

# 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>19</b>		
<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="background-color: #f2f2f2; padding: 5px;">Date Received</div>					
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	<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="background-color: #f2f2f2; padding: 5px;">Date Hand-delivered or Date Postmarked</div>					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<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>					
<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>				<div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div>	
	<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="background-color: #f2f2f2; padding: 5px;">Date Processed</div>					
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<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="background-color: #f2f2f2; padding: 5px;">Date Imaged</div>					
<b>8 CAMPAIGN TREASURER PHONE</b>	<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>					
<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 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 checked="" 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  3      /      28      /      23 </div> <div>THROUGH</div> <div> Month      Day      Year  4      /      26      /      23 </div> </div>					
<b>11 ELECTION</b>	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  5      /      6      /      23 </div> <div> 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>	<div 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.</div>					
Additional Pages	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

16 Filer ID (Ethics Commission Filers)

David Lopez

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,656.42

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,024.85

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 7,848.86

OUTSTANDING  
LOAN TOTALS

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

\$ 0.00

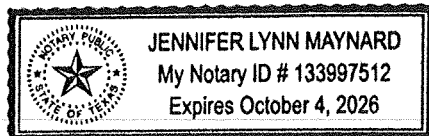
18 SIGNATURE

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.

*[Handwritten 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 28 day of April,  
20 23, to certify which, witness my hand and seal of office.

*J Maynard*

Jennifer 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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****David Lopez****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,149.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 507.42
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,006.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 18.34
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.35

**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 04/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Collum 6 Contributor address; City; State; Zip Code 10210 Oak Point Houston TX 77043	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Noel Lezama Contributor address; City; State; Zip Code 9038 Colleen Houston TX 77080	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Gregory Little Contributor address; City; State; Zip Code 19011 Filmont Court Cypress TX 77429	Amount of contribution (\$)  <b>89.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Giovanna Byrd Contributor address; City; State; Zip Code 9710 Lawngate Dr Houston TX 77080	Amount of contribution (\$)  <b>40.00</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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Bennett 6 Contributor address; City; State; Zip Code 416 w 24th St Houston TX 77008	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Leah Champion Contributor address; City; State; Zip Code 8304 Ginger Oak Street Houston TX 77055	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Chelsea Rose Contributor address; City; State; Zip Code 1813 Pannell Street B Houston TX 77020	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Starghill Family Contributor address; City; State; Zip Code 5415 Clift Haven Dr Houston TX 77091	Amount of contribution (\$)  <b>150.00</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:
2 FILER NAME <b>David Lopez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/10/2023</b>	<div style="text-align: center;">5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kelly Varisco</b></div> <div style="text-align: center;">6 Contributor address; City; State; Zip Code <b>1919 de milo Houston TX 77018</b></div>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2023</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>Allison Raven</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>PO Box 3028 Marble Falls TX 78654</b></div>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2023</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>Etna Tiburcio</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>965 Queen Annes Rd Houston TX 77024</b></div>	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2023</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Tang</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>1826 Wheeler Street Houston TX 77004</b></div>	Amount of contribution (\$)  <b>40.00</b>
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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lesley Briones Campaign 6 Contributor address; City; State; Zip Code 325 W 18th St. Houston TX 77008	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Neil Aquino Contributor address; City; State; Zip Code 5353 Memorial Dr, #2064 Houston TX 77007	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Marcus Cenicerros Contributor address; City; State; Zip Code 350 W 45th Street, 4A New York City NY 10036	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Buman Contributor address; City; State; Zip Code 29 East 22nd street #4N New York NY 10280	Amount of contribution (\$)  <b>100.00</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:
2 FILER NAME <b>David Lopez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Libby Fletcher</b> 6 Contributor address; City; State; Zip Code <b>14900 Memorial Drive, Apt 434 Houston TX 77079</b>	7 Amount of contribution (\$)  <b>40.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kim Buschlen</b> Contributor address; City; State; Zip Code <b>1709 Cranway Drive Houston TX 77055-3118</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Natalia Fernandez</b> Contributor address; City; State; Zip Code <b>6727 Highclere Manor Lane Houston TX 77055</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jack Drake</b> Contributor address; City; State; Zip Code <b>1 Blalock Woods Houston TX 77024</b>	Amount of contribution (\$)  <b>50.00</b>
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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Meredith Wertz 6 Contributor address; City; State; Zip Code 4026 Tranquil Forest Houston TX 77084	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Angie Agapetus Contributor address; City; State; Zip Code 10274 Hammerly Blvd. Houston TX 77043	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Edmund Lee Contributor address; City; State; Zip Code 11831 Village Park Circle Houston TX 77024	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Lisa Robinson Contributor address; City; State; Zip Code 3703 Aberdeen Way Houston TX 77025	Amount of contribution (\$)  <b>40.00</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:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Nina Lian 6 Contributor address; City; State; Zip Code 679 Strey Lane Houston TX 77024	7 Amount of contribution (\$)  <b>35.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Cyndi Hall Contributor address; City; State; Zip Code 9810 Vogue Lane Houston TX 77080	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Elmore Contributor address; City; State; Zip Code 719 Electra Dr. Houston TX 77079	Amount of contribution (\$)  <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Mello Contributor address; City; State; Zip Code 11418 Oak Spring Dr Houston TX 77043	Amount of contribution (\$)  <b>25.00</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:
2 FILER NAME <b>David Lopez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/25/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Leadership for Educational Equity Texas</b> 6 Contributor address; City; State; Zip Code <b>1805 7th St. N.W., 6th Floor Washington, DC 20001</b>	7 Amount of contribution (\$)  <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

