CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. DAVID NICKNAME LAST LOPE &	SUFFIX	APR 1 9 2023
4 ORIGINAL REPORT TYPE	July 15 Exc limi	noff Final report ceeded modified reporting if Other (specify) h day after treasurer cointment (officeholder only)	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 2 / 17 / 23 Th	Month Day Yes	arDate Imaged
			c contributions made schedule At. Adding lue to portal error.
	•	perjury, that this corrected rep	ort is true and correct.
	ck ONLY if applicable: reports: Lswear, or affirm, that t	the original report was made in go	od faith and without, an intent to
☐ mislead or to	o misrepre-sent the information of	contained in the report.	
date I learne	s: I swear, or affirm, that I am filed that the report as originally file the report as originally filed was i	ed is inaccurate or incomplete. Les	than the 14th business day after the wear, or affirm, that any error or
(1) Affidavit	JENNIFER LYNN MAYNARD My Notary ID # 133997512 Expires October 4, 2026	Signature of Can-	didate/Officeholder
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by David L	this the	: 19 day of April .
20 33, to certify	which, witness my hand and seal of offi	ice.	í
Sonifor L.		iter L. Mayrard	rolang
Signature of officer administe	ring oath Printed name	of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	on	OR	
•			
		and my date of birth is	
My address is		(aita)	(state) (zip code) (country)
Executed in	(street) County, State of	1. 77	
a room of the	more and the second sec	, on the day of(mont	h) (year)
		Signature of Candi	idate/Officeholder (Declarant)
Remember To Attac	ch Any Part Of The Campaign F	Finance Report Form Needed To	Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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 fi	iled:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr.	FIRST David	Mi	OFFICE	USEONLY
NAME	NICKNAME	LAST Lopez	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9521 Kerrw	x; APT / SUITE #: 0 ood Ln. Houston, T	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (346)	PHONE NUMBER 351-8407	EXTENSION		f or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST David	МІ	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST Lopez	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / SU		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (346)	PHONE NUMBER 351-8407	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 17 / 23	THROUGH 3	Day Year / 27 / 23	
11 ELECTION	ELECTION DA Month Day 5 6	Year Primary 23 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Spring Branch ISD E		ees Position 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI LED TO REPORT THIS INFORMATION ONLY IF TH	IDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	SURER NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TREA			
		GO ТО Р	PAGE 2	***************************************	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME David Lopez			16 File	rID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	10,717.68
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	171.83
	4.	TOTAL POLITICAL EXPENDITURES		\$	1,847.27
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	4,930.25
OUTSTANDING LOAN TOTALS	6,	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	

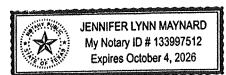
18 SIGNATURE

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:

(1) Affidavit



NOTARY STAMP/SEAL					•	
Sworn to and subscribed before			th	is the $\underline{\underline{J}^C}$	day of	April.
20, to certify which,	witness my hand and seal of of	ffice.				
Jenifu J Ma	yracf Jennile	r Mayra	rd		mota	N
Signature of officer administering oatl	n Printed nam	e of officer administerir	ig oath		Title of office	er administering oath
		O R				
(2) Unsworn Declaration						
My name is		, and	d my date of l	birth is		*
My address is			***************************************	1		
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of _		, 20 (year)	~ ••
				(month)	(year)	
			Signature of	Candidate/Offi	ceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
D	avid Lopez			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	6,615.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	4,102.68
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. SCHEDULE E: LOANS			\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	1,484.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
- 7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	362.52
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ONS RETURNED	\$	

If the reques	sted 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 David Lope		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Obes Nwabara	7 Amount of contribution (\$)
02/28/2023	6 Contributor address; City; State; Zip Code 5151 Hidalgo Street Houston TX 77056	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/28/2023	Nicole Pugliese Contributor address; City; State; Zip Code 964 Pemart Ave Peekskill NY 10566	30.00
Principal occup	Dation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/28/2023	Contributor address; City; State; Zip Code 1148 Silber Road Houston TX 77055	30.00
Principal occup	eation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor oul-of-state PAC (ID#:) Amount of contribution (\$)
02/28/2023	David López Contributor address; City; State; Zip Code	30.00
Principal occup	9521 Kerrwood Ln Houston TX 77080 ation / Job title (See Instructions) Employer (See Ins	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	

