

**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:

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Joe

L

NICKNAME

LAST

SUFFIX

Joey

Lopez

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2 Conquistador

Brownsville, TX 78520

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

541-1278

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

Frank

NICKNAME

LAST

SUFFIX

Wood

7 CAMPAIGN  
- TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3505 Boca Chica Blvd

Brownsville, TX 78521

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

546-3731

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded \$500 limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

7 / 1 / 2019

THROUGH

Month

Day

Year

12 / 31 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Cameron County  
Commissioner Pct 2

13 OFFICE BOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Joe (Joey) L. Lopez

15 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1285<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 28535<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 7983<sup>74</sup>

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

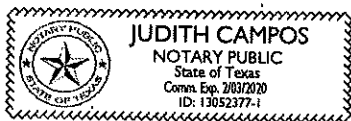
\$ — 0 —

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10000<sup>00</sup>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe L. Lopez, this the 15<sup>th</sup> day of Jan., 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

8/30/19

5 Full name of contributor

Various

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

600<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/30/19

Full name of contributor

Federico Horano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/19

Full name of contributor

Alfredo Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1500<sup>00</sup>

Contributor address;

City; State; Zip Code

San Benito

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/19

Full name of contributor

A.C. Nelson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

225<sup>00</sup>

Contributor address;

City; State; Zip Code

Rothards, TX

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

8/29/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Various (Fishermen Fees)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

685<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/29/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joe SALAZAR

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

750<sup>00</sup>

611 E Loop 499, Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

8/30/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Half Assoc. State Pac

7 Amount of contribution (\$)

1500<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

8/30/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Republic Services, Pac

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/30/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Isbell

Amount of contribution (\$)

375<sup>00</sup>

Contributor address;

City; State; Zip Code

Rancho Viejo, TX

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

8/30/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gomez Mender DRENZ

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City; State; Zip Code

Parades Line Brownsville, TX

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Linebarger Coggan Blair & Sampson

7 Amount of contribution (\$)

3000<sup>00</sup>

6 Contributor address;

City; State; Zip Code

P.O. Box 17428 Austin TX 78760

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

American Divisions

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City; State; Zip Code

55 Galinsky St Brownsville, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ana Lucila + Ricardo Canales

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 3807 Edinburg, TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rene Ramirez

Amount of contribution (\$)

2000<sup>00</sup>

Contributor address;

City; State; Zip Code

1508 S. Lone Star Edinburg, TX

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/19

5 Full name of contributor

John S Buewara

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1000<sup>00</sup>

6 Contributor address;

City; State; Zip Code

3205 Seminate Harlingen, TX 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/19

Full name of contributor

Andres Palma

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City; State; Zip Code

1801 Battista St Edinburg, TX 78542

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/19

Full name of contributor

S.F. Vale

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 156 Rio Grande City, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3

Full name of contributor

Lucania Construction LLC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City; State; Zip Code

2800 Santa Olivia Mission, TX

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.



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RADA - Kistner PAC, Inc

6 Contributor address;

City; State; Zip Code

P.O. Box 690287, San Antonio, TX 78269

7 Amount of contribution (\$)

5000<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

S+B PAC

Contributor address;

City; State; Zip Code

P.O. Box 266245 Houston, TX

Amount of contribution (\$)

5000<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Carlos or Elena Marin

Contributor address;

City; State; Zip Code

295 Calle Jacaranda, Brownsville, TX

Amount of contribution (\$)

1250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Joe (Joey) L. Lopez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/7/19</i>	<b>5</b> Payee name <i>Veterans Memorial Cheerleaders</i>	
<b>6</b> Amount (\$) <i>160<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>281 Hwy, Brownsville, Texas 78520</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>6/17/19</i>	Payee name <i>Noble Charities</i>	
Amount (\$) <i>500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>108 S. Main St, La Feria, Tx</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/28/19</i>	Payee name <i>Fiesta Graphics</i>	
Amount (\$) <i>1234.<sup>05</sup></i>	Payee address; City; State; Zip Code <i>Paredes Line Rd. Brownsville, Tx 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Caps</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Joe (Joey) L. Lopez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8/30/19</i>	<b>5</b> Payee name <i>Cash (Lone Star Bank)</i>	
<b>6</b> Amount (\$) <i>700<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>Hiwy 77 Brownsville, Tx 78521</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Cash Prizes fishing Tournament</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/30/19</i>	Payee name <i>Parrot Eyes</i>	
Amount (\$) <i>1599.<sup>59</sup></i>	Payee address; City; State; Zip Code <i>5801 Padre Blvd, South Padre Island, Tx</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food + Refreshment Fishing Tournament</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/3/19</i>	Payee name <i>Don Bueden</i>	
Amount (\$) <i>1327<sup>15</sup></i>	Payee address; City; State; Zip Code <i>Boca Chica Brownsville, Tx</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Trophies Fishing Tour.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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:	2 FILER NAME <i>Joe (Joey) L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/16/19</i>	5 Payee name <i>San Pedro Catholic Church</i>	
6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>San Pedro, Tx</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>10/28/19</i>	Payee name <i>Immaculate Conception</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>Brownsville, Tx 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donations</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>10/29/19</i>	Payee name <i>City of Brownsville</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>Brownsville, Tx 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Sponsorship Veterans Parade</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4; 2 FILER NAME *Joe (Joey) L. Lopez* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date *8/28/19* 6 Payee name *Bass Pro Shop*

7 Amount (\$) *206.50* 8 Payee address; City; State; Zip Code *Harlingen, TX*

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Prizes* (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *8/30/19* Payee name *Hook Line and Sinker*

Amount (\$) *525.00* Payee address; City; State; Zip Code *Harlingen, TX*

TYPE OF EXPENDITURE  Political  Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Prizes* 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 SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: \_\_\_\_\_ 2 FILER NAME Joe (Joey) L. Lopez 3 Filer ID (Ethics Commission Filers) \_\_\_\_\_

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \_\_\_\_\_

5 Date 8/30/19 6 Payee name Pannot Eyes

7 Amount (\$) 12595 8 Payee address; City; State; Zip Code South Padre Island, TX

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH 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 (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/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

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:  
1

2 FILER NAME

Mr Joe L. Lopez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 2500<sup>00</sup>

5 Date of loan

8/28/19

7 Name of lender

Joe L Lopez

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

2500<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

2 Conquistador  
Brownsville, TX

10 Interest rate

.N/A

11 Maturity date

one month

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

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.