JOE L. "JOEY" 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 / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MR VOE	C I IFFIX	Date Received
	Joey Lopez	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTION VOTER DECISIONATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS TPO BOX; APT / SUITE #; Conquistado Brownsville, T+		VOTER REGISTRATION JAN 1 7 2018
Change of Address	Drownsvincit	78520	BY: ALACUAN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 266 0393	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	MA FRANK		Date Processed
	Wood	55	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 3505 Buch Chien Bla Brownsville, Tx 7	Vid Sente 100	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 546373/	EXTENSION	
V			
9 REPORT TYPE	January 15 30th day before ele	election Aunoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sih day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year 31 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	South Texas ISD Trustee	13 OFFICE SOUGHT (IT KNOWN) CAMERON CON Commissionien	enty Pet 2
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

ļ				
14 C/OH NAME Joe	(Joey) L Lopez 15 F	iler 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		,	
. 1	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME	- The day (
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 84500	
£		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1740000	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ /20 00	
	4. TOTAL POLITICAL EXPENDITURES \$ 34685°7			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2733.92			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 13000 =	
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury, true and correct and includes all informatio under Title 15, Election Code.		
Notary P	ELIZABETH ARRIAGA ublic, State of Texas Expires 01-20-2019 y ID 12846430-2		or Officeholder	
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said				
day ofanvaM, 20_18, to certify which, witness my hand and seal of office.				
Mora elizabett	aniaga	nora clicabeth arriaga		
Signature of officer ad	ministering oath		tle of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
	Joe (Joey) L. Lopez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16050
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16050°°
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 3000 <u>@</u>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3000 °C \$ 34565.07
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 A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

Т	he Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
FILER NAM)E		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State	te; Zip Code	
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	te; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	CC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
			•

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) 20000 Date Full name of contributor Date Full name of contributor Date Full name of contributor Diaz Contributor address; City; State; Zip Code P.O. Box 2279 Brownstille T+ 78(22) Employer (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Emplo Catholic Diocese Date Amount of contribution (\$) Newlin Lancaster Contributor address; City; State; Zip Code 124 Calle Cenizo Brownsville, T478570 150 2 Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Hdvisor Selfemployed Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Business Owner Selfenployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	be (Joey) L. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10-19-19	6 Contributor address; City; State; Zip Code One North Park Playa	50000
	pation / Job title (See Instructions) 9 Employer (See Where Telfe	nstructions) n.ployed
Date	Full name of contributor	Amount of contribution (\$)
12-1-19	Paul L. Fourt, Atty Contributor address; City; State; Zip Code	
	1000 E VAN Buren Brownsulle Tx7	8124
· · · · · · /	ation / Job title (See Instructions) Employer (See Instructions) Selfe	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
11-22-11	Jem Tipton Contributor address; City; State; Zip Code 701 Santa Ana Ave Rancho Viejo, 14;	1000°°
, .	ation / Job title (See Instructions) Employer (See J	nys/oyed
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12-4-10	Contributor address; City; State; Zip Code 701 Monelos Ave Rancho Vicio 7785	500.00
Principal occupa	tion / Job title (See Instructions) Employer (See In	structions)
Δ	octor Self	employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 11-27-19 out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor acuress, 4/4 Eschndon Rancho Jiego 14 18575 ation / Job title (See Instructions) Employer (See Instructions) Selfemployee Principal occupation / Job title (See Instructions) Dentist out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:_____) Date Amount of contribution (\$) Contributor address; City; State, ____ 2645 Bannaad Rd. Brownsville Tx 1850 Inh title (See Instructions) Employer (See Instructions), Selfenployee Business FWNER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 4 Date | Selection | Selectio

out-of-state PAC (ID#:_____

Clty; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Date

Full name of contributor

Principal occupation / Job title (See Instructions)

Business Owner

Dwnen

Amount of contribution (\$)

