

JOEY LOPEZ

**8 DAYS REPORT
October 31, 2022**

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:

27

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Joe

L.

NICKNAME

LAST

SUFFIX

Joe

Lopez

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

2 Conquistador St
Brownsville, Tx 78520

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

By

(956) 579-5454

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) 5463731

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 16

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH-FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

9 / 30 / 2022 THROUGH 10 / 31 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner 2

13 OFFICE SOUGHT (if known)

County Commissioner 2

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

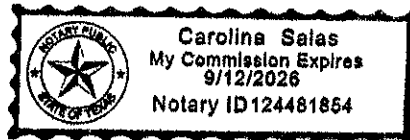
15 C/OH NAME <i>Joe L. Lopez</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>40850⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>27543⁶⁵</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>52523⁷⁸</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>— 0 —</i>

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Joe L. Lopez* this the *31* day of *October*

20 *22*, to certify which, witness my hand and seal of office.

Carolina Salas

Carolina Salas

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Joe Joey L. Lopez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>40850⁰⁰</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>27543⁶⁵</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
13

2 FILER NAME **Joe Joey L. Lopez** 3 Filer ID (Ethics Commission Filer)

4 Date 9-12-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector P. Valdez	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4375 Paredes Ln Rd Apt 312 Brownsville, TX 78526		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 9-12-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald S. Henderson	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 79 Henderson Rd. Los Fresnos, TX 78566		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9-12-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pablo G. Gonzalez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5287 Ridgeline Dr. Brownsville, TX 78526		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9-12-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfredo Rolando Lopez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 324 Creek Bend Dr. Brownsville, TX 78521		

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

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
---	----------------------------

2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------

4 Date <i>9-12-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Evangelina R. Lopez</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>324 creekbend Dr. Brownsville, TX 78521</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Narciso Cortez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>914 Cypress Dr. Brownsville TX 78520</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>m. R. Villarreal</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>501 Santa Ana Rancho Viejo TX 78575</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>A C Nelson</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>34065 Fm 2925 Rio Hondo, TX 78583</i>		

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

If the requested information is not applicable, DO NOT include this page in the report.

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 <i>9-12-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Signs and more LLC</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>1007 Sunshine Rd. Brownsville Tx 78521</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juan Armando Recio</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>2525 Los Portales Brownsville Tx 78526</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ignacio Daniel Garza</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>3125 Central Blvd. Brownsville, TX 78520</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Newlin E. Lancaster</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>124 Calle Cenizo Brownsville Tx 78520</i>	

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

If the requested information is not applicable, DO NOT include this page in the report.

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

9-12-22

5 Full name of contributor

out-of-state PAC (ID# _____)

Gerardo J. Sanchez

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

2430 Calle Esplendida

Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-12-22

Full name of contributor

out-of-state PAC (ID# _____)

Adan L. Narvaez

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

213 Continental Dr Apt 1

Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-12-22

Full name of contributor

out-of-state PAC (ID# _____)

William L. Pope

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

P.O. Box 1429

Harlingen TX 78551

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-12-22

Full name of contributor

out-of-state PAC (ID# _____)

Jesus Guerrero

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1163 Quail Hollow Dr.

Brownsville, TX 78520

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe Voey L. Lopez</i>		3 Filer ID (Ethics Commission File#)
4 Date <i>9-12-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fighting For South Texas Pac</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>121 W 10th St McAllen, TX 78501</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>C Frank Wood PC</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3505 Boca chica Blvd Ste 100 Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Romeo Esparaza</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>4242 Old Port Isabel Rd. Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rusty Brecht Jr</i>	Amount of contribution (\$) <i>2,000.00</i>
Contributor address; City; State; Zip Code <i>709 Avenida Escandon Rancho Viejo, TX 78575</i>		
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

If the requested information is not applicable, DO NOT include this page in the report.

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

9-9-22

5 Full name of contributor

out-of-state PAC (ID# _____)

Royston Rayzor

7 Amount of contribution (\$)

500.00

6 Contributor address;

55 Cove Circle

City;

State; Zip Code

Brownsville

Tx

78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-12-22

Full name of contributor

out-of-state PAC (ID# _____)

Laura Perez - Reyes

Amount of contribution (\$)

250.00

Contributor address;

1647 W. San Marcelo Blvd

City;

State; Zip Code

Brownsville Tx

78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-11-22

Full name of contributor

out-of-state PAC (ID# _____)

Esparza J Garza, L.L.P.

Amount of contribution (\$)

250.00

Contributor address;

964 E. Los Ebanos Blvd

City;

State; Zip Code

Brownsville Tx 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-22

Full name of contributor

out-of-state PAC (ID# _____)

John A. Goolsby

Amount of contribution (\$)

100.00

Contributor address;

1600 Hibiscus Ave

City;

State; Zip Code

McAllen Tx 78501

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

If the requested information is not applicable, DO NOT include this page in the report.

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 <i>10-16-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joel N. Reagan</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>14891 E wing Dr, Harlingen TX 78552</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe Lucy L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

7/15

5 Full name of contributor out-of-state PAC (ID# _____)

Raba-Kistner Pac;

7 Amount of contribution (\$)

1,500⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 690287 San Antonio TX 78269

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/11

Full name of contributor out-of-state PAC (ID# _____)

Jim + Amy Tipton

Amount of contribution (\$)

1000⁰⁰

Contributor address; City; State; Zip Code

701 Santa Ana Ave. Rancho Viejo, Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/14

Full name of contributor out-of-state PAC (ID# _____)

Rudy Gomez

Amount of contribution (\$)

3000.⁰⁰

Contributor address; City; State; Zip Code

1150 Paredes Ln Rd Brownsville, Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27

Full name of contributor out-of-state PAC (ID# _____)

S + T Paving LLC

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

2005 Mercedes 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

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe Lucy L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

7/12

5 Full name of contributor out-of-state PAC (ID#: _____)

American Division LLC

7 Amount of contribution (\$)

1000⁰⁰

6 Contributor address; City; State; Zip Code

55 Galonsky Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22

Full name of contributor out-of-state PAC (ID#: _____)

Rene Ramirez

Amount of contribution (\$)

1500⁰⁰

Contributor address; City; State; Zip Code

1508 S Lone Star Way Edinburg Tx 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23

Full name of contributor out-of-state PAC (ID#: _____)

Cesar + Gonzalez

Amount of contribution (\$)

2000⁰⁰

Contributor address; City; State; Zip Code

124 Country Club Rd Brownsville TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23

Full name of contributor out-of-state PAC (ID#: _____)

Eliseo Davila

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

2665 Old Spanish Trail Brownsville 78520

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

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
---	--	----------------------------

2 FILER NAME <i>Joe</i> <i>Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------

4 Date <i>8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Oscar Arturo Garza</i>	7 Amount of contribution (\$) <i>1500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1502 Dona Jeanne, Mission, Tx 78572</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <i>8/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kinberger Cogan Blake + Sampson CC</i>	Amount of contribution (\$) <i>3000⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, Tx 78760</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kane Lindsey LLC</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Contributor address; City; State; Zip Code <i>2614 Dove Ave Mission, Tx 78574</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>LSS Enterprises LLC</i>	Amount of contribution (\$) <i>5000⁰⁰</i>
Contributor address; City; State; Zip Code		

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

If the requested information is not applicable, DO NOT include this page in the report.

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 Filere)

4 Date

8/24

5 Full name of contributor out-of-state PAC (ID# _____)

Dimitry A/S I

7 Amount of contribution (\$)

1500⁰⁰

6 Contributor address; City; State; Zip Code

414 E Hickman Ave

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/23

Full name of contributor out-of-state PAC (ID# _____)

Brian Godinez

Amount of contribution (\$)

3000⁰⁰

Contributor address; City; State; Zip Code

5403 N 5th St McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6

Full name of contributor out-of-state PAC (ID# _____)

Sofia C Benavides

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

4090 Retanada Brownsville, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-1-22

Full name of contributor out-of-state PAC (ID# _____)

Nicholas T Senay Jr

Amount of contribution (\$)

1000⁰⁰

Contributor address; City; State; Zip Code

205 West Levee Brownsville, TX 78521

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

If the requested information is not applicable, DO NOT include this page in the report.