If the reque	sted information is not applicable, DO NOT inc	lude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME David Lope	3Z		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Anna Nguyen	(ID#:)	7 Amount of contribution (\$)
02/28/2023	6 Contributor address; City; 7603 Cat Tail Cove Austir	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
02/28/2023	Contributor address; City; 2809 Sherwin Street Housto	State; Zip Code	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/28/2023 Contributor address; City; State; Zip Code 10221 Centrepark Drive Houston TX 77043			50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	·	ID#:)	Amount of contribution (\$)
02/28/2023	Marcus Ceniceros Contributor address; City;	State; Zip Code	40.00
Principal occup	350 W 45th Street, 4A New York ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACHADDITIONAL COPIES OF		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

sted information is not applicable, DO NOT include t	nis page in the report.
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#: Mindy Wilson	
6 Contributor address; City; State;	Zip Code 50.00
	Oloyer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Latresha Olaosebikan Contributor address; City; State;	Zip Code 50.00
2818 Kentstead Ln Houston TX	(77047
pation / Job title (See Instructions) Empl	loyer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State;	Zip Code 30.00
	X //U4U oyer (See Instructions)
Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Contributor address; City; State;	30.00
	oyer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS S	
	Instruction Guide explains how to complete this form.

If the reque	sted information is not applicable, DO N	OT include this page in the	report.
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME David Lope		anna anna banna banna ann aireann ann ann ann ann ann ann ann ann ann	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s Stephanie Myers	7 Amount of contribution (\$)	
02/28/2023	6 Contributor address; City; 1511 Village Green Court	State; Zip Code Houston TX 77077	50.00
8 Principal occu	 pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-st Daya Cozzolino Fulton	tate PAC (ID#:)	Amount of contribution (\$)
02/28/2023	Contributor address; City;	State; Zip Code	30.00
Principal occur	3291 Maxroy street Ho	Employer (See Instruct	fione)
rillicipal cocup	SHOTT FOR THE (SEE INSTRUCTIONS)	Employer (555 no	
Date		tate PAC (ID#:)	Amount of contribution (\$)
02/28/2023	Teresa Vidales		30.00
Contributor address; City; State; Zip Code 1926 Restridge Dr Houston TX 77055			30.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
02/28/2023	Contributor address; City;	State: Zip Code	25.00
Principal occup	726 East 17th Housto	Employer (See Instruction	ions)
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	EEDED
	If contributor is out-of-state PAC, please see		

e Palmer butor address; City; Westheimer Road #17 Ho title (See Instructions)	State; Zip Code DUSTON TX 77063 9 Employer (See Instruct	Amount of contribution (\$)
e Palmer Dutor address; City; Westheimer Road #17 Hot title (See Instructions) The of contributor out-of-state Particular Dutor address; City; Dylan Springs Ln Kar	State; Zip Code Duston TX 77063 9 Employer (See Instruct AC (ID#:) State; Zip Code aty TX 77450	7 Amount of contribution (\$) 50.00 ions) Amount of contribution (\$) 30.00
e Palmer Dutor address; City; Westheimer Road #17 Hot title (See Instructions) The of contributor out-of-state Particular Dutor address; City; Dylan Springs Ln Kar	State; Zip Code Duston TX 77063 9 Employer (See Instruct AC (ID#:) State; Zip Code aty TX 77450	50.00 Amount of contribution (\$) 30.00
westheimer Road #17 Hotitle (See Instructions) me of contributor out-of-state Process: City; Dylan Springs Ln Ka	State; Zip Code Duston TX 77063 9 Employer (See Instruct AC (ID#:) State; Zip Code aty TX 77450	Amount of contribution (\$)
me of contributor oul-of-state Production outor address; City; Dylan Springs Ln Ka	State; Zip Code aty TX 77450	Amount of contribution (\$)
uo outor address; City; Dylan Springs Ln Ka	State; Zip Code aty TX 77450	30.00
Dylan Springs Ln K	State; Zip Code aty TX 77450	
		ons)
	Į.	
	.C (ID#:)	Amount of contribution (\$)
Maggie Wertz Contributor address; City; State; Zip Code 3719 Maple Pass Ct Katy TX 77449		25.00
title (See Instructions)	Employer (See Instruction	ons)
	C (ID#:)	Amount of contribution (\$)
utor address; City;	State; Zip Code	10.00
River Hills Dr Chattano	Employer (See Instruction	ons)

