (ID#:	Amount of In-kind edutribution contribution (\$) description (if applicable)
10/20/14 Contributor address; City; State; Zip Code	83 200,00
Bw., TX 18521	(If travel outside of Texas, complete Schedule T)
Principal occupation July title (See Instructions)	polover (See Instructions) WCOLOGY
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
10 20 14 Contributor address: U City; State; Zip Cotte	n = 300,00
SW. TX 1850	(If travel outside of Texas, complete Schedule T)
Principal decupation / Job title (See Instructions) En	elf-Implanta
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code Code Code Code Code Code Code Code	21- 100,00
Prindipal occupation / Job title (See Instructions) En	(If travel outside of Texas, complete Schedule T)
+TITOVILLY	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ATTACHADDITIONAL COPIES OF THIS	V SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction	guide foradditional reporting requirements.

The I	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule	A:
2 FILER NAME	Leonel Lope	2/	3 ACCOUNT # (Ethics	Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	0	7 Amount of 8 contribution (\$)	In-kind contribution escription (if applicable)
11/10/14	6 Contributor address; City; State; Zip Code	wen	200,00	
	Bw., TX 78520			as, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (Seff I	nstructions) - Wy	ayd
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$) d	In-kind contribution escription (if applicable)
10/28/14	Contributor andress; City; State; Zip Code	nd	200,00	
	BW. TX 7850	21		as, complete Schedule T)
Principal occup	pation () b title (See Instructions)	Employer (See I	nstructions)	uxed
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$) d	hekind contribution escription (if applicable)
10/29/14	Contributor address: City; State; Zip Code	nen	200,00	:
•	Bw. TX 785	520		xas, complete Schedule T)
Principal occur	patien / Job title (See Instructions)	Employer (See I	nstructions)	uxol
Date	Full name of contributor out-of-state PAC (ID#: Hellow Delgade	llo	Amount of contribution (\$)	forkind contribution escription (if applicable)
11/5/14	Contributor address; City; State, Zip Code	7	100.00	
	BW. 1X 1850			xas, complete Schedule T)
Principal occur	patien / Job title (See Instructions)	Employer (See	nstructions MA	loyd
Date	Full name of contributor	O A Par	Amount of Contribution (\$)	In-kind contribution lescription (if applicable)
10/30/14	Contributor address; City; State; Zip Code	d. #200	200.00)
	150. TX 785	20		xas, complete Schedule T)
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le .	ATTACH ADDITIONAL COPIES			uirements.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Llonel Lopen	
4 Date 5 Full name of contributor	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
I Mill Meso	
6 Contributor address; City; State; Zip Code	200,00
11926, 970	
9 Printing occupation / Job title (See Instructions) 10 Employer (SAe)	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	- Imploind
Date Full name of contributor Oul-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
1 Rick Nunny	Soliting the state of the state
Contributor address; Gity; State; Zip Cotte	600.00
most 199 2, proce ross	
1 1 18520	(If travel outside of Texas, complete Schedule T)
Principal/occupation / Job title (See Instructions) Employer (See	- Implaya
Date Full name of contributor out-of-state PAC (ID#:)	Amount o In-kind contribution contribution (\$) description (if applicable)
1 / Roselynn Rosel	Continuation (c)
Contributor address; Ocity; State; Zip Code	200.09
3505 9000 (1000)	
Principal decupation / Jibb title (See Instructions) Employer/(See	(If travel outside of Texas, complete Schedule T)
Principal decupation / Jeb title (See Instructions) Employer (See	- mplong
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
1110les Larate	00
Contributor address; City; State; Zip Code	320 =
100 0000	
Pythcipal ogcupation / Job-title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
HAT WILL W	- proper
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
11 Oral Dun	. 00
Q Q Q Contributor address; City; State; Zip Code	5,000 F
1" " " " " " " " " " " " " " " " " " "	
Principal occupation / Jap title/(Sée/Instructions) Employer((See	(If travel outside of Texas, complete Schedule II) Instructions)
Principal occupation / Job title/(Sée/Instructions) Employer/(See	t- my
ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
				(If travel outside o	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor ut-of-state PAC (ID#:	./	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code	/	(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	 	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			 -
	Principal occup	pation / Job title (See Instructions)	Employer (See	I	of Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC(ID#; Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			\		 of Texas, complete Schedule T)
	Principal occup	pation //Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	ln-kind contribution description (if applicable)
	/	Contributor address; City; State; Zip Code		\	
	Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		and the first of the second of			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