The instruction guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Joe Voey L. Lopez* 3 Filer ID (Ethics Commission Filers)

4 Date <i>9/8/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Toddle Inn</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1740 Central Blvd Brownsville, Tx</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>9/8</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eddie Jaime Trucken</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>575 FM 511 Olmito TX 78571</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Raul Palma</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Contributor address; City; State; Zip Code <i>705 Dawson Dr Edinburg Tx</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elizabeth Juarez</i>	Amount of contribution (\$) <i>750⁰⁰</i>
Contributor address; City; State; Zip Code <i>1100 Palm Parkway Dr Weslaco Tx</i>		

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

If the requested information is not applicable, DO NOT include this page in the report.

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

9/12

5 Full name of contributor out-of-state PAC (ID# _____)

Art Delgado

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 1085 Los Fresnos TX 78566

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9

Full name of contributor out-of-state PAC (ID# _____)

John + Sylvia Patricia

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

35 Calle Anacia Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11

Full name of contributor out-of-state PAC (ID# _____)

Ryan Gomez

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

335 Ritman Rd San Antonio TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12

Full name of contributor out-of-state PAC (ID# _____)

Saime Parra

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

4374 Martinal Rd Brownsville, TX 78524

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.

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

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Bookkeeping	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 H: 61	2 FILER NAME Joe Joey L. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 7/26/22	5 Business name Carisma	
6 Amount (\$) 1082⁰⁰	7 Business address; City; State; Zip Code 2100 Central Blvd Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Signs
	(a) <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 7/30/22	Business name Los Fresnos Cowboy Cook-off	
Amount (\$) 500⁰⁰	Business address; City; State; Zip Code Los Fresnos TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Sponsorship
	<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 8/1/22	Business name Style House Media	
Amount (\$) 1000⁰⁰	Business address; City; State; Zip Code 11 Conquistador Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Marketing
	<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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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 H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18</i>	5 Business name <i>Unlimited Printing</i>	
6 Amount (\$) <i>8500</i>	7 Business address; City; State; Zip Code <i>2686 Conia Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Tickets</i>
	(c) <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>8/18</i>	Business name <i>Pixel</i>	
Amount (\$) <i>7500</i>	Business address; City; State; Zip Code <i>1424 W Price Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Caps + Koozie</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date <i>8/18</i>	Business name <i>Order of Alhambra</i>	
Amount (\$) <i>200.00</i>	Business address; City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

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 H:		2 FILER NAME <i>Joe Joey L. Lopez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/19</i>		5 Business name <i>Veronica Cruz Coon</i>			
6 Amount (\$) <i>300⁰⁰</i>		7 Business address; City; State; Zip Code <i>Brownsville TX 78520</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <i>Marketing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <i>8/23</i>	Business name <i>Pixel</i>				
Amount (\$) <i>660</i>	Business address; City; State; Zip Code <i>Hart W Price Brownsville TX 7820</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Hats</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <i>8/24</i>	Business name <i>Cash</i>				
Amount (\$) <i>2000⁰⁰</i>	Business address; City; State; Zip Code <i>2108 Central Blvd Brownsville TX 78520</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Prizes</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|---|--|---|
| Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment | Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>8/25</i>	5 Business name <i>Fred Loran o</i>	
6 Amount (\$) <i>200⁰⁰</i>	7 Business address; City; State; Zip Code <i>Huntington Tx</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Weight Master</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>8/25/22</i>	Business name <i>Panost Eyes</i>	
Amount (\$) <i>800⁰⁰</i>	Business address; City; State; Zip Code <i>South Padre Island Tx</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Tournament</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>8/25/22</i>	Business name <i>Panost Eyes</i>	
Amount (\$) <i>450⁰⁰</i>	Business address; City; State; Zip Code <i>South Padre Island, Tx</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Tournament</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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	Printing 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 H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/25</i>	5 Business name <i>Carlos Bravo</i>	
6 Amount (\$) <i>273⁰⁰</i>	7 Business address; City; State; Zip Code <i>244 Rio Vista Ave Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Photos</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/25</i>	Business name <i>Don Breeden</i>	
Amount (\$) <i>1818⁶⁰</i>	Business address; City; State; Zip Code <i>Los Ebanes Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Trophies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/6/22</i>	Business name <i>CCSP</i>	
Amount (\$) <i>200⁰⁰</i>	Business address; City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H;	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/8/22</i>	5 Business name <i>Rose Melendez</i>	
6 Amount (\$) <i>250⁰⁰</i>	7 Business address; City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>marketing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date <i>9/10/22</i>	Business name <i>Friendship of Women</i>	
Amount (\$) <i>500⁰⁰</i>	Business address; City; State; Zip Code <i>Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date <i>9/12/22</i>	Business name <i>Cameron County Parks</i>	
Amount (\$) <i>150⁰⁰</i>	Business address; City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Warrior uniforms</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expenses |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses |
| Consulting Expenses | 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 | Salary/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 H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/12/22</i>	5 Business name <i>Carlos Bravo</i>	
6 Amount (\$) <i>273⁰⁰</i>	7 Business address; City; State; Zip Code <i>240 Rio Vista Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Photos</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date <i>9/12/22</i>	Business name <i>Liams</i>	
Amount (\$) <i>8123.62</i>	Business address; City; State; Zip Code <i>NE Quay 69 Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Fundraisek</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24</i>	5 Business name <i>Rose Melender</i>	
6 Amount (\$) <i>200⁰⁰</i>	7 Business address; City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Marketing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>9/26/22</i>	Business name <i>Style House Media</i>	
Amount (\$) <i>1000⁰⁰</i>	Business address; City; State; Zip Code <i>11 Argusador Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Marketing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>10/3/22</i>	Business name <i>Cash</i>	
Amount (\$) <i>1200⁰⁰</i>	Business address; City; State; Zip Code <i>2108 Central Blvd Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Workers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | 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) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 Date <i>10/18</i>	5 Business name <i>Unlimited Printers</i>
------------------------	--

6 Amount (\$) <i>369⁶⁵</i>	7 Business address; City; State; Zip Code <i>Cora St Brownsville TX 78520</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Printing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>10/7/22</i>	Business name <i>Citalies 956 LLC</i>
------------------------	--

Amount (\$) <i>3660⁰⁰</i>	Business address; City; State; Zip Code
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Radio</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>10/7/22</i>	Business name <i>Rose Melendez</i>
------------------------	---------------------------------------

Amount (\$) <i>200⁰⁰</i>	Business address; City; State; Zip Code <i>Brownsville TX 78520</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Marketing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

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 H:		2 FILER NAME <i>Joe Joey L. Lopez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/10</i>		5 Business name <i>Brownsville Library</i>			
6 Amount (\$) <i>250.⁰⁰</i>		7 Business address; City; State; Zip Code <i>Brownsville, TX 78510</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <i>Sponsorship</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/11/22</i>		Business name <i>Borden Dues</i>			
Amount (\$) <i>7462.¹⁴</i>		Business address; City; State; Zip Code <i>Price Rd Brownsville TX 78521</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Mailer</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/12/22</i>		Business name <i>BSCC Youth</i>			
Amount (\$) <i>500.⁰⁰</i>		Business address; City; State; Zip Code <i>Manson Brownsville TX 78520</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Sponsorship</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Joe Joey L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 Date <i>10/13/22</i>	5 Business name <i>Canisma</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>292.28</i>	7 Business address; City; State; Zip Code <i>2100 Central Blvd Brownsville Tx 78520</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>10/24/22</i>	Business name <i>Rose Melendez</i>
-------------------------	---------------------------------------

Amount (\$) <i>250.00</i>	Business address; City; State; Zip Code <i>Brownsville Tx 78520</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>marketing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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