If the reques	sted information is not applicable,	DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to c	complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME David Lope	ez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Kristen Moleski	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
03/01/2023	6 Contributor address; 9010 Greiner Drive	city; Houst	State; Zip Code ton TX 77080	15.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Le Mans Ashford	out-of-state PA	GC (ID#:)	Amount of contribution (\$)
03/05/2023	Contributor address; 6214 E. Willowbluff	city;	State; Zip Code aty TX 77449	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date		out-of-state PA(C (ID#:)	Amount of contribution (\$)
03/05/2023 Noelle Steber McSherry Contributor address; City; State; Zip Code 1316 LAKIN ST HOUSTON TX 77007-3716			50.00	
Príncipal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/05/2023		City;	State; Zip Code	50.00
Principal occup	3006 Aspen Lane ation / Job title (See Instructions)	Manve	el TX 77578 Employer (See Instructi	ions)
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea		OF THIS SCHEDULE AS NE	

II the reques	sted information is not applicable, DO NOT include this pa	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME David Lope	ez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
03/06/2023	6 Contributor address; City; State; Zip C 4413 Coyle St Houston TX 77023	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	yandan di daniibatan (b)
03/06/2023	Contributor address; City; State; Zip City: State; Zip City:	25.00
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
03/07/2023	Vanessa Lopez Contributor address; City; State; Zip C 9810 westcliff pkwy Westminster CO 80	00.00
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/07/2023	Contributor address; City; State; Zip Co	50.00
Principal occup		ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

ir the reques	sted information is not applicable, DO NOT in		Toport.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME David Lope			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jolene Padilla	C (ID#:)	7 Amount of contribution (\$)
03/11/2023	6 Contributor address; City; 1461 Wood Hollow Dr Apt 29106 H	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC stephanie pleasant	C (ID#:)	Amount of contribution (\$)
03/14/2023	Contributor address; City; 1017 River Hills Dr Chattanoo	State; Zip Code	15.00
Prìncipal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/19/2023	Paula Chavez Mosley	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Rosanne Romero	C (ID#:)	Amount of contribution (\$)
03/19/2023		State: Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME David Lope			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Katie Tewart		7 Amount of contribution (\$)
03/20/2023	6 Contributor address; City; 14514 Bramblewood Houst	State; Zìp Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC stephanie tagtow	(ID#:)	Amount of contribution (\$)
03/20/2023	Contributor address; City; 11550 n lou al houston	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
03/23/2023		Chata Zin Chala	25.00
		Derrik Drive Houston TX 77080	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/26/2023	Contributor address; City;	State; Zip Code	50.00
Principal occup	3347 Spring Valley Rd Houst	on TX 77080 Employer (See Instruction	one)
r morpar occup	anon's sub-line (occ mandations)	Employof (000 mondo)	

If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME David Lope	e)Z		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PA Patricia Valera	AC (ID#:)	7 Amount of contribution (\$)
02/28/2023	6 Contributor address; City;	State; Zip Code	50.00
8 Principal occu	2345 Triway Ln Houston,	9 Employer (See Instruct	tions)
Date 03/07/2023	Full name of contributor Leadership for Educational Equity Contributor address; City; 1805 7th St. N.W., 6th Floor Wash	State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zíp Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDUI E AS NE	-FDFD
	If contributor is out-of-state PAC, please see Instru		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

'				
т.	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	lule A2: 1
2 FILER NAM	IE .		3 Filer ID (Ethics Co	ommission Filers)
David Lo	pez			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 4,102.6	8
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
02/27/2023	7 Contributor address; City; State;	Zíp Code	4,102.68	Yard Signs
	11920 N. Durrette Dr. Houston, TX	77024	Check if travel outsi	, de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	 Check if travel outsid	e of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIA	L)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUE	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	46.45		
lf	ATTACH ADDITIONAL COPIES OF TH contributor is out-of-state PAC, please see Instruction	IS SCHEDUL	EAS NEEDED	requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic	Fe Fo By Gil	ivent Expense ees ood/Beverage Expense iitt/Awards/Memorials Expense egal Services	Office Ove Polling Ex Printing E		Travel In District Travel Out Of Distr	uipment & Related Expense
Credit Card Payment		The Instruction Guide explain	is how to (complete this form.		
1 Total pages Schedule F1	1: 2 FILER NAME David Lopez				3 Filer ID (Ethio	ics Commission Filers)
4 Date	5 Payee name					
03/10/2023 6 Amount (\$)	Leadership 7 Payee address	p for Educational Eq	luity	City;	State;	Zip Code
700.00		yay, 13th Floor New	York, 1			-
8	(a) Category (S	See Categories listed at the top of this s	schedule)	(b) Description	and farmer and Historia State and the same a	
PURPOSE OF EXPENDITURE	Consulting	g Expense		Campaign Ser	vices	
	(c) Chec	ack if travel outside of Texas. Complete Sci	:hedule T.	Check if Austir	n, TX. officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held
Date	Payee name					
03/16/2023	Meta Platfo	orms, Inc.				
Amount (\$)	Payee addres	38;	ALLEGO STATE OF THE STATE OF TH	City;	State;	Zip Code
34.18	1601 Willov	w Road Menlo Park,	CA 94	1025-1452		
	Category (See	e Categories listed at the top of this sch	redule)	Description		WARRANCE CO.
PURPOSE OF EXPENDITURE	Advertising	J Expense		Social Media A	.ds	
	Check	k if travel outside of Texas. Complete Sche	edule T.	Check If Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name		A STATE OF THE STA		Miles Sales and the Commission of the Commission	Wage & Angelogica, in a suite of the Annex of the Personal Property and Personal Prope
03/17/2023	Meta Platfor	rms, Inc.	·	The contract recognistic receives are seen		
Amount (\$)	Payee address			City;	State;	Zip Code
30.00	1601 Willow	Road Menio Park, (CA 940)25-1452		
	Category (See C	Categories listed at the top of this sche	dule)	Description		
PURPOSE OF EXPENDITURE	Advertising I	Expense	8	Social Media Ad	s	
	Check if	if travel outside of Texas, Complete Sched	T elut	Check if Auslin, T	TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES OF	F THIS SC	CHEDULE 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
Git/Award/Memorials Expense

