

# **JOEY LOPEZ**

**SEMI-ANNUAL REPORT  
JANUARY 15, 2021**

# 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:  
9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

*Mr*  
NICKNAME

*Joe*  
LAST

*L*  
SUFFIX

*Joey Lopez*

OFFICE USE ONLY

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JAN 20 2021

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

*2 Conquistador  
Brownsville, TX 78520*

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(956) 541-1278*

Date Hand-delivered or Date Postmarked

*By mail*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

*MR*  
NICKNAME

*Frank*  
LAST

*Wood*  
SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
- TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY; STATE;

ZIP CODE

*3505 Boca Chica Blvd  
Brownsville, TX 78521*

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(956) 546-3731*

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

*7 / 1 / 2020*

THROUGH

*12 / 31 / 2020*

11 ELECTION

ELECTION DATE

Month

Day

Year

*/ /*

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

*Cameron County  
Commissioner Pet 2*

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Joe (Joey) L. Lopez

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>— 0 —</u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15650<sup>00</sup></u>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>18<sup>00</sup></u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>7551.38</u>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>22187.48</u>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe L Lopez, this the 15 day of January, 20 21, 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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: .

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/20

5 Full name of contributor

Rene A Ramirez

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

7 Amount of contribution (\$)

1500<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

78539

1508 Lone Star Way #1 Edinburg Tx

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/14/20

Full name of contributor

Linebarger Coggan Blain

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

Amount of contribution (\$)

3000<sup>00</sup>

Contributor address;

City;

State;

Zip Code

P.O. Box 17428, Austin, Tx 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/20

Full name of contributor

S+B PAC

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

Amount of contribution (\$)

3000<sup>00</sup>

Contributor address;

City;

State;

Zip Code

P.O. Box 266245 Houston Tx 77207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/20

Full name of contributor

Daniel Garces

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

Amount of contribution (\$)

150<sup>00</sup>

Contributor address;

City;

State;

Zip Code

4608 Schunion, Edinburg, Tx 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: .

2 FILER NAME

Joe (Joey) L. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/20

5 Full name of contributor

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

Oscar Arturo Panza

7 Amount of contribution (\$)

2500<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

1502 Dona Jeanne Mission, TX 78572

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/20

Full name of contributor

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

RABA-Kistner PAC

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City;

State;

Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/20

Full name of contributor

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

Alfredo Garcia

Amount of contribution (\$)

1500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

153 Lakeview South, San Benito, TX 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/20

Full name of contributor

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

Vicente Mender

Amount of contribution (\$)

1000<sup>00</sup>

Contributor address;

City;

State;

Zip Code

1920 Westminster, 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: \_\_\_\_\_

2 FILER NAME

*Joe (Joey) L Lopez*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/16/20*

5 Full name of contributor

*David A. Sarza*

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

7 Amount of contribution (\$)

6 Contributor address;

*16650 Barnes Ct Chandler TX 78552*

City; State; Zip Code

*1000<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*10/19/20*

Full name of contributor

*Republic Services PAC*

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

Amount of contribution (\$)

Contributor address;

*18520 N Alford Way, Phoenix AZ 85054*

City; State; Zip Code

*100000*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe (Joey) L. Lopez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/4/20</i>	5 Payee name <i>Lavina Long</i>
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6 Amount (\$) <i>500<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Organizing files + office work</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/6/20</i>	Payee name <i>Pijell Graphics</i>
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Amount (\$) <i>1965<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1424 W Price Rd Ste C, Brownsville, TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Hats, signs, towels</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/13/20</i>	Payee name <i>Dan Rivera</i>
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Amount (\$) <i>500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i>
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Polling</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/14/20	5 Payee name Don Breedem
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6 Amount (\$) 990 <sup>49</sup>	7 Payee address; City; State; Zip Code Brownsville, TX 78520
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Trophies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/20	Payee name Rose Melendez
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Amount (\$) 250 <sup>00</sup>	Payee address; City; State; Zip Code Brownsville, TX 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Distribution of Flyers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/20	Payee name Cash
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Amount (\$) 1500 <sup>00</sup>	Payee address; City; State; Zip Code Brownsville, TX 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cash Prizes for fundraiser SPI	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/20	5 Payee name Parrot Eyes
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6 Amount (\$) 1645.00	7 Payee address; City; State; Zip Code South Padre Island, TX
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Location Tournament Food + Refreshments	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <i>1</i>	<b>2</b> FILER NAME <i>Joe (Joey) L. Lopez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>10/19/20</i>	<b>6</b> Payee name <i>Hook Line + Sinken</i>	
<b>7</b> Amount (\$) <i>182<sup>89</sup></i>	<b>8</b> Payee address; City; State; Zip Code <i>Haarlingen, TX</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Door Prizes</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 <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