LOANS			SCHEDULE E
The Ins	truction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Leo/	rel lopez		3 ACCOUNT # (Ethics Commission Filers)
TOTAL (OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	\$
5 Date of loan 7 1211,113 - 14	Leonel & Elia		9 Loan Amount (\$) 91, 496,51
6 Is lender a financial Institution?	Lender address; City; State; 335 SUNSEH	Lip Code LP. TX	11 Maturity date day paid
12 Principal occupation funeral	Job title (See Instructions) Anictor Judge	13 Employer (See Instructions) Darling Mou	sul Texas
14 Description of Collate	eral U J.	15 Check if personal funds were (SOMe)	Other paid an office
16 GUARANTOR 1 INFORMATION	7 Name of guarantor		19 Amoun Guaranteed (\$)
not applicable 20 Principal Occupation		State: Zip Code Zip Code Zip Code State: Zip Code State: Zip Code State: Zip Code	
25 Thirdipal Goodpass			\ Loan Amount (\$)
Date of loan	Name of lender	out-of-state PAC (ID株	LoanFinodit(v)
Is lender a financial	Lender address; City; State;	Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Description of Collate	ral	Check if personal funds were	e deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zìp Code	
Principal Occupation	າ (See Instructions)	Employer (See Instructions)	
If lende	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NE	EDED porting requirements.

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor L ising Expense 7 C trict	oan Repayment/Reimbursement Fransportation Equipment & Related Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed	Committee
	The Instruction Guide	explains how to	complete this form	ท่	
1 Total pages Schedule F:	2 FILER NAME	***************************************		3 ACCOUNT # (Ethics Comm	ission Filers)
, , , , , , , , , , , , , , , , , , ,				\	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code 🦯			
N.					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (f travel outside of Texas, complete Schedu	le⊤)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office he	ld
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (II	f travel outside of Texas, complete Schedu	le T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	·.	Office sought	Office he	ld
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, complete Schedu	le T)
OF EXPENDITURE					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name XH		Office sought	Office he	ld
Date	Payee name		:		
Amount (\$)	Payee address; City; Sta	ate; Zíp Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	ftravel outside of Texas, complete Schedul	leT) .
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office hel	d
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME 2 COUNT # (Ethics Commission Filers)			
4 Date 8/10/2014	F Payee name Home Doods			
6 Amount (\$) 9, 00 Relimbursement from political contributions intended	7 Payee address; City; State; Zip Code H/ghua 28/ San antonio, TX 78258			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Buy purp for fundament for the complete schedule T)			
Date 10/11/14	Payee name Craftland			
Amount (\$) 00	Payee address & City: State: Zip Code Ston St.			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) CAAAA LONE LONE LONE LONE LONE LONE LONE LONE			
Date / 12/14	Payed named by Jobby			
Amount (\$) 00	Payee address: Ocity; State; Zip Code() 209 W. Liwell 11			
political contributions intended PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T)			
Date 12/26/14	Payer name Lops, & Elia Lops			
Amount (\$) 39 Relmbursement from political contributions intended	Payee address; City; State Zip Code 235 Sunder Dr. BW., TX 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Newburl Loan			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

TO A BUSIN	IESS OF C/OH			
	EXPENDITURE	CATEGORIES I	FOR BOX 8(a)	The state of the s
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor Loi sing Expense Tra Co rict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule H:	The Instruction Guide	explains now to c	omplete this form.	
1 Total pages conducte	ZYTLER IVENUE			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code	/	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T}
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Star	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Star	ite; Zip Code		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (Iftra	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name ⊮		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Stat	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name H		Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEI	EDED