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
Ches (when Suppose Listed above)

Candidate/Officeholder/Politi Credit Card Payment	-	Salaries/Wages/Contract Labor explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule Fi	David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	5 Payee name Meta Platforms, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25.00	1601 Willow Road Menlo	Park, CA 94025-1452	
8	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media	Ads
	(c) Check if travel outside of Taxas. Con	nplote Schedule T. Check if Aus	istin, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/19/2023	Meta Platforms, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
35.00	1601 Willow Road Menlo F	Park, CA 94025-1452	
	Category (See Calegories listed at the top of	of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media	Ads
	Check if travel outside of Texas. Comp	plete Schedule T. Check if Austi	tin, 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		
03/20/2023	Meta Platforms, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	1601 Willow Road Menlo Pa	ark, CA 94025-1452	
	Category (See Categories listed at the top of t	this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media A	ıds
	Check if travel outside of Texas, Comple	ete Schedule T, Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

ii iiie iequesieu iii	HOTTICHIOTI IS HOC applicable; Be 110 1 11010			
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Poll By Glft/Awards/Memorials Expense Prin cal Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
Oledit Card Paymon	The Instruction Guide explains hov	w to complete this form.	-	
1 Total pages Schedule F1	2 FILER NAME David Lopez		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/22/2023	Meta Platforms, Inc.	City;	State;	Zip Code
6 Amount (\$) 75.00	7 Payee address; 1601 Willow Road Menlo Park, CA	•	July	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media	4ds	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/20/2023	Best Solutions			
Amount (\$)	Payee address;	City;	State;	Zip Code
363.74	23233 Snook Ln. Tomball, TX 770	23		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Pushcards		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.		•
1 Total pages Schedule G:	2 FILER NAME David Lopez		3 Filer ID (Ethics (Commission Filers)
4 Date 03/03/2023	5 Payee name Leadership for Educational Equity	,		
6 Amount (\$) 300.00 Reimbursement from political contributions intended	7 Payee address; 25 Broadway, 13th Floor New Yor	city: k, NY 10004	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (c) Check if travel outside of Texes. Complete Schedule T.	(b) Description Campaign Serv	/ices	anso
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 02/22/2023 Amount (\$) 24.89 Reimbursement from	Payee name Wix.com LTD Payee address; 40 Namal Tel Aviv, 6350671 Israel	City;	State;	Zip Code
political contributions intended PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule) Other	Description Website Hosting	9	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H	Check If Austin, T Office sought	'X, afficeholder living expe Of	nse fice held
Date 03/22/2023 Amount (\$) 24.89 Reimbursement from	Payee name Wix.com LTD Payee address; 40 Namal Tel Aviv, 6350671 Israel	City;	State; Z	Zíp Code
✓ political contributions intended PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Other	Description Website Hosting		
omplete <u>ONLY</u> if direct kpenditure to benefit C/OH	Check if travel outside of Texes. Complete Schedule T. Candidate / Officeholder name	Check If Austin, TX Office sought	, officeholder living expens	ce held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Consulling Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expenso Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	i e		3 Filer ID (Ethics Commission File
212	David Lopez		
4 Date	5 Payee name		
02/18/2023	Namecheap, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.74 Reimbursement from political contributions intended	4600 East Washington Street. Sui	te 305, Phoenix,	AZ 85034
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Domain Regist	ration
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Calagories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zíp Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED)