JOEY LOPEZ

SEMI-ANNUAL REPORT JANUARY 17, 2023

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 12 3 CANDIDATE/ MS / MRS / MR DE OFFICE USE ONLY **OFFICEHOLDER** Joe mr NAME Date Received NICKNAME SUFFIX Joey JAN 1.3 2023 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE OFFICEHOLDER 2 Conquistador MAILING RECEIVED ADDRESS 78520 Brownsville Tx Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 579 5454 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Frank Date Processed NAME NICKNAME LAST Date Imaged wood STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 3505 Boca Chica **ADDRESS** Brownsville (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE **TREASURER** PHONE (956) 546 3731 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Bth day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 10 /31 / 2022 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Dav Special 13 OFFICE SOUGHT (if known) 12 OFFICE Commissioner Commissioner. 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	, , , , , , , , , , , , , , , , , , , ,					
15 C/OH NAME				16 File	r ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, C CONTRIBUTIONS MA	OR GUARANTEES OF	F LOANS, OR	HAN	\$ 5	250
	2. TOTAL POLITICAL (OTHER THAN PLEDO		JARANTEES OF LOA	NS)	\$ 57	250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPEND	ITURE.		\$	0
	4. TOTAL POLITICAL I	EXPENDITURES			\$ 140	08193
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO		ITAINED AS OF THE	LAST DAY	\$ 37.	24787
OUTSTANDING LOAN TOTALS	3. TOTAL PRINCIPAL AN LAST DAY OF THE RE		STANDING LOANS AS	3 OF THE	\$ _	- 0
(4) BET-1 M	Please	Ca	Signature of serolina Salas ommission Expires 9/12/2026		or Officehold	er
(1) Affidavit		Nota	гу ID124481854			
NOTARY STAMP/SEAL						
Sworn to and subscribed befor	e me by <u>Joe L</u> l	Lopez	this the	ne <u>\ 3</u>	day of	Tanuary,
20 23 , to certify which	, witness my hand and seal of	office.				•
Carolina 5 al	as Ca	arolina 5.	alas		Nota	ry
Signature of officer administering or	ith Printed nar	me of officer administe	ring oath		Title of officer	administering oath
		OR				
(2) Unsworn Declaration						
My name is				1_		•
				18		
My address is	(street)		(city)	(etato) (:		/ocusts:
Executed in		, on the _	day of	nth)	zip code) _, 20	(country)
			(moin)	ы <i>т)</i>	(year)	
			Signature of Can	didate/Office	holder (Decla	arant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Joe	e Joey L. Lopez		
Date	5 Full name of contributor ut-of-state P	PAC (ID#:)	7 Amount of contribution (\$)
	Saul Ortega		
३- ३।- ३३	6 Contributor address; City;	State; Zip Code	
7	3710 Kiskadee TrL		₹,000,00
	Edinburg Tx 78539		
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	<u>.</u>	AC (ID#:)	Amount of contribution (\$)
1-4-22	Jordan P. Goldsemidt		
' ' ' ' ' '	Contributor address; City;	State; Zip Code	
	4500 Carmen Ave	State, Zip Codo	1,000,00
	Rancho Viejo	Tx 7.8575	· •
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	Honel
		military (200 military)	Jonaj
Date	Full name of contributor		
- I	t dit tigitie of contributor 🔲 ont-of-staté i s	AG (ID#:)	Amount of contribution (\$)
	·····		
	Contributor address; City;	State; Zip Code	
•			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ilons)
	•		
			TWO Manual National Transformation of Transforma
Date	Full name of contributor out-of-state_PA	\C (ID#:)	Amount of contribution (\$)
-			
. [Contributor address; City;	State; Zip Code	•
		State, ZIP Code	•
			÷
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	done)
	•		0115,
•	•		
	•		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	ested information is not applicable, DO NOT include this page in th	ie report.
Th	ne instruction Guide explains how to complete this form.	1 Total pages Schedulo A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Date 9/9/22	5 Full pagme of contributor Jout-of-state PAC (IDH). Charando Produce 6 Contributor address; City; State; Zip Code 8605 FM 1732 Brownsalle 747852	7 Amount of contribution (#) 4500
Principal occi	zupation / Job title (See Instructions) 9 Employer (See Instru	
7/6/22	Full name of contributor out-of-state PAC (ID/E) Voe Salasan III " Contributor address; City: State; Zip Code 611 E Coop 491 Having AH 20550	Amount of contribution (\$) +500
Principal occur	ipation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (IDIK	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instru	otions)
Date 9/20	Full name of contributor aut-of-pate PAG (IDIR) Kepublic Seastes PAC Contributor address; City; State; Zip Code 18500 North Alfied Way Phones, AZ 8605	Amount of contribution (\$) 1000
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	and the second s
Management (Section 1)	The first of the second of the	As a management of the control of th

