

# **JOEY LOPEZ**

**SEMI-ANNUAL  
REPORT  
JANUARY 15, 2025**

# 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: <b>14</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>MR</u> FIRST: <u>Joe</u> MI: <u>Lopez</u> NICKNAME: <u>Joey</u> LAST:      SUFFIX:	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>2 Conquistador</u> <u>Brownsville, TX 78520</u>	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <b>1:45pm</b> <b>JAN 15 2025</b>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>579 5454</u> EXTENSION:	Date Hand-delivered by: <u>[Signature]</u> Date Postmarked: By: <u>[Signature]</u>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>MR</u> FIRST: <u>Frank</u> MI: NICKNAME:      LAST: <u>Wood</u> SUFFIX:	Receipt #      Amount \$ Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>3505 Boca Chica Blvd</u> <u>Brownsville, TX 78521</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>546 3731</u> EXTENSION:		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <u>2 / 28 / 24</u> THROUGH <u>10 / 10 / 24</u>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <u>11 / 08 / 22</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>County Commissioner</u>	<b>13 OFFICE SOUGHT (if known)</b> <u>County Commissioner</u>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> 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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

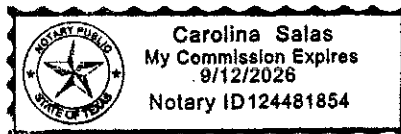
15 C/OH NAME <u>Joe (Joey) Lopez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>22650.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13414.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>48546.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

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.

*Joe Lopez*  
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 15 day of January, 2025, 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**

<b>19 FILER NAME</b> Joe (Joey) Lopez		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22650.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3424.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3181.28
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	\$ 6809.14
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: 4
2 FILER NAME Joe (Joey) Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Jaimes Trucking USA, Inc. 6 Contributor address; City; State; Zip Code 575 FM 511 Olmito, TX 78575	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian A Godines Contributor address; City; State; Zip Code 5403 N 5th St. McAllen TX, 78504	Amount of contribution (\$) 3500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LDG Enterprises LLC Contributor address; City; State; Zip Code 2408 Live Oak Mission, TX 78574	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel ORios Contributor address; City; State; Zip Code 104 E Lark Ave. McAllen TX, 78504	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 4
2 FILER NAME Joe (Joey) Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Arturo Garza	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 2313 Brock St. Mission, TX 78572		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republic Services, Inc.	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 18500 N Alliedway Phoenix, AZ 85054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A Ramirez	Amount of contribution (\$) 1,500.00
Contributor address; City; State; Zip Code 15085 Lonestarway unit 1 Edinburg, TX 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn C Castillo	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3313 Hummingbird Ave. McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <b>4</b>
2 FILER NAME <b>Joe (Joey) Lopez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/22/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Saldana</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>1303 E Jackson Ave. Pharr TX, 78577</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/9/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linebarger Goggan Blair &amp; Simpson LLP</b>	Amount of contribution (\$) <b>3000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin, TX 78760</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/9/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Salazar Insurance Group LLC</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>611 E. Loop 499 Harlingen TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A.C. Nelson Patience R. Nelson</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>34065 FM 2925 Rio Hondo TX, 78583</b>		
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: <b>4</b>
2 FILER NAME <b>Joe (Joey) Lopez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/21/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Viva South Padre Hospitality Group LLC</b>	7 Amount of contribution (\$) <b>600.00</b>
6 Contributor address; City; State; Zip Code <b>202 W. Whitingst. SPI, TX 78597</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>8/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>G &amp; T Paving LLC</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 5136 Brownsville, TX 78523</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8/9/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guillermo Sosa Quintanilla</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>3818 Bourbon Ave. Harlingen, TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cesar Alberto Gonzalez</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>124 Country Club Rd. Brownville TX, 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# 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	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: 1	2 FILER NAME Joe (Joey) Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 9/24/24	5 Payee name Carlos Bravo
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6 Amount (\$) 224.00	7 Payee address; Brownsville, TX 78521	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Photographs
	(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
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Date 9/13/24	Payee name Rose Melendez
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Amount (\$) 200.00	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 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
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Date 8/22/24	Payee name Cash
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Amount (\$) 3000.00	Payee address; 2108 Central Blvd.	City;	State;	Zip Code
		Brownsville, TX		78520

