

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

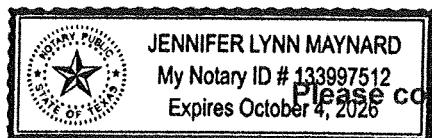
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year		Date Received	
2 / 17 / 23 THROUGH 3 / 27 / 23				APR 19 2023	
				BY: J Maynard	
				Date Hand-delivered or Date Postmarked	
				Receipt # Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION: Correcting itemization of electronic contributions made during period covered as shown on added pages of schedule A-1. Adding expenditures not previously disclosed (Democracy Engine Fees) due to portal error.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Lopez this the 19 day of April

20 23, to certify which, witness my hand and seal of office.

Jennifer L. Maynard Jennifer L. Maynard 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)

Remember To Attach Any Part Of The Campaign 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 how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:									
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>David</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Lopez</span> <span></span> </div>				<b>OFFICE USE ONLY</b>								
	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>9521 Kerrwood Ln. Houston, TX 77080</span> <span></span> </div>				Date Received								
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 346 )</span> <span>351-8407</span> <span></span> </div>				Date Hand-delivered or Date Postmarked								
<b>6 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>David</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Lopez</span> <span></span> </div>				Receipt #								
	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>9521 Kerrwood Ln. Houston, TX 77080</span> <span></span> </div>				Amount \$								
	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 346 )</span> <span>351-8407</span> <span></span> </div>				Date Processed								
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 346 )</span> <span>351-8407</span> <span></span> </div>				Date Imaged								
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>												
<b>10 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  2      /      17      /      23 </div> <div>THROUGH</div> <div> Month      Day      Year  3      /      27      /      23 </div> </div>												
<b>11 ELECTION</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month      Day      Year  5      /      6      /      23 </div> <div style="width: 60%;"> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <span>Primary</span> <span>Runoff</span> <span>Other Description</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> General</span> <span>Special</span> <span></span> </div> </div> </div>												
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> Spring Branch ISD Board of Trustees Position 1										
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
GENERAL	COMMITTEE ADDRESS												
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

David Lopez

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)

\$

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 LAST DAY  
OF REPORTING PERIOD

\$

4,930.25

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

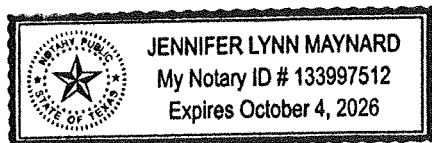
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Lopez this the 19 day of April,

20 23, to certify which, witness my hand and seal of office.

*Jennifer Maynard* Jennifer Maynard

Signature of officer administering oath

Printed name of officer administering oath

*notary*

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> David Lopez		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,615.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,102.68
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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 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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Obes Nwabara 6 Contributor address; City; State; Zip Code 5151 Hidalgo Street Houston TX 77056	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Nicole Pugliese Contributor address; City; State; Zip Code 964 Pemart Ave Peekskill NY 10566	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Katrina Abe Contributor address; City; State; Zip Code 1148 Silber Road Houston TX 77055	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) David López Contributor address; City; State; Zip Code 9521 Kerrwood Ln Houston TX 77080	Amount of contribution (\$)  30.00
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:**2** FILER NAME

David Lopez

**3** Filer ID (Ethics Commission Filers)**4** Date

02/28/2023

**5** Full name of contributor

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

Anna Nguyen

**7** Amount of contribution (\$)

50.00

**6** Contributor address;

City;

State;

Zip Code

7603 Cat Tail Cove Austin TX 78750

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/28/2023

Full name of contributor

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

Karthik Soora

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2809 Sherwin Street Houston TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2023

Full name of contributor

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

Lee Ann Woodfield

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

10221 Centrepark Drive Houston TX 77043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2023

Full name of contributor

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

Marcus Cenicerros

Amount of contribution (\$)

40.00

Contributor address;

City;

State;

Zip Code

350 W 45th Street, 4A New York City NY 10036

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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: Mindy Wilson 6 Contributor address; City; State; Zip Code 1026 Chantilly Ln Houston TX 77018	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Latresha Olaosebikan Contributor address; City; State; Zip Code 2818 Kentstead Ln Houston TX 77047	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Yenit Balderas Contributor address; City; State; Zip Code 7911 Crystal Moon Dr Houston TX 77040	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Bryan Reed Contributor address; City; State; Zip Code 10407 Brinwood Dr Houston TX 77043	Amount of contribution (\$)  30.00
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>David Lopez</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/28/2023</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: <b>Stephanie Myers</b> <b>6</b> Contributor address; City; State; Zip Code <b>1511 Village Green Court Houston TX 77077</b>	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>02/28/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: <b>Daya Cozzolino Fulton</b> <b>Contributor address; City; State; Zip Code</b> <b>3291 Maxroy street Houston TX 77008</b>	<b>Amount of contribution (\$)</b>  <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> <b>02/28/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: <b>Teresa Vidales</b> <b>Contributor address; City; State; Zip Code</b> <b>1926 Restrige Dr Houston TX 77055</b>	<b>Amount of contribution (\$)</b>  <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> <b>02/28/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: <b>Aurelia Askew</b> <b>Contributor address; City; State; Zip Code</b> <b>726 East 17th Houston TX 77008</b>	<b>Amount of contribution (\$)</b>  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		



**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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: Michelle Palmer 6 Contributor address; City; State; Zip Code 8740 Westheimer Road #17 Houston TX 77063	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Ruei Tuo Contributor address; City; State; Zip Code 6410 Dylan Springs Ln Katy TX 77450	Amount of contribution (\$)  30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Maggie Wertz Contributor address; City; State; Zip Code 3719 Maple Pass Ct Katy TX 77449	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: stephanie pleasant Contributor address; City; State; Zip Code 1017 River Hills Dr Chattanooga TN 37415	Amount of contribution (\$)  10.00
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:**2** FILER NAME

David Lopez

**3** Filer ID (Ethics Commission Filers)**4** Date

03/01/2023

**5** Full name of contributor

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

Kristen Moleski

**7** Amount of contribution (\$)

15.00

**6** Contributor address;

City;

State;

Zip Code

9010 Greiner Drive Houston TX 77080

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/05/2023

Full name of contributor

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

Le Mans Ashford

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

6214 E. Willowbluff Rd. Katy TX 77449

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2023

Full name of contributor

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

Noelle Steber McSherry

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1316 LAKIN ST HOUSTON TX 77007-3716

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2023

Full name of contributor

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

Joseph doran Say

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3006 Aspen Lane Manvel TX 77578

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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: Nancy C George 6 Contributor address; City; State; Zip Code 4413 Coyle St Houston TX 77023	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: abby carroll Contributor address; City; State; Zip Code 1116 Beverly st Houston TX 77008	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: Vanessa Lopez Contributor address; City; State; Zip Code 9810 westcliff pkwy Westminster CO 80021	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: Diana Tang Contributor address; City; State; Zip Code 1826 Wheeler Street Houston TX 77004	Amount of contribution (\$)  50.00
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:**2** FILER NAME

David Lopez

**3** Filer ID (Ethics Commission Filers)**4** Date

03/11/2023

**5** Full name of contributor

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

Jolene Padilla

**7** Amount of contribution (\$)

25.00

**6** Contributor address;

City;

State;

Zip Code

1461 Wood Hollow Dr Apt 29106 Houston TX 77057

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/14/2023

Full name of contributor

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

stephanie pleasant

Amount of contribution (\$)

15.00

Contributor address;

City;

State;

Zip Code

1017 River Hills Dr Chattanooga TN 37415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2023

Full name of contributor

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

Paula Chavez Mosley

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

14600 Fonmeadow Dr Unit 302 Houston TX 77035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2023

Full name of contributor

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

Rosanne Romero

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

9910 Emnora Ln Houston TX 77080

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:**2** FILER NAME

David Lopez

**3** Filer ID (Ethics Commission Filers)**4** Date

03/20/2023

**5** Full name of contributor

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

Katie Tewart

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

14514 Bramblewood Houston TX 77079

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/20/2023

Full name of contributor

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

stephanie tagtow

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

11550 n lou al houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2023

Full name of contributor

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

Brandon Lee Umana

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

9730 Derrik Drive Houston TX 77080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2023

Full name of contributor

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

Arlira Zavala

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3347 Spring Valley Rd Houston TX 77080

