Leonel Lopez

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) | 2 Total pages filed: | | |
|--|--|--|--|
| 3 CANDIDATE / MS / MRS / MR FIRST MI LEONEL NICKNAME LAST SUFFIX LEO LEO | OFFICE USE ONLY Date Received CAMERON COUNTY | | |
| 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER MAILING ADDRESS 235 Sunset Drive, Brownsville, Texas, 78520 | DEPARTMENT OF ELECTIONS OF VOTER REGISTRATION NOV 0 4 2016 | | |
| Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (954) 312-4853 | Date Hand-delivered of the Heatmanned | | |
| 6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST Reynold6 NICKNAME LAST SUFFIX TVEY Garza TT | Receipt # Amount \$ Date Processed Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; CRESTANDERS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; CRESTANDERS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; CRESTANDERS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; | ZIP GODE TOX45 78590 | | |
| 8 CAMPAIGN TREASURER PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE EXTENSION AREA CODE PHONE NUMBER EXTENSION (954) 545-7344 | | | |
| 9 REPORT TYPE January 15 30th day before election Runoff July 15 Bth day before election Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD Month Day Year September July 15 2016 THROUGH | Day Year 2016 | | |
| 11 ELECTION BLECTION DATE Month Day Year Primary Runoff Description 8 / 2014 | | | |
| 12 OFFICE OFFICE HELD (II any) No office held Cameron Conserved Assessor - Conserved | ou ty Tax ellector | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | LEONEL | LÓPEZ | I5 Filer ID (Ethics Commission Filers) |
|---|---|--|--|
| 16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI | AN \$ - 0 -1 |
| | 2. TOTAL (OTHER | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2252.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | \$ -0 - |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 3064.34 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ -6 * | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 250.00 | | * 250.06 |
| 18 AFFIDAVIT | | | |
| Notary Comm | RA M BETANCOL Public, State of Te Expires 08-23-20 | true and correct and includes all inf under Title 15, Election Code. xas | perjury, that the accompanying report is formation required to be reported by me |
| No. | tary 10# 488292-4 | | ndidate or Officeholder |
| | | Gigitaga Cor Gal | idibato di Omostroldo. |
| AFFIX NOTARY STAM | IP/SEALABOVE | | Д. |
| Sworn to and subsc | | by the said <u>LONE</u> <u>opez</u> to certify which, witness my hand and seal of office | , this the |
| Signature of officer a | blanco administering oath | Frinted name of officer administering oath | Notary Public Title of officer administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 9 FILERNAME 20 Filer ID (Ethics Co. | | nmission Filers) |
|---|---------------|--------------------|
| LEONEL LOPEZ | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$2252.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | 5 | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. X SCHEDULE E: LOANS | | \$ 250,00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (| CONTRIBUTIONS | * 3064.36 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO | \$ | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL | CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB | UTIONS | \$ |
| | | |

| MONET | ARY POLITICAL CONTRIBU | JTIONS | SCHEDULE A1 |
|-----------------|--|--|---------------------------------------|
| The | nstruction Guide explains how to complete this form | n. | 1 Total pages Schedule A1: |
| 2 FILER NAME | LEONEL LOPEZ | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: Madhaven Pisharetti | Žip Code | 7 Amount of contribution (\$) |
| | | | ons) |
| Date | Full name of contributor out-of-state PAC (ID#: Veronica Pisharodi Contributor address; City; State; 5 | Zip Code 78521 | Amount of contribution (\$) |
| | Surgeon Asst | Employer (See Instruction Self Employer) | - |
| Date 9-16 | Full name of contributor out-of-state PAC (ID#) Law From of Zayas & Zamor Contributor address; City; State; 2 3WO E. 14th St., Brownsulle, | ^& Zip Code | Amount of contribution (\$) 250.00 |
| Principal occup | ation / Job title (See Instructions) AHovney | Employer (See Instruction Self Employer) | |
| Date | Full name of contributor | | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| | | | |
| | ATTACH ADDITIONAL COPIES OF THE CONTRIBUTION O | | |

| NON-MONETARY (IN-KIND) POLITICA CONTRIBUTIONS | SCHEDULE A2 |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A2: |
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT | ions \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution Contribution \$ description |
| 7 Contributor adviress; City; State; Zip Code | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NoN-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) 13 | Contributors job title (FOR JUDICIAL) (See Instructions) |
| | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | / |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of . In-kind contribution Contribution \$. description |
| Contributor address; City; State; Tip Code | Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
| | |
| | |
| | |
| | |
| | |
| ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction gi | S SCHEDULE AS NEEDED uide for additional reporting requirements. |

