# JOEY LOPEZ

SEMI-ANNUAL REPORT JANUARY 15, 2025

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR W/R	FIRST JOC	Lopez	OFFICE USE ONLY
IVAWE	NICKNAME Joecs	LAST	SUFFIX	Date Received  CAMERON COUNTY  SEDADTMENT OF ELECTIONS 9
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		ox: APT/SUITE#; of nauistado nsville, TX		DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  1:49AN 1 5 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 579 545	EXTENSION 5 Y	Date Hand-delivered or Date cosmalited  By:  Receipt #  Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST FVANK LAST	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3505	Wood (NO PO BOX PLEASE); APT/SU BOCA Chi	ica Blud	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 544 3731	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
,	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 28 / 24	THROUGH (D)	Day Year / 10 / 3 4
11 ELECTION	Month Day	Year Primary	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	i - Commissione	13 OFFICE SOUGHT (If known	Omnissioner
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I S AND OFFICEHOLDERS ARE REQUIRE	MAY HAVE BEEN MADE WITHOUT THE CANE	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	**************************************

## CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Joer De 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. Signature of Candidate or Officeholder Please complete either option below: Carolina Salas My Commission Expires 9/12/2026 (1) Affidavit Notary ID124481854 NOTARY STAMP/SEAL 20 \_\_\_\_\_\_, to certify which, witness my hand and seal of office. Carolina Salas Carolina Salas Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is \_\_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ , on the \_\_\_\_ day of \_

(city)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

(year)

(country)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	Joe (Joey) Lopez 20 Filer ID (Et	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$22650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3424.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3 81.28
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$ 4809.14
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	ED \$

# 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) Lope	22	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)		
10/4/24	Eddie Jaimes Trucking 6 Contributor address; City; 575 FN 511 Olmito,	USA, Inc. State; Zip Code  TX 78575	250.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
9/5/24	Brian A Godines Contributor address; City;		3500.°°		
	5403 N5thst. McAller	17,78504			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)		
8/22/24	Contributor address; City; 2408 Live Dak Mission	State; Zip Code	3000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
8/21/24	Contributor address; City;	State; Zip Code	3000.00		
	104E Lark Ave. McAller	1TX,78504			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	n.	1 Total pages Schedule A1:
2 FILER NAME	Joe (Joey) Lopez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
clastay	OSCAY AVTUY O GAYZA  6 Contributor address; City; St	7: 0-4-	1000.00
81001-1	2313 Brock St. Mission, T	X 7X572	
8 Principal occu		Employer (See Instruction	nna!
	parlott / Oct and (cot moderne)	Employer (Goo morasic	one)
Date	Full name of contributor		Amount of contribution (\$)
1 / .	Republic Services, Inc.  Contributor address; City: St		00
8 30 34	Contributor address; City; St	late; Zip Code	1500.00
	18500 N Alliedway Phoenix,	AZ 85054	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
			• •
	Rene A Ramivez  Contributor address; City; Sta	ate; Zip Code	Amount of contribution (\$)
		ate; Zip Code	• •
४।११४	Rene A Ravnivez  Contributor address; City; Sta  15085 Lonestarwayunit1 Ed	ate; Zip Code	1,500.00
४।११४	Rene A Ravnivez  Contributor address; City; Sta  15085 Lonestarwayunit1 Ed	ate; Zip Code inburgTX 18531	1,500.00
Principal occup	Rene A Ravnive 2  Contributor address; City; State 15085 Lone Star way Unit Education / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	ate; Zip Code inburg 7 x 7853 Employer (See Instruction	1,500.00
Principal occup	Rene A Ravnive 2  Contributor address; City; State 15085 Lone Star way Unit Education / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	ate; Zip Code inbut 97 x 78539 Employer (See Instruction	Amount of contribution (\$)
Principal occup	Rene A Ravnive 2  Contributor address; City; State 15085 Lone Stavway Unit Education / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#: Evelyn C (astill)  Contributor address; City; State Contributor address; City;	ate; Zip Code inbux 97 x 18534 Employer (See Instruction ) ate; Zip Code	1,500.00
Principal occur	Rene A Ravnive 2  Contributor address; City; State 15085 Lone Star way Unit Education / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	ate; Zip Code inbux 97 x 18534 Employer (See Instruction ) ate; Zip Code	Amount of contribution (\$)
Principal occur  Date  8 31 34	Rene A Ravnive 2  Contributor address; City; St.  15085 Lone Star way Unit Ed  Dation / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#:  Evelyn C Castillo  Contributor address; City; St.  3313 Hum ming bird Ave. McAllen	ate; Zip Code inbux 97 x 18534 Employer (See Instruction ) ate; Zip Code	Amount of contribution (\$)
Principal occur  Date  8 31 24	Rene A Ravnive 2  Contributor address; City; St.  15085 Lone Star way Unit Ed  Dation / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#:  Evelyn C Castillo  Contributor address; City; St.  3313 Hum ming bird Ave. McAllen	ate; Zip Code inbuy g.T. y. 1853 ( Employer (See Instruction ) ate; Zip Code	Amount of contribution (\$)
Principal occur  Date  8 31 34	Rene A Ravnive 2  Contributor address; City; St.  15085 Lone Star way Unit Ed  Dation / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#:  Evelyn C Castillo  Contributor address; City; St.  3313 Hum ming bird Ave. McAllen	ate; Zip Code inbuy g.T. y. 1853 ( Employer (See Instruction ) ate; Zip Code	Amount of contribution (\$)
Principal occur  Date  8 31 24	Rene A Ravnive 2  Contributor address; City; St.  15085 Lone Star way Unit Ed  Dation / Job title (See Instructions)  Full name of contributor Out-of-state PAC (ID#:  Evelyn C Castillo  Contributor address; City; St.  3313 Hum ming bird Ave. McAllen	ate; Zip Code inbuy g.T. y. 1853 ( Employer (See Instruction ) ate; Zip Code	Amount of contribution (\$)