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:

**2** FILER NAME

David Lopez

**3** Filer ID (Ethics Commission Filers)

**4** Date

02/28/2023

**5** Full name of contributor

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

Patricia Valera

**7** Amount of contribution (\$)

50.00

**6** Contributor address; City; State; Zip Code

2345 Triway Ln Houston, TX 77043

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

03/07/2023

Full name of contributor

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

Leadership for Educational Equity Texas

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code

1805 7th St. N.W., 6th Floor Washington, DC 20001

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.**

**SCHEDULE A2**

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

Revised 8/17/2020

# 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  
Credit Card Payment

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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1/3** 2 FILER NAME **David Lopez** 3 Filer ID (Ethics Commission Filers)

4 Date **03/10/2023** 5 Payee name **Leadership for Educational Equity**

6 Amount (\$) **700.00** 7 Payee address; City; State; Zip Code  
**25 Broadway, 13th Floor New York, NY 10004**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Consulting Expense** (b) Description **Campaign Services**  
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **03/16/2023** Payee name **Meta Platforms, Inc.**

Amount (\$) **34.18** Payee address; City; State; Zip Code  
**1601 Willow Road Menlo Park, CA 94025-1452**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Social Media Ads**  
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 **03/17/2023** Payee name **Meta Platforms, Inc.**

Amount (\$) **30.00** Payee address; City; State; Zip Code  
**1601 Willow Road Menlo Park, CA 94025-1452**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Social Media Ads**  
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

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  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>213</b>		<b>2</b> FILER NAME David Lopez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/18/2023		<b>5</b> Payee name Meta Platforms, Inc.			
<b>6</b> Amount (\$) <b>25.00</b>		<b>7</b> Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1452			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Social Media Ads		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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					
Date 03/19/2023		Payee name Meta Platforms, Inc.			
Amount (\$) 35.00		Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1452			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Social Media Ads		
	Check if travel outside of Texas. Complete Schedule T. 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 03/20/2023		Payee name Meta Platforms, Inc.			
Amount (\$) 50.00		Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1452			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Social Media Ads		
	Check if travel outside of Texas. Complete Schedule T. 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

# 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  
Credit Card Payment

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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **313** 2 FILER NAME **David Lopez** 3 Filer ID (Ethics Commission Filers)

4 Date **03/22/2023** 5 Payee name **Meta Platforms, Inc.**

6 Amount (\$) **75.00** 7 Payee address; City; State; Zip Code  
**1601 Willow Road Menlo Park, CA 94025-1452**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Social Media Ads**  
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **03/20/2023** Payee name **Best Solutions**

Amount (\$) **363.74** Payee address; City; State; Zip Code  
**23233 Snook Ln. Tomball, TX 77023**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing Expense** Description **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 expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# 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  
Credit Card Payment

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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>112</b>		<b>2</b> FILER NAME <b>David Lopez</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>03/03/2023</b>		<b>5</b> Payee name <b>Leadership for Educational Equity</b>			
<b>6</b> Amount (\$) <b>300.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <b>25 Broadway, 13th Floor New York, NY 10004</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b) Description</b> <b>Campaign Services</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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					
Date <b>02/22/2023</b>		Payee name <b>Wix.com LTD</b>			
Amount (\$) <b>24.89</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>40 Namal Tel Aviv, 6350671 Israel</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Website Hosting</b>		
	Check if travel outside of Texas. Complete Schedule T. 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 <b>03/22/2023</b>		Payee name <b>Wix.com LTD</b>			
Amount (\$) <b>24.89</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>40 Namal Tel Aviv, 6350671 Israel</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Website Hosting</b>		
	Check if travel outside of Texas. Complete Schedule T. 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

# 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  
Credit Card Payment

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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>212</b>	<b>2</b> FILER NAME <b>David Lopez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/18/2023</b>	<b>5</b> Payee name <b>Namecheap, Inc.</b>	
<b>6</b> Amount (\$) <b>12.74</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>4600 East Washington Street. Suite 305, Phoenix, AZ 85034</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	
	<b>(b)</b> Description <b>Domain Registration</b>	
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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		
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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