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Prize Money
	<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
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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/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	3	<b>2 FILER NAME</b>	Joe (Joey) Lopez		<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>					\$	
<b>5 CREDIT CARD ISSUER</b>		Name of financial institution				
<b>6 PAYMENT</b>		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card issuer Paid		
		\$ 220.83	8/15/24			
<b>7 PAYEE</b>		(a) Payee name	(b) Payee address; City, State, Zip Code			
		wix.com				
<b>8 PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)		(b) Description		
		Event Expense				
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card issuer Paid		
		\$ 184.74	8/19/24			
<b>PAYEE</b>		(a) Payee name	(b) Payee address; City, State, Zip Code			
		Sams Club	Brunnville, TX 78520			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)		(b) Description		
		Event Expense		Goodies		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
		\$ 646.24	8/20/24			
<b>PAYEE</b>		(a) Payee name	(b) Payee address; City, State, Zip Code			
		Walmart				
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)		(b) Description		
		Gift & Awards		Staff		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office Sought	Office Held	

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/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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>3</b>	<b>2 FILER NAME</b>	<b>Joe (Joey) LOPEZ</b>		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>					\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution				
<b>6 PAYMENT</b>	<b>(a) Amount Charged</b>	<b>(b) Date Expenditure Charged</b>	<b>(c) Date(s) Credit Card issuer Paid</b>		
	\$ 73.57	8/21/24			
<b>7 PAYEE</b>	<b>(a) Payee name</b>	<b>(b) Payee address; City, State, Zip Code</b>			
	BassPro				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b>		<b>(b) Description</b>		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	Gifts & awards				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>	<b>(a) Amount Charged</b>	<b>(b) Date Expenditure Charged</b>	<b>(c) Date(s) Credit Card issuer Paid</b>		
	\$ 31.05	3/4/24			
<b>PAYEE</b>	<b>(a) Payee name</b>	<b>(b) Payee address; City, State, Zip Code</b>			
	Coastal Event Rent				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b>		<b>(b) Description</b>		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>	<b>(a) Amount Charged</b>	<b>(b) Date Expenditure Charged</b>	<b>(c) Date(s) Credit Card issuer Paid</b>		
	\$ 48.71	3/4/24			
<b>PAYEE</b>	<b>(a) Payee name</b>	<b>(b) Payee address; City, State, Zip Code</b>			
	Party City				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b>		<b>(b) Description</b>		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought	Office Held	

**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/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>3</b>	<b>2 FILER NAME</b>	<b>Joe (Joey) Lopez</b>		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>					\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution				
<b>6 PAYMENT</b>	(a) Amount Charged \$ <b>393.84</b>	(b) Date Expenditure Charged <b>3/14/24</b>	(c) Date(s) Credit Card Issuer Paid		
<b>7 PAYEE</b>	(a) Payee name <b>Sams Club</b>	(b) Payee address; City, State, Zip Code			
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$ <b>1582.28</b>	(b) Date Expenditure Charged <b>8/27/24</b>	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name <b>Margarita Ville Beach R</b>	(b) Payee address; City, State, Zip Code <b>South Padre Island, TX</b>			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Hotel</b>		(b) Description <b>Rooms</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought	Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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: <b>3</b>	2 FILER NAME <b>Joe (Joey) Lopez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/10/24</b>	5 Business name <b>National Pen Co. LLC</b>
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6 Amount (\$) <b>445.89</b>	7 Business address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Drawstring Backpacks.</b>
	(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
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Date <b>8/27/24</b>	Business name <b>Pixel Graphics</b>
------------------------	--

Amount (\$) <b>130.00</b>	Business address; City; State; Zip Code <b>1424 W. Price Rd. Ste C Brownsville TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Banners</b>
	<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
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Date <b>9/24/24</b>	Business name <b>GSCC</b>
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Amount (\$) <b>600.00</b>	Business address; City; State; Zip Code <b>Morrison Brownsville, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Spon Sorship</b>	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
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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)

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: <b>3</b>	2 FILER NAME <b>Joe (Joey) Lopez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/21/24</b>	5 Business name <b>Pixel Graphics</b>
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6 Amount (\$) <b>810.00</b>	7 Business address; City; State; Zip Code <b>Brownsville, TX 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>hats &amp; koozies</b>
	(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
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Date <b>8/7/24</b>	Business name <b>Pixel Graphics</b>
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Amount (\$) <b>810.00</b>	Business address; City; State; Zip Code <b>Brownsville, TX 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>hats &amp; koozies</b>
	<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
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Date <b>8/23/24</b>	Business name <b>Parrot Eyes</b>
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Amount (\$) <b>3100.00</b>	Business address; City; State; Zip Code <b>South Padre Island, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Food Refreshments</b>
	<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
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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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### 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.

<b>1</b> Total pages Schedule H: 3	<b>2</b> FILER NAME Joe (Joey) Lopez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/28/24	<b>5</b> Business name Coastal Event Rentals
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<b>6</b> Amount (\$) 913.25	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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
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Date	Business name
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Amount (\$)	Business 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
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