| PLE | OGED CONTRIBUTIONS | | SCHEDULE B |
|--------------|--|-------------------------|--------------------------------------|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Sched | Jule B: |
| 2 FILER NA | ME | 3 Filer ID (Ethics (| Commission Filers) |
| 4 TOTAL | OF UNITEMIZED PLEDGES | \$ | |
| 5 Date | 6 Full name of pledgor □ out-of-state PAC (ID#: |) 8 Amount of Pledge \$ | . 9 In-kind contribution description |
| | 7 Ptedgor address; City; State; Zip Code | | · |
| | | / | side of Texas. Complete Schedule T. |
| 10 Principal | occupation / Job title (See Instructions) 11 Employer | (See Instructions) | |
| Date | Full name of pledgor | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zio Code | | · · · · |
| | X | Check if travel out | side of Texas. Complete Schedule T. |
| Principal o | occupation / Job title (See Instructions) Employer | (See Instructions) | |
| Date | Full name of pledgor | Amount of Pledge \$ | . In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | · · |
| | | Check if travel out | side of Texas. Complete Schedule T. |
| Principal | occupation / Job title (See lystructions) Employer | r (See Instructions) | |
| Date | Full name of pledgor out-of-state PAC (ID#: | Amount of Rledge \$ | In-kind contribution description |
| | Pledger address; City; State; Zip Code | | • |
| | | Check if travel out | side of Texas. Complete Schedule T. |
| Principal o | occupation / Job title (See Instructions) Employer | r (See Instructions) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see instruction guide | | requirements. |

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) EONEL TOTAL OF UNITEMIZED LOANS 7 Name of lender Ella Corney o Lope? Gity; State; Zip Code 11. T. 7 Date of loan 9 Loan Amount (\$) 250.00 a financial 235 Sunsed Driver, Brownsville, TK 78520 Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Judge, 404 District Court of Texas Cameron County - State of Texas 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) ut-of-state PAC (ID#: Interest rate Is lender Lender address: City; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) Попе GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (orders a entengary and listed obove)

| Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. | | | |
|--|--|--|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | |
| 5 | LEUNEL LOPEZ | | |
| 4 Date | 5 Payee name | | |
| 4-4-16 | CHURCHE FRIED CHICK | p ² | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Gode | | |
| 31.84 | 4395 N. Expressingy, | Brownsulle, Tx 78521 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Food / Province toring | Check if travel outside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Food/Benevas Express | Check if Austin, TX, officeholder living expense | |
| | Candidate / Officeholder name | Office sought Office held | |
| Gomplete ONLY if direct expenditure to benefit C/OI | | | |
| Date | Рауее пате | | |
| 9-19-16 | Kornlings Restaurs | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 25.12 | 2255 CENTRA Blad, B | ownerste, Texas 18920 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | 1 5 Un | Check if travel outside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Tout Bridges | Check if Austin, TX, officeholder living expense | |
| | V. | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought Office held | |
| Date | Payee name | | |
| 9-15-14 | Cobbleheads Bar m | y Grill | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 324.79 | 3154 Control Blud, Brow | mosulle, Texas 78520 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Exert (Mact-11- brant) | Check if travel outside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Food / Banevices c | Check if Austin, TX, officeholder living expense | |
| | A second of second seco | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held | |
| | | COURDING ACMEEDED | |
| | ATTACH ADDITIONAL COPIES OF THIS | SOUEDOFE WE WEEDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

| Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not issed above) Credit Card Payment The Instruction Guido explains how to complete this form. | | | |
|---|--|--------------------------|--|
| | The Instruction Guide explains ho | w to complete this form. | 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: | 2 FILER NAME LEONEL LO | PEZ | 3 Files ID (Ethics Consinosion Chers) |
| 4 Date 8/25 - 9/27/10 6 Amount (\$) | 5 Payee name The Home Denot 7 Payee address; City; State; Zip Co | ode | and the second s |
| 376.17 | 605 W. Morrison | | nsulle, 1x 78520 |
| 8 | (a) Category (See Categories listed at the top of this schedule | | outside of Texas, Complete Schedule T. |
| PURPOSE | Other: Sign Hardmore & | 1 | in, TX, officeholder living expense |
| OF EXPENDITURE | tude | Cliedy II Voor | in, th, distantion in ag sapara- |
| LAI LIIDII OILA | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 8-25-16 | McCous Buildin | 14 Supplies | 5 |
| Amount (\$) | Payee address; City; State; Zip C | Code | |
| 199,88 | 550 South Padre | | W. Tx 78521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched | . Check if travel of | outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 8-15-14 | Digital Print Expr | 155 | |
| Amount (\$) | Payee address; City; State; Zip (| Code | |
| 500.00 | CENTRAL Blod, Brow | | 78520 |
| | Category (See Categories listed at the top of this sche | dule) Description | outside of Texas. Complete Schedule T. |
| PURPOSE OF EXPENDITURE | Advertising Expense | 1 | outside of Texas. Complete Schedule 1. |
| | | Ction and but | Office held |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office Held |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS N | EEDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/W The Instruction Guide explains how to committee | ages/Contract Labor omplete this form. | Other (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F1: | 2 FLER NAME LEONEL LÓPEZ | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date . 8-19-2016 | 5 Payee name Cameron Count | j | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 1250.00 | 1050 E. Madison St., 8 | Brownswellt | TY 78520 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | utalida al Taura Canadata Cabadula T |
| PURPOSE | Talasas American | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| OF EXPENDITURE | | Chest it Assure | , n, character may oppose |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Н | Office sought | Office held |
| Date | Payee name | | |
| 9-25-16 | Dollor Tree Stone | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 20.41 | 4449 N. Expressivery |) | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Colfts / Awards / Expanses Binsu/Lotina Prizes | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit G/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 8-29-14 | AMIGO Pawn | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 42.60 | 901 OLD PORT Isalul Re | de, Browns | Willy Tx 78521 |
| | Category (See Categories listed at the top of this schedule) | Description |) |
| PURPOSE OF EXPENDITURE | tother Sign makin tools | | ulside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name . H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED |

SCHEDULE F1

| | | EXPENDITURE CATE | GORIES F | OR BOX 8(a) | | |
|---|------------------|--|---|------------------------------|---|-----|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | Office Over Polling Exp Printing Exp Salaries/Wi | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above) | ıse |
| 1 Total pages Schedule F1: | 2 FILER N | AME Leonel LODE | | • | 3 Filer ID (Ethics Commission Filers | 5) |
| 4 Date 9/10/2016 | 5 Payeena STR | | | | | |
| 6 Amount (\$) | 7 Payee a | | Zip Code | | | |
| 115.71 | 154 | 14 Palm Bl | ud Br | venser/6,7 | × 78520 | |
| 8 | | / (See Categories listed at the top of this | | (b) Description | utside of Texas, Complete Schedule T. | |
| PURPOSE OF | 1 | sportation Relate | / | r—1 | n, TX, officeholder living expense | |
| EXPENDITURE | (G) | pences | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | | late / Officeholder name | | Office sought | Office held | |
| Date | Payee na | ame | | | | |
| 7-29-16 | HEI | 3 | | | | |
| Amount (\$) | Payee a | ddress; City; State; 2 | Zip Code | | | |
| 49.01 | 22 | 50 Buca Chica | , Bro | oursull, T | Tx 78520 | |
| • | | / (See Categories listed at the top of this | | Description | | |
| PURPOSE OF | Truns | portation and Rela | e le l | | ıtside of Texas. Complete Schedule T. ı, TX, officeholder living expense | |
| EXPENDITURE | Ex | pansin | V. 12-39 | | | |
| Complete ONLY if direct | | ate / Officeholder name | | Office sought | Office held | |
| expenditure to benefit C/OF | | | | | | |
| Date | Payee n | ame | | | | |
| 9-13-14 | 7-E | leven | | | | |
| Amount (\$) | Payee a | ddress; City; State; 2 | Zip Gode | | | |
| 70.49 | 1768 | Buc Chica B | W. 6 | Proums velles | Tx 78520 | |
| | | / (See Categories listed at the top of this | schedule) | Description | | |
| PURPOSE OF | Fouc | 1/Benirases | | | uside of Texas. Complete Schedule T. TX, officeholder living expense | |
| EXPENDITURE | Colo | 1/Bourasce Us Assards | | 211000 11 1100011 | , and amounted thing expenses | |
| Complete ONLY if direct expenditure to benefit C/OH | | late / Officeholder name | | Office sought | Office held | |
| | TA | TACH ADDITIONAL COPIES | OF THIS | SCHEDULE AS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | | ages/Gontract Labor Other (enter a ca | ategory not listed above) |
|--|--|--|---------------------------|
| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER, NAME LEDWEL LOPEZ | 3 Filer ID (E | thics Commission Filers) |
| 4 Date 0 - 20 - 1/a | 5 Payee name | periodic to the state of the st | `` |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 1933 | 2806 Pablo Kisel Blud. 1 | Brownsulle, Tx 78 | 520 |
| 8 | (a) Category (See Categories listed at the lop of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Gift (Awards) | Check if travel outside of Texas. Comp | |
| Complete ONLY If direct expenditure to benefit C/Oi | Candidate / Officeholder name | Office sought | Office held |
| Date , | Payee name | | |
| 9/15/2014 | FEDX Office | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 29.01 | 1100 N. Expressury, Bro | ounsule Texas Z | 852/ |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertize Experses | Description Gheck if travel outside of Texas. Comp Check if Austin, TX, officeholder t | |
| Complete <u>CNLY</u> if direct expenditure to benefit G/OI | Gandidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Date | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

| UNPAID INC | CURRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | |
| Advertising Expense Accounting Banking Consulting Expense Contributions/Nornations Made I Candidate/Officeholder/Politic | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By Gitt/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F2. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITE | MZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Rayee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | n travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought | Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to be lefit C/ | Candidate / Officeholder name Office sought OH | Office held |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE | EDED |