1000 00

SCHEDULE A1

<u> </u>			1.71		
The	e Instruction Guide explains how to complete th	is form.	1 Total pages/Schedule A1:		
2 FILER NAME	Joe (Voey) L. Lopez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state P/ huis Canlos dela Rosc		7 Amount of contribution (\$)		
12-20-19	6 Contributor address; City; State 2114 Old Port Isabel Rd Brus	Unscille 1/4 78521	¥ 100 °C		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct Selfee	nployed		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
12-5-17	· · · · · · · · · · · · · · · · · · ·	e; Zip Code	· ***		
	512 Victoria Lane Sta Han	lingen. Tx	3000 000		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
	Doctor	Selfen	ployed		
Date	Full name of contributor	i	Amount of contribution (\$)		
12-5-19	Lee Roy Sonzalez Contributor address; City; State P.O. Box 5136 Brownsh	i; Zip Code 1/e Tx 78521	\$ 500°°		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	aving	6-7	awing LLC		
Date	Full name of contributor out-of-state PAC Edge Vaimes	G (ID#:)	Amount of contribution (\$)		
12-4-14	Contributor address; City; State	; Zip Code	-		
	575 FM 511 @/mito, 7	X 18515	100		
1	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	usiness Owner	Selfery	sloyed		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	e Instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1:
2 FILER NAME	loe (Joey) L. Lopez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
12-4-19		ie; Zip Code	60
	110 Country Club De Brow) 150. le 14 78120	1000
	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
12-4-17	Contributor address; City; State	e; Zip Code	
	2685 Coria St. Brown	soille 14 78520	1000
Principal occup	pation / Job title (See Instructions)	T =1	ions)
		Unlimi	ted fainting
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Kevin Ishell		
10-26-19	Kevin Is bell Contributor address; City; State	; Zip Code	~ Th
	1641 Resaca Dig Businsi	2	2250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
•	Donoteo BARCIA-		(ψ)
10-37-17		; Zip Code	
	905 E Los Ebanos St D Pano	nunsville, 14 28520	ons) De Designeas
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Orginee K	Thecutic	le Designeds
	7		
			_

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SCHEDULE A1

			was a second
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Joe (Voey) L. Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 8 - 9 - 11	Danny Ybarra	c (ID#:) Significant control of the Total Co	7 Amount of contribution (\$)
	pation / Job title (See Instructions) DUSINESS OUDPER	9 Employer (See Instruc	ttions)
Date		(ID#:)	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC {	(lD#:) Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEF	DED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Voe (Voey) L Lopez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBL	TIONS \$ 1350°
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description 350 Food
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1 Employer (FOR NON-JUDICIAL) (See Instructions)
Business Owner	
12 Contributor's principal occupation (FOR JUDICIAL)	3 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	5 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#: Voe Kenney Contributor address; City; State; Zip Code 3154 Central Blud Baswinsville Ty	Amount of In-kind contribution description Contribution \$ In-kind contribution description Food 7872/ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Business Owner	5eltemployed
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)	
ATTAQUA PRITIQUA A CORIED OF THE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount . 9 In-kind contribution of Pledge \$ description Zip Code 7 Pledgor address; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) ⊭mployer (See Instructions) Date Amount ` In-kind contribution Full name of pledgor Dut-of-state PAC (ID# of Pledge \$ description City State; Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#: in-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date ut-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Joe (Va	Toey) L. Lopez		3 Filer ID (Ethics Commission Filers)
	INITEMIZED LOANS		\$ 30000
5 Date of loan 8/1/17	7 Name of lender □ out-of-state ✓oc ∠ Lope 3		9 Loan Amount (\$)
6 Is lender a financial Institution?	,	04-4 70 01-	10 Interest rate 11 Maturity date 11 / 2018
12 Principal occupati	tion / Job title (See Instructions)	13 Employer (See Instructions) Seff	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
✓ not applicable		State; Zip Code	
20 Principal Occupat	don (See Instructions)	21 Employer (See Instructions)	<u></u>
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate
Y N		1	Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	•
Description of Colle	ateral	Check if personal funds were of account (See Instructions)	deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	İ
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date City; State; Zip Code 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX; officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made B	r Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services SalariesM				
Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	,			
		3 Filer ID (Ethics Commission Filers			
1 Total pages Schedule F1:	2 FILER NAME (Voey) L. Cope				
/5	5 Payee name				
4 Date	Joe (Voey) L. Lope 5 Payee name 5MKT Media G	orou p			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
	2108 Central Blud				
200.00	Brownsville Tx 78520				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	marketing	Check it Austri, 17, billicentities living expense			
					