NON-POLITICAL EXPENDITURES

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

SCHEDULE |

(TDD 1-800-735-2989)

	The Instruction Guide explains how	w to complete this form.
Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers
Date	5 Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sche				edule K:	
2 FIL	ER NAME		3 ACCOUNT # (Et	hics Commission Filers)	
4 Da	ite	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Co	odge	8 Amount (\$)	
		7 Purpose for which amount is received			
Da	(\$)			Amount (\$)	
		Address of person from whom amount is received; city; State; Zip Co			
Da	ate	Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code			
		Purpose for which amount is received			
Da	ate	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Co	ode	Amount (\$)	
		Purpose for which amount is received			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instru	ction Guide	explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		:	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor /	Corporation of	or Labor Organization / Pledgor / Payee		
	iture reported edule A [edule H [on: Schedule B	Schedule [Schedule F Schedule G PAC-C PAC-E
6 Dates of travel		f person(s) traveling re city or name of departure location	/-	
		on city or name of destination location 11 Purpose of travel (including name of con	foronce ser	ninar or other event)
10 Means of transportati	on	11 Purpose of travel (including name of con	nerence, ser	mital, of other eventy
Name of Contributor / 0	Corporation o	r Labor Organization / Pledgor / Payee		
Contribution / Expendit	ure reported	on:		
<u></u>	nedule A	Schedule B Schedule C Schedule C Schedule C Schedule N Schedule C	Schedule COH-T	D Schedule F Schedule G PAC-C PAC-E
Dates of travel	Name of p	person(s) traveling	\	
	Departure	city or name of departure location		
	Destination	city or name of destination location		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor /	Corporation o	or Labor Organization / Pledgor / Payee		
	fure reported hedule A hedule H	on:	Schedule	D Schedule F Schedule G
Dates of travel	Name of p	person(s) traveling		
	Departure	city or name of departure location		
	Destination	n city or name of destination location		
Means of transportatio	n	Purpose of travel (including name of confe	erence, sem	inar, or other event)
	A	TTACH ADDITIONAL COPIES OF THIS S	CHEDULE	AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	SIGNATION OF FINAL REPO	71 1
	The Instruction Guide explains •• Complete only if "Report Type" or	s how to complete this form. 1 page 1 is marked "Final Report" ••
1 C/OH	NAME	2 ACCOUNT# (Ethics Commission Filers)
3 SIGN	NATURE	
report		ures in connection with my candidacy. I understand that designating a nt. I also understand that I may not accept any campaign contributions oppointment on file.
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER Toplete A & B below <i>only</i> if you are not an officeholder. ••	
Α.	CAMPAIGN FUNDS	
Che	l do not have unexpended contributions or unexpended inte	erest or income earned from political contributions.
	not convert unexpended political contributions or unexpend use. I also understand that I must file an annual report of contributions or unexpended interest or income earned or	income earned from political contributions. I understand that I may led interest or income earned on political contributions to personal unexpended contributions and that I may not retain unexpended in political contributions longer than six years after filing this final ended political contributions and unexpended interest or income ulirements of Election Code, § 254.204.
В.	ASSETS	
Che	eck only one:	
	I do not retain assets purchased with political contributions	or interest or other income from political contributions.
	I may not convert assets purchased with political contribution	erest or other income from political contributions. I understand that is or interest or other income from political contributions to personal sed with political contributions in accordance with the requirements
		Signature of Candidate
	CEHOLDER nplete this section <i>only</i> if you are an officeholder ••	
	I am also aware that I will be required to file reports of unex	le to an officeholder who does not have a campaign treasurer on file. spended contributions if, after filing the last required report as an come from political contributions, or assets purchased with political butions.
		Signature of Officeholder