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 4 Date 5 Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code 7 Description of investment 8 Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| \ i | EXPENDITU | RES MADE BY CREDIT CARD | SCHEDULE F 4 | | | | | |
|--|---|---|---|--|--|--|--|--|
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
| A C C | dvertising Expense ccounting/Bahking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule 74: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 | TOTAL OF UNITEM | XED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | |
| 5 (| Date | 6 Rayee name | | | | | | |
| 7 / | Amount (\$) | 8 Payee address; City; State; Zip Code | | | | | | |
| 9 | TYPE OF EXPENDITURE | Political Non-Political | | | | | | |
| 10 | PURPOSE OF EXPENDITURE | | n travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense | | | | | |
| 11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| [| Date | Payee name | | | | | | |
| , | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| I | TYPE OF EXPENDITURE | Political Non-Political | | | | | | |
| E | PURPOSE OF EXPENDITURE | | on travel outside of Texas. Complete Schedule T. I Austin, KX, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |
| / | | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE | EDED | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|--------------|--|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services | Office O Poiling I Inse Printing Salaries | payment/Reimbursement werhead/Rental Expense Expense Expense g/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| Grand Country Country (Country Country | | The Instruction Guide | explains how to | complete this form. | |
| 1 Total pages Schedule G: | 2 FILER NA | WE | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee nan | le | | | |
| 6 Amount (\$) | Payee add | City; Stai | te; Zip Code | | |
| Relmbursement from political contributions intended | | | | (1) | |
| 8 PURPOSE OF | (a) Category | See Categories listed at the top | of this schedule) | (b) Description Check if travel outsi | / ide of Texas. Complete Schedule T. |
| OF EXPENDITURE | | | | Check if Austin, | TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/C | | ate / Officeholder name | | Office sought | Office held |
| Date | Payee nan | ne le | | | |
| Amount (\$) | Payee add | dress; City; Star | te; Zip Code | | |
| Reimbursement from political contributions intended | | | X | | |
| PURPOSE | Category | See Categories listed at the top | of this schedule) | (b) Description Checkif travel outs | side of Texas, Complete Schedule T. |
| OF EXPENDITURE | | | | | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit G/A | | ate / Officeholder name | I | Office sought | Office held |
| 5 | D | | | | |
| Date | Payee nan | | | | |
| Amount (\$) | Payee add | riress; City; Sta | te; Zip Code | | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE / | Category | (See Categories listed at the top | of this schedule) | (b) Description | side of Tayas Complete Saladula T |
| OF EXPENDITURE | | | | | side of Texas. Complete Schedule T. TX, afficeholder living expense |
| Complete ONLY if direct expenditure to benefit C/ | | ate / Officeholder name | } | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |
| <u>/</u> | | | | | |

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | TIONS | TO A BUSINES | S OF C/OH | SCHEDULE H | | |
|---|--------------|---|---|---|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor ins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule H: | 2 FILER N | AME | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Business | name | | | | |
| 6 Amount (\$) | Business | address; City; State; 2 | Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (See Categories listed at the lop of this s | Check if travel outside | le of Texas, Complete Schedule T. X, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | | ate / Officeholder name | Office sought | Office held | | |
| Date | Business | name | | | | |
| Amount (\$) | Business | address; City; State; Z | Zip Cøde | | | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this s | Check if travel outsid | le of Texas. Complete Schedule T. X., officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/O | | ite / Officeholder name | Office sought | Office held | | |
| Date | Business | name | | | | |
| Amount (\$) | Business | address; City; State; Z | Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this s | Check if travel outsid | e of Texas. Complete Schedule T. X. officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OF | | te / Officeholder name | Office sought | Office held | | |
| | ATTA | ACH ADDITIONAL COPIES (| OF THIS SCHEDULE AS NEI | EDED | | |

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Payee name | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | <u> </u> | | | | |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) | | | |
| EXPENDITURE | | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | , | | | |
| PURPOSE OF | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| EXPENDITURE | \vee | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | |
| PURPOSE OF | Category (See Instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required) | | | |
| EXPENDITURE | | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | | | | | |
| PURPOSE OF | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of Information required.) | | | |
| EXPENDITURE | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED | | | |
| / | · · · · · · · · · · · · · · · · · · · | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDULE K 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 ALER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 8 Amount (\$) 5 Name of person from whom amount is received Address of person from whom amount is received; 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received State; Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is regeived Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; urpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of travel 7 Name of person(s) traveling Qeparture city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 1) Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of 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 or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F1 Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS Schedule F4 Name of person(s) traveling Dates of travel 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED