# JOE L. "JOEY" LOPEZ

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

		1	
The C/OH Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHÖLDER NAME	MA VOE	MI SUPFIX	OFFICE USE ONLY  Date Received  CAMERON COUNTY
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	Joey Lopez  ADDRESS / PO BOX; APT / SUITE #; CH  2 Conquistado  Brownsville, /  AREA CODE PHONE NUMBER  (956) 541-1278  MS/MRS/MR FIRST  MR FRANK	X 78520 EXTENSION	DEPARTMENT OF ELECTION VOTER REGISTRATION  JAN 1 5 2019  RECEIVED  Date Hand-delivered or Date Postmarked.  Receipt # Amount \$  Date Processed
7 CAMPAIGN	NICKNAME LAST  Wood  STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	SUFFIX	Date Imaged  ZIP CODE
- TREASURER ADDRESS (Residence of Business)  8 CAMPAIGN	3505 BOCA Chi Brownsville, TX	CA Blvd 18521 EXTENSION	
TREASURER PHONE  9 REPORT TYPE	(95℃) 54℃ - 373 /  ✓ January 15 □ 30th day before election □ July 15 □ 8th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year 10 / 2019
1 ELECTION	Month Day Year Primary General	ELECTION TYPE  Runoff Other Description Special	
2 OFFIGE	OFFICE HELD (If any)  CAMERON County  COMMISSIONER Pet 2	13 OFFICE SOUGHT (if known)	
	GO TO PA	GE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OU NAME			
14 C/OH NAME	(Voey)	L. Lopez	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS OF POLITICAL EXPENDITURES WAY HAVE BEEN MADE WINDERS. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEROLOGIC
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
,		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
	3	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 3
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,17500
EXPENDITURE TOTALS	3. TOTAL PUNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 154 70
	4. TOTAL F	OLITICAL EXPENDITURES	\$ 18175 00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRTING PERIOD	\$ 18175°° AY \$ 3840, 84
OUTSTANDING LOAN TOTALS	LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	
18 AFFIDAVIT	SALAS	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	nation required to be reported by me
AFFIX NOTARY STAMP	•	Signature of Candida	late or Officeholder
		the said Toe L Lopez certify which, witness my hand and seal of office.	, this the
Canolina S	alas	Carolina Salas	Notary
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)			
	Voe (Joey) L. Lopez				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ /2/75			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18175 00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &			
7.	SCHEDULE FS: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7/3,42			
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	\$ - 0 -			

IVIOIVE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Joe (Joey) L. Lopez	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
0/4/18	AC. F. Patience Nelson  6 Contributor address; City; State; Zip Code  34065 FM 2985 Ro Honde Tx  pation / Job title (See Instructions)  9 Employer (See Instructions)	30000
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)  8 I S O	ttions)
Date	Full name of contributor	Amount of contribution (\$)
1/26/18	Full name of contributor	3000
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor   out-of-state PAC (ID#: )	Amount of contribution (\$)
	Manlar Jose Guenna Contributor address; City; State; Zip Code  1005 Fontness St Edinburg Tx	250
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
11/18	1700 E 28th St Weslaco Tx 78596	1000
rincipal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)

MONE	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAME	be (Joey) L. Lopez  5 Full name of contributor   Out-of-state PAC (ID#)		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_ Rene 4 Ramine Z		7 Amount of contribution (\$)
10/1/18	6 Contributor address; City: State; Zi 612W Nolana McAllen, TK	p Code 19504	300
8 Principal occ	Owner	Employer (See Instruct	ions)
Date	Full name of contributor	}	Amount of contribution (\$)
10/4/18	Full name of contributor out-of-state PAC (ID#:  Alfnedo Gancia  Contributor address; City; State; Zi  153 Lakeview Trn Bento  Dation / Job title (See Instructions)	p Code /x 73586	1000
Principal occu	pation / Job title (See Instructions)  End Owner	imployer (See Instructi	ons)
Date 10/18/18	Full name of contributor out-of-state PAC (ID#:_  Daguero PAC  Contributor address; City; State; Zip  215 Calle Jacanando, Brownsol.		Amount of contribution (\$)
Principal occup	Elegineers	mployer (See Instructio	ons)
	ation / Job title (See Instructions)	Code  18506  nployer (See Instruction	Amount of contribution (\$)  175
	Contractors		
	ATTACH ADDITIONAL COPIES OF THIS  If contributor is out-of-state PAC, please see instruction of		·

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Engineens Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 10/2/18 Pundue Brandon Fielder Collins + Mith Contributor address; City; State; Zip Code P.O. Box 2914, McAllen, 17 78602 Principal occupation / Job title (See Instructions) Employer ( 1000 Employer (See Instructions) AHonneys Amount of contribution (\$) 9/21/18 Contributor address; City; State; Zip Code 611 E Loop 499 Hanlingen 1x 18550 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1000 -Insurance Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Employer (See Instructions) 2000 00 AHORNEYS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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 Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Faes Food/Beverage Expense GIII/Awards/Memorials Expense Contributions/Donations Mede By Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Logal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Crodit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 33000 Westaco, TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE \_\_\_ Check if travel outside of Texas. Complete Schedule T. Papen Work Check If Austin, TX, officeholder living expense EXPENDITURE Support staff for fishing 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Don Breeden Amount (\$) Brownsville Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/4/18 Payee address; City; State; Zip Code 1325 00 Category (See Categories listed at the top of this achedule) Prize Money to PURPOSE Check if travel outside of Texas. Complete Schedule T. OF: J Check If Austin, TX, officeholder living expense EXPENDITURE Fishing Tournament Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# schedule F1

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## SCHEDULE F1

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expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

### SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)	
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# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Glift/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
Other (and the unit of the content of

Contributions/Donations Made Candidate/Officeholder/Politi	
1 Total pages Schedule F4:	2 FILERNAME / De Voey L. Lopez 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 257 38
5 Date 10/4/18	6 Payee name  Academy  8 Payee address; City; State; Zlp Code
7 Amount (\$)	
257 38	Brownsville
9 TYPE OF EXPENDITURE	Political Non-Political .
10	(a) Category (See Categories listed at the top of this schedule)  (b) Description
PURPOSE OF	BODIL Prizes and Supplies Checkiftraveloutside of Texas. Complete Schedule T.
EXPENDITURE	to fishing Tournament Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O.	Candidate / Officeholder name Office sought Office held
Date /9/18	Payee name The Inn at South Padre
Amount (\$)	Payee address; City; State; Zip Code
58.50	South Padne Istand
TYPE OF EXPENDITURE	V Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Koon for Helpers  Check if travel outside of Toxas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  At Fishing Tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

# **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Foot/Beverage Expense Giff/Awards/Memorials Expense

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

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

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1 Total pages Schedule F4:	2 FILERNAME (Joey) L. Lope	3 Filer ID (Ethics Commission Filers)
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5 Date	6 Payee name Sams	L
7 Amount (\$)	8 Payee address; City; State; Zip Code	
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9 TYPE OF EXPENDITURE	Political Non-Political	,
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description
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OF EXPENDITURE		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office soug	ht Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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# EXPENDITURES MADE BY CREDIT CARD

		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Cal Committee Fees Food/Beverage Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
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5 Date 10/16/18	6 Payee name Deluke Check	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
43.20	,	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE		rel cuitside of Texas. Complete Schedule T. ustin', TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi-	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		outside of Texas. Complete Schedule T. tin, 'TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
the same of the sa	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	D

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/	OHNAME Lee Joey L. Lopez  2 Filer ID (Ethics Commission Filers)
3 SI	SNATURE /
1112	o not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate a report as a final report terminates my campaign treasurer appointment. I also understand that may not accept any campaign tributions or make any campaign expenditures without a campaign treasurer appointment or file.  Signature of Candidate / Office holder
4 FIL	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder
A۰	CAMPAIGN FUNDS
c	neck only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Ch	eck only one:
	i do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
OFF	CEHOLDER  mplete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions or assets purchased with political contributions or interest or other income from political contributions.  Signature of Officeholder