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

SCHEDULE H

				···					
		EXPE	NDITURE CA	TEGORIE	S FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Overhead// Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundralsing Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)		nent & Related Expense		
Credit Card Payment The Instruction Guide explains how to complete this form.									
1 Total pages Schedule H:	2 FILER N		ey L Lop) C Z	***************************************	3 Filer	ID (Ethles	Commission Filers)	
4 Date	5 Business	name							
16-27-27	Ca	irlos	Bravo						
6 Amount (\$)	7 Business				City;		State;	Zip Code	
248,00	244	Rio Vi.	sta Ave		Brownsville	•	TX	78520	
8	(a) Category	(See Categorie:	s listed at the top of th	ıls schedule)	(b) Description			7,000,000	
PURPOSE OF EXPENDITURE	•				Photo	5			
_	(c)	Check if travel outs	side of Texas, Complete	a Schedule T.	Check if Austin	, TX, officeho	older living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeh	older name		Office sought		. (Office held	
Date	Business	name		W-1				**************************************	
10-27-27	Bri	reden	- mad	-umbe	r				
Amount (\$)		address;			City;		State;	Zip Code	
(32, 31					Brownsvil	!\ e	Τ×		
	Category	(See Categories	listed at the top of thi	is schedule)	Description				
PURPOSE OF					Advertising				
EXPENDITURE	С	heck if travel outsi	ide of Texas, Complete	Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh		ite / Officeho	older name		Office sought		.0	Office held	
Date	Business	name		-			······································		
10-27-22			House m	redia	•				
Amount (\$)	Business	address;	. 7. 17.000		City;		State;	Zip Code	
1,000.00	11 Co	n quist	adov		Brownsuil	1\e	Τx	78520	
	Category	(See Categories	listed at the top of thi	s schedule)	Description				
PURPOSE OF EXPENDITURE			·		Design	work		·	
	C	heck if travel outsi	ide of Texas, Complete	Schedule T.	Check If Austin,	TX, officeho	ider living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeho	older name		Office sought		(Office held	
	ATTA	CH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE AS NEED	DED			

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing		pepayment/Reimbursement Solicit Dverhead/Rental Expense Trave Expense Trave s/Wages/Contract Labor Other		oltation/Fundraising Expense sportation Equipment & Related Expens el In District el Out Of District or (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER N	AME	y L, L			3 Filer	ID (Ethics	Commission Filers)
4 Date 10 ~スワー スマ	5 Business	name	mecum			· .		-
6 Amount (\$)	7 Business	address;	_		City;	·	State;	Zip Code
947.65	1				Brownsville	2	-(×	
8 PURPOSE	(a) Category	(See Categories listed	at the top of this sch	redule)	(b) Description	•		
OF EXPENDITURE					Newspa	per	N d	
	(c)	Check if travel outside of Te	exas. Complete Sche	edule T.	Check if Austin	, TX, office	nolder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder	name		Office sought		(Office held
Date	Business	name	* '		***			
11-1-23	camo	ron Coun	ty Dem	nucra	t Party			
Amount (\$)	Business	address;			City;		State;	Zip Code
5,000.00					Brownsi	ville	TX	78520
	Category	(See Categories listed a	t the top of this sch	edule)	Description			
PURPOSE OF EXPENDITURE	Wal	kens Do	onto D	00 n	walker	r	· · · · · · · · · · · · · · · · · · ·	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						репѕе	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder	name		Office sought		. (Office held
Date	Business	name					***************************************	
।।- ग- ३२		Cash						
Amount (\$)	Business	address;		,	City;		State;	Zip Code
500.00	٦١٥	s centr	al Blud		Brownsvill	le	TX	7 85 2 D
	Category	(See Categories listed a	t the top of this sch	edule)	Description			
PURPOSE OF EXPENDITURE					gas F	or u	uorke	√
		Check if travel outside of Te	xas, Complete Sche	dule T.	Check If Austin	, TX, officel	nolder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder	name		Office sought		(Office held
	ATT	ACH ADDITIONA	L COPIES O	F THIS	SCHEDULE AS NEE	DED		