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name	<u></u>			
	Victory Oats				
Amount (\$)	Payee address; City; State; Zip Code				
600.00	·				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
EXPENDITURE					
		Office sought Office held			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought			
Date	Payee name				
Date	Breeden McCumber				
Amount (\$)	Payee address; City; State; Zip Code				
	\$				
1,500.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	advertisement	Check if Austin, TX, officeholder living expense			
	On distant / Office helder some	Office sought Office held			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Onice actign.			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			
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LOANS			SCHEDULE E
The	Instruction Guide explains how	w to complete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City; State; Zip Code	10 Interest rate
Y N			Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	/1
4 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	re deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City; State; Zip Code	•
O Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🔲 o	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City; State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	,
Description of Colla	teral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor Guarantor address;	City; State; Zip Code	Amount Guaranteed (\$)
not applicable			
Principal Occupation	n (See Instructions)	Employer (See Instructions)	<u>I</u>
If le	-	NAL COPIES OF THIS SCHEDULE AS Ni e see instruction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made By Candidate/Officeholder/Politica	J Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
Gredit Card Payment	The instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
15	Joe (Voey) L. Lopez		
4 Date	l = m		
5-9-19	5 mkT media Group		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,199.00	2108 central Blud Brownsville Tx 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	which of Tayon Complete Schodule T
PURPOSE		1	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
OF	marketing	Check if Ausu	II, 1X, binderiolder invitig expense
EXPENDITURE	Markelly &		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5- 25-17	Dan Riviera		
Amount (\$)	Payee address; City; State; Zip Code		
300.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
PURPOSE OF	0	Check if Austi	n, TX, officeholder living expense
EXPENDITURE	Polls		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date	Payee name		
5-25-17	Breeden McCumber		
Amount (\$)	Payee address; City; State; Zip Code		
1,037.85			
1,034.6			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			outside of Texas. Complete Schedule T.
OF		Check if Aust	în, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	п		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED
1			

LOANS	SCHEDULE E
The Instruction Guide explains t	w to complete this form. 1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:) 9 Loan Amount (\$)
6 Is lender 8 Lender address; a financial Institution?	City; State; Zip Code 10 Interest rate
YN	11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
14 Description of Collateral	15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)
18 Guarantor address; □ not applicable 20 Principal Occupation (See Instructions)	City: State; Zip Code 21 Employer (See Instructions)
Date of loan Name of lender [out-of-state PAC (ID#.) Loan Amount (\$)
is lender Lender address; a financial Institution?	City; State; Zip Code Interest rate
Y N	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)
GUARANTOR Name of guarantor Name of guarantor Guarantor address;	Amount Guaranteed (\$) City; State; Zip Code
not applicable	
Principal Occupation (See Instructions)	Employer (See Instructions)
_	NAL COPIES OF THIS SCHEDULE AS NEEDED e see instruction guide for additional reporting requirements.

SCHEDULE F1

		-OD DOV 0/-)
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Joe (Joey) L. Lop.	22
4 Date	F Domoname	
6-1-17	Lopez Food Store	
6 Amount (\$)	7 Payee address; City; State; Zip Code 1800 E Van Bunen, Brou	onsville, Tr 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Supplies	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6-8-11	SMKT Media Group	
Amount (\$)	Payee address; City; State; Zip Code	
1,100.00	2108 central Blud.	
1	Brownsville Tx 78520	·
	Category (See Categories listed at the top of this schedule)	Description
	J 9. 3. (Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	marketing	
		,
S SAULTE P. I	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
	El Valle Noticias	
6-20-17	CI VAIIE	
Amount (\$)	Payee address; City; State; Zip Code	·
200.00	3032 Resaca Vista or.	
≥€ O A I O D	Brownsville Tx 78526	·
	Category (See Categories listed at the top of this schedule)	Description
********		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	advertising	
	:	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	H	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME		ı	3 Filer ID (Ethics Commission Filers
TOTAL OF UI	NITEMIZED LOANS		\$
Date of loan	7 Name of lander out-o	of-state PAC (ID#:) Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City	; State; Zip Code	10 Interest rate
Y , N			11 Maturity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	is)
4 Description of Coll	ateral .	15 Check if personal funds waccount (See Instructions	
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	*
Principal Occupati	ion (See Instructions)	21 Employer (See Instructions	s)
Date of loan	Name of lender	f-state PAC (ID#;	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
Institution? Y N	· /		Maturity date
	n / Job title (See Instructions)	Employer (See Instructions	;)
Description of Colla	teral	Check if personal funds we account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
-	Guarantor address; City;	State; Zip Code	
not applicable	(D - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Tunilaria (On the control of the con	
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
If la	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memortals 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
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Voe (Voey) L. Lope	3 Filer ID (Ethics Commission Filers)
4 Date 6 - 22 - 17	5 Payee name Dan Rivera	
6 Amount (\$)	7 Payee address; City; State; Zip Code	manganaran and a salah and and a salah and and a salah and and a salah and a s
250.00	prownsville	Texas 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7-16-17	R 6 V media	
Amount (\$)	Payee address; City; State; Zip Code	
1,000.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7-26-17	Dan Rivera	
Amount (\$)	Payee address; City; State; Zip Code	
500.00		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Polls	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