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#### SCHEDULE A1

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

<b>,</b>			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Joe (Joey) Lopez	_	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
clostal	Amanda Saldana  6 Contributor address; City;		500.°°
8/00/04	6 Contributor address; City;	State; Zip Code	500.
	1303 E Jackson Ave. Phave	TX, 18577	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
Date	Full name of contributor 🔲 out-of-state PAC		Amount of contribution (\$)
i i	Linebarger Goggan Blai contributor address; Clty; P.O.BOX17428 Austin, T	r & Simpson.Lup	
8/9/24	Contributor address; City;	State; Zip Code	3000.
<i>9</i>	P.O.Box17428 Austin, T	X 78760	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC		Amount of contribution (\$)
8 8	Salazar Insurance Grou	PLC	00
8/9/24	Salazar Insurance Grou	State; Zip Code	1000.
•	Lell E. LOOP 499 Harlinger	1 TX 78550	
Principal occup	etion / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	({D#:)	Amount of contribution (\$)
	AC Nelson Patience	R Nelson	
1 20 24	AC Nelson Patience Contributor address; City;	State; Zip Code	300,00
	34065 FM 2925 Riotton	do TX 78583	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

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

II ale reques	ated information is not applicable, <b>DO NOT I</b> II	clade this page in the	report,
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Joe (Joey) Lopez		3 Filer ID (Ethics Commission Filers)
4 Date	I	C (ID#:)	7 Amount of contribution (\$)
4 × 1 × 1 × 1	Viva South Padre Hospitalit 6 Contributor address; City; 202 W. Whitingst. SPI	State; Zip Code	600,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ilons)
Date		C (ID#:)	Amount of contribution (\$)
4/5/24	GLT Paving LLC  Contributor address; City;  P.O. BOX 5134 Brownsville	State; Zip Code	1000.00
	cation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
8/9/24	Guillermo Sosa Qu contributor address; city; 3×18 Bourbon Ave. Harling	intanilla State: Zip Code	1000.00
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	_	C (ID#:)	Amount of contribution (\$)
8/19/94	Cesar Alberto Gionzalez contributor address; city; 124 Contry Club Rd. Drownui		1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense Poiling Expense Travel In District Printing 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Carlos Bravo 9124124 6 Amount (\$) City; 7 Payee address; State; Zip Code Promsville TX (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Expense Thotographs OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Rose Melendez City; State: Zip Code 200.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Marketing OF **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 Y6/6/8 ash Amount (\$) Payee address: City; Zip Code Brownsville, TX 2108 Central Blvd. Category (See Categories listed at the top of this schedule) Description PURPOSE Prize Money

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

8

Event Expense

Candidate / Officeholder name

Check if travel outside of Texas, Complete Schedule T.

Office held

Check If Austin, TX, officeholder living expense

Office sought

#### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 3 FILER ID (Ethics Commission Filers) 1 TOTAL PAGES 2 FILER NAME **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Pald **6 PAYMENT** \$ 220.83 (a) Payee name 7 PAYEE (b) Payee address; City, State, Zip Code WIX COM 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Event Expense Political Non-Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office Sought Office Held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** \$ 184.74 Prunville, TY 78520 (a) Payee name PAYEE (b) Payee address; Sams Club **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Fuent Expense Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sought Office Held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** s (046.24 (a) Payee name PAYEE (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political 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)** Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 3 FILER ID (Ethics Commission Filers) 1 TOTAL PAGES 2 FILER NAME SCHEDULE F4: \$ 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD **ISSUER** (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **6 PAYMENT** 8/21/24 \$ 13.57 (a) Payee name 7 PAYEE City, State, Zip Code BassPro (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF (b) Description Gifts & awards **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged **PAYMENT** 3/4/24 (a) Payee name PAYEE (b) Payee address; City, State, Zip Code COASTAL EVENT RENT **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political (c) Check if travel outside of Texas. Complete Schedule T. Non-Political Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** \$ 48.71 (a) Payee name City, Zip Code PAYEE (b) Payee address; State, **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	e By Gift/Award	rerage Expense ds/Memorials Expense vices	Polling E e Printing	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction	Guide explains how to co	omplete this form.		USE A NEW PAGE FO	OR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME	· () oey	()Los	Pez	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	'ENDITURES CHARGED TO A	CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institut	ion			
6 PAYMENT	(a) Amount Charged \$ 393.84	(b) Date Expenditu	=	(c) Date(s) Credit Card I	
7 PAYEE	(a) Payee name SamS C	ub	(b) Payee ad	dress;	City, State, Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description	
Non-Political	(c) Check if travel out	tside of Texas, Complet	te Schedule T.	Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	fice Sought	Office Held
PAYMENT	(a) Amount Charged \$ 1582.28		4	(c) Date(s) Credit Card I	lssuer Paíd
PAYEE	(a) Payee name Margarita Villa	e BeachR	(b) Payee add		city, State, Zip Code Padve I Sland, TX
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ited at the top of this sched	Jule)	(b) Description	~S
Non-Political	(c) Check if travel out:	tside of Texas. Complete	e Schedule T.	Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card is	ssuer Paid
PAYEE	(a) Payee name	<u> </u>	(b) Payee add	dress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories lis	ted at the top of this sched	iule)	(b) Description	
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Check if	f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	iame	Offi	fice Sought	Office Held
•	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE AS NE	:EDED

# 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 CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Polling Expense Travel in District Printing Expense Travel Out Of Dis Salaries/Wages/Contract Labor Other (enter a ca	quipment & Related Expense
1 Total pages Schedule H:	2 FILER NAME JOE ()OEL	() Lopez 3 Filer ID (E	thics Commission Filers)
4 Date	5 Business name National Pen	CO. LLC	
6 Amount (\$)	7 Business address;	City; State	e; Zip Code
445.89			
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Event Expense	Drawstring Back	K packs.
	(c) Check if travel outside of Texas, Complete Schel	dule T. Check if Austin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
8 197 194	Pixel Graph Business address;	nics	
Amount (\$)	•		, i
130.°°	1424 W. Price Rd	. stec Brownsville TX	18520
	Category (See Categories listed at the top of this sche	Description	
PURPOSE OF EXPENDITURE	Event Expense	banners.	
	Check if travel cutside of Texas. Complete Sched	tule T. Check if Austin, TX, officeholder living	ng expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
4/24/94	GSCC	•	
Amount (\$)	Business address;	City; State	; Zip Code
600.00	Morrison	Brownsville, TY	78520
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Spon Sorship		
	Check if travel outside of Texas, Complete Sched	dule T. Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name न	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 CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	rolling Expense rinting Expense ralaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME JOE () ORY	) Lopez	Filer ID (Ethics Commission Filers)
4 Date 8 21 24	5 Business name PIX el GiraP	nics	
6 Amount (\$)	7 Business address;	City;	State; Zip Code
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# 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 3 4 Date Business address; State: Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; State: City; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living 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