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Fees Office Over Food/Beverage Expense Polling Expense Office Over Gift/Awards/Memorials Expense Printing Expense		expense Travel in District Expense Travel Out Of District Wages/Contract Lebor Other (enter a cate		ulpment & Related Expense		
1 Total pages Schedule H:	2 FILER N	· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Ethics	s Commission Filers)		
4 Date リー8ー スス	5 Business	name V Lopez	pe 1					
6 Amount (\$)	7 Business			City;	State;	Zip Code		
596.15				Brownsu	ille Tx	78520		
8 PURPOSE	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Description				
OF EXPENDITURE				refrest	h ments			
	(c)	Check if travel outside of Texas, Complet	Check if Austin	, TX, officeholder living e	expense			
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH						Office held		
Date	Business							
11-8-22	E	ric Zapato	5					
Amount (\$)	-	address;		City;	State;	Zip Code		
300.00				Brownsville TX 78520				
	Category	(See Categories listed at the top of the	nis schedule)	Description				
PURPOSE OF				musi	c			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Che			Check if Austin	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
Date	Business	name			A AVIIII AVIII AVI			
11-8-27	-	exican						
Amount (\$)	Business	address;		City;	State;	Zip Code		
२, १४१, २९								
	Category	(See Categories listed at the top of the	his schedule)	Description				
PURPOSE OF EXPENDITURE				Food	Location	A STATE OF THE STA		
		Check if travel outside of Texas. Complet	e Schedule T.	Check If Austin	, TX, officeholder living (expense		
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED			
						X		

SCHEDULE H

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		***************************************		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing Cal Committee Legal Services Salaries	Repayment/Reimbursement e Overhead/Rental Expense ng Expense offes/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	o complete this form.				
1 Total pages Schedule H:	2 FILER NAME Joe Joey L. Lope	c Z	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Business name Carlos Bravo		<u> </u>			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code		
298.00	244 Rio Vista Ave	Brownso	oille Tx	78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE		Photo				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	rpense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Business name			**************************************		
11-10-22	Breeden mccumber			:		
Amount (\$)	Business address;	City;	State;	Zip Code		
422.06		Brownsuil	lle TX	78520		
	Category (See Categories listed at the top of this schedule)	Description	THE STATE OF THE S			
PURPOSE OF EXPENDITURE		Adverti	ising			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
Date	Business name	_				
11-10-22	cash					
Amount (\$)	Business address;	City;	State;	Zip Code		
1,000,00						
	Category (See Categories listed at the top of this schedule)	Description	-			
PURPOSE OF EXPENDITURE		Poll	1 watcher	r		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED)ED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gft/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 (exter a category not listed above)

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joey L. Lopez Joe 5 Payee name 11-3-22 Rose melendez 6 Amount (\$) 7 Payee address: City; State; Zip Code 250.00 T_{X} Brownsuille 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE marketing OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11-4-22 Olvera Mary Amount (\$) Payee address; City: State; Zip Code 150.00 Brownsuille 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Worker EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Ramira Amaro 11-10-27 Amount (\$) Payee address; City; State: Zip Code 2108 Central Blud 78520 Brownsville τ_{x} 125.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Worker Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) Joe Joey L. Lopez 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 11-8-27 Lindas Cake and Deserts 7 Amount (\$) State; Zip Code 444 W. Elizabeth St 173.50 Brownsville 78520 · τ_{x} TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Academy 11-8-22 Payee address: City; Zip Code 216.42 Brownsville 78520 TYPE OF Political **EXPENDITURE** Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE Prizes **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Coan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	Joe Joey L. Lope	7.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED		\$
5 Date	6 Payee name		
11-8-33	Sams club		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
346,57		Braunen	ille Tx 78520
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE		Foo	d
•	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-9-22	Toddle Inn	Restaurant	
Amount (\$)	Payee address;	City;	State; Zip Code
145.50		Brownsuil	le Tx 78521
TYPE OF EXPENDITURE	J Political	Non-Political	
-	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF Expenditure			Food
	Check if travel outside of Texas. Complete Scr	nedule T. Check If Aus	tin, 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 NEE	DED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested infor	mation is not applicable, DO NOT i	nclude this	s page in the rep	ort.	
	EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F4:	The Instruction Guide expl		ompiete uno torna		
- 70 p	Joe Joey L. L	0007	•	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE		EDIT CARD	\$	
. 5 Date	6 Payee name				
11-10-22	Sunoco				•
7 Amount (\$)	8 Payee address;		City;	States	7t- 0t-
•			Oity,	State;	Zlp Code
24.79			Otmito	$ au_{\times}$	78520
9 TYPE OF EXPENDITURE	Political	Non-Pol	iltical		
10	(a) Category (See Categories listed at the top of the	ris schedule)	(b) Description		
PURPOSE			69:	·	
OF Expenditure					
•	(c) Check If travel outside of Texas. Complet	ta Schadula T	Chark # Aug	tln, TX, officeholder living	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	ld
Date	Payee name				,
11-14-22	Stapes				·. `
Amount (\$)	Payee address;		City;	State;	Zip Code
61.69			Brownsu	ille Tx	
TYPE OF EXPENDITURE	V Political	Non-Pol	itical	· .	
Dispose	Category (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE			΄ρ,	rintin g	
	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	ice sought	Office he	ld
		PASSES AND A SECOND A SECOND AND A SECOND ASSECTION AND A SECOND ASSECTION		-	
-					
	ATTACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	