LOANS				SCHEDULE E
The	Instruction Guide explain	s how to con	nplete this form.	1 Total pages Schedule E:
2 FILER NAME		444		3 Filer ID (Ethics Commission Filers
4 TOTAL OF U	NITEMIZED LOANS			*
Date of loan	7 Name of lender	out-of-sta	te PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address;	City:	State; Zip Code	10 Interest rate
Y N				11 Maturity date
2 Principal occupation	on / Job title (See Instruction	s)\	13 Employer (See Instructions)
4 Description of Coll	ateral		15 Check if personal funds we account (See Instructions)	ere deposited into political
GUARANTOR INFORMATION	17 Name of guarantor	$\overline{}$		19 Amount Guaranteed (\$)
not applicable Principal Occupat	18 Guarantor address; ion (See Instructions)	cijs;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address;	City;	State; Zip Code	Interestrate
Institution? Y N				Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	, .
Description of Colla	teral		Check if personal funds were account (See Instructions)	e deposited into political
GUARANTOR INFORMATION	/ Name of guarantor			mount Guaranteed (\$)
not applicable	Guarantor address;	City;	State; Zip Code	
Principal Occupation	n (See Instructions)		Employer (See Instructions)	
			PIES OF THIS SCHEDULE AS N	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoria/s Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waqes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor Other (enter a cate	nct gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME (Voey) L. Lopez	,	ics Commission Filers)
4 Date 7/24/17	5 Payee name 6 our met Central	,	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
503.36	515 W 4th Street, Brown		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complet	o Sehaduja T
PURPOSE		Check if Austin, TX, officeholder livi	
OF EXPENDITURE	Ladies Luncheon	Orack it Abbail, 124 Cabboliolog and	ing disposited
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-2-17	Orlando		
Amount (\$)	Payee address; City; State; Zip Code	g	
374,60	2108 Contral Blud Browns 5.1	e , 1 78520	
	Category (See Categories listed at the top of this schedule)	Description	- Caborhilo T
PURPOSE	:	Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
OF EXPENDITURE	Banners & Signs	Oleen II Adami, 104 oleenlood and	ig skychioc
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-14-11	SMKT media Gr	очр	<u>-</u>
Amount (\$)	Payee address; City; State; Zip Code		
750.00	2108 central Blud		
120100	Brownsville Tx 78520		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complet	e Schedule T
PURPOSE		Check if Austin, TX, officeholder livi	
OF EXPENDITURE	M. M. J.	Gricon it Flanking 124 ontobrought 129	we state to
	marketing		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

LOANS			SCHEDULE E
Th	e Instruction Guide explain	s how to complete this form.	1 Total pages Schedule E:
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lentier	Out-of-state PAC (ID#;	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City; State; Zin Code	10 Interest rate
Y N		\	11 Maturity date
12 Principal occupat	I job title (See Instruction	s) 13 Employer (See Instructions	3)
14 Description of Co	llateral	15 Check if personal funds w account (See Instructions)	
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable Principal Occupa	18 Guarantor address;	City; State; Zip Code 21 Employer (See Instructions)) · ·
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
is lender a financial	Lender address;	City; State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / rob title (See Instructions	Employer (See Instructions)	
Description of Colle	gleral	Check if personal funds wer account (See Instructions)	re deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address;	City; State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le		DITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Category (See Categories listed at the top of this schedule)

Signs

Candidate / Officeholder name

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Voe (Joey) L. Copez 5 Payee name 8-25-17 Border Press 6 Amount (\$) 7 Payee address; City; State; Zlp Code 620 E Price Rd. 1,515.50 Brownsuille Tx 78521 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 4x4 Signs 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Exito Advertising 8-30-17 Amount (\$) Payee address; City; State; Zip Code 1,500.00

Date	Payee name		
8 - 30 - 17	Jones Ligour		
Amount (\$)	Payee address; City; State; Zip Code		
181.86	BROWNEU	lle Try8520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) refreshments	Description Check if travel outside of Texas. Co. Check if Austin, TX, officeholde	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

PURPOSE

OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Office held

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Printing I	Expense Travel out Of District Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	Voe (Voey) L. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 8 - 31-17	5 Payee name Breeden Mc Cumber	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
940,43	Bocalhica Brownsiill	le, Th 73520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertisement	(b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9-1-17	Unlimited Printing	
Amount (\$)	Payee address; City; State; Zip Code 2685 N. Coris Street A-1	
496.60	Brownsville Tx 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Tickets 1 100 Sign in Sheets	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code 2108 central Blud Brownsuille Tx 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) marketing	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED
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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 Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment		### Travel Out Of District Other (enter a category not listed above)
<u> </u>	The instruction Guide explains how to	complete this form.
1 Total pages Schedule F	Joe (Voey) L. Lope	3 Filer ID (Ethics Commission Filers
4 Date 9-19-17	5 Payee name S m k T	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
}	Browns ville Tx 78520 (a) Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Printin g	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
9-19-17	Creative Print	
Amount (\$)	Payee address; City; State; Zip Code	
54.13	Brownsville Tx 78520	1-3
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	
expenditure to benefit C/OH	Candidate / Officerloider name	Office sought Office held
Pate	Payee name	
10-2-17	REV media Group	
Amount (\$)	Payee address; City; State; Zip Code	
1,000.00		
DUDDO-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consultant	Check II travel cutside of Texas. Complete Schedule T. Check II Austin, TX, officeholder living expense

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 Gitt/Awards/Memorials Expense Legal Services

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Cite/Avaios Menorias Expense Printing	/Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1	Joe (Joey) L. Le	3 Filer ID (Ethics Commission Files)	
4 Date	5 Payee name Dan Rivera		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
200.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Polls	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
	SMKT Media Grou	P	
Amount (\$)	Payee address; City; State; Zip Code		
750.00	2108 central Blud Brownsuille Tx 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) May Keting	Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-20-17	TRTA - BARSEA		
Amount (\$)	Payee address; City; State; Zip Code		
140.00	•	·	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.	
OF EXPENDITURE	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Gard Payment	Car Committee Legal Services Safaries	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10-27-17	Dan Rivera	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
200.01		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	- Committee of this solid data	
OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Polls	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-5-17	R 6 V media Group	
Amount (\$)	Payee address; City; State; Zip Code	
1,000.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EX ENDITORE	consultant	average wing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-5-17	Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
550.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Van	— state in reason, rx, onicendider living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		Office sought Office held
	ATTACH ADDITIONAL CODES OF THE	·
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie	g Expense Travel Out Of District SWages/Contract Labor Other (enter a category not listed above)
orcal dular aymera	The instruction Guide explains how t	- " County a category not hated above)
1 Total pages Schedule F1 // 4 Date	2 FILER NAME Voe (Voey) L. Le 5 Payee name	3 Filer ID (Ethics Commission Filers
11-9-17	Veronica Cruz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
250.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	500 ° utility	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-10-17	Unlimited Printing	
Amount (\$)	Payee address; City; State; Zip Code	0.1
604.04	2685 N. Coria Street, Ste Brownsville, Tx 78520	· Lant
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-11-17	Cameron County Democration	Party
Amount (\$)	Payee address; City; State; Zip Code	
250.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if Iravel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Department

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

1 Total pages Schedule F1: 2 FILER NAME / J 4 Date	/ards/Memorials Expense Services Instruction Guide explains	Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
6 Amount (\$) 250.00 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee address; 620 E Amount (\$) Payee address; 620 E PURPOSE OF EXPENDITURE Candidate / Offic Payee address; 620 E PURPOSE OF EXPENDITURE Candidate / Offic Category (See Category) Category (See Category) Payee address; Candidate / Offic			3 Filer ID (Ethics Commission Filers)
REVENDITURE (a) Category (See	County Demo	Party	
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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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) 1 Total pages Schedule Ft: 2 FILER NAME, Voc (Vocy) L. Lopez The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 12-1-17 JS Palech 6 Amount (\$) 7 Payee address; City; State; Zip Code 223.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE ... Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 54 Lukes Adu 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 12-4-17 5mk T Amount (\$) Payee address; City; State; Zip Code 2108 Central Blud. 375.00 Brownsville Tx 78520 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense marketing Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 12-8-17 REV Media Amount (\$) Payee address: City; State; Zip Code 1,000.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Consultant Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Event Expense 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

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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