## SCHEDULE A2

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 A2:			
2 FILER NAME David Lopez						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$			
5 Date  04/17/2023		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spring Branch Democrats Club				8 Amount of Contribution \$  507.42		9 In-kind contribution description  Yard Signs	
		7 Contributor address; City; State; Zip Code P.O. 550161 Houston, TX 77255-0161				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)						11 Employer (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)						13 Contributor's job title (FOR JUDICIAL)(See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)						15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code				Amount of Contribution \$		In-kind contribution description	
								Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)						Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)						Contributor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)						Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.									

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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:		2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)	
4 Date 03/29/2023		5 Payee name Democracy Engine LLC			
6 Amount (\$) 7.47		7 Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Transaction Fee for Online Donation		
	(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					
Date 03/29/2023		Payee name FedEx Office			
Amount (\$) 59.54		Payee address; City; State; Zip Code 9762 Katy Fwy Suite 200, Houston, TX 77055			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/03/2023		Payee name Meta Platforms, Inc.			
Amount (\$) 40.44		Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1425			
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					
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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME David Lopez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/05/2023	<b>5</b> Payee name Democracy Engine LLC	
<b>6</b> Amount (\$)  24.93	<b>7</b> Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description  Transaction Fee for Online Donation
	<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		
Date  04/07/2023	Candidate / Officeholder name  Sprint 2 Print	
Amount (\$)  736.10	Office sought  8748 Clay Rd. Ste. 300 Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Road Signs
	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		
Date  04/09/2023	Candidate / Officeholder name  The Home Depot	
Amount (\$)  119.56	Office sought  1100 Lumpkin Rd, Houston, TX 77043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Materials to Place Road Signs
	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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:	2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2023	5 Payee name Democracy Engine LLC	
6 Amount (\$) 19.64	7 Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction Fee for Online Donation
	(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 04/07/2023	Payee name Best Solutions	
Amount (\$) 280.63	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 04/19/2023	Payee name Democracy Engine LLC	
Amount (\$) 5.30	Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Transaction Fee for Online Donation
	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 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:	2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Payee name Democracy Engine LLC	
6 Amount (\$) 68.67	7 Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction Fee for Online Donation
	(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 04/07/2023	Payee name M3 Graphics	
Amount (\$) 586.58	Payee address; City; State; Zip Code 11730 Wilcrest Dr, Houston, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description T-Shirts
	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 04/26/2023	Payee name Democracy Engine LLC	
Amount (\$) 15.77	Payee address; City; State; Zip Code 416 Florida Ave NW #24618 Washington, DC 20001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Transaction Fee for Online Donation
	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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# 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME David Lopez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/26/2023		<b>5</b> Payee name Namecheap, Inc.			
<b>6</b> Amount (\$) <b>41.88</b>		<b>7</b> Payee address; City; State; Zip Code 4600 East Washington Street, Suite 305, Phoenix, AZ 85034			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Other		<b>(b)</b> Description  E-Mail/Domain		
	<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 (\$)		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 <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			
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 <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			
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 <u>ONLY</u> 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	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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME David Lopez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/24/2023	<b>5</b> Payee name Mailchimp c/o The Rocket Science Group, LLC	
<b>6</b> Amount (\$) 13.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description E-Mail Marketing
	<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 04/25/2023	Payee name Namecheap	
Amount (\$) 4.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4600 East Washington Street, Suite 305, Phoenix, AZ 85034	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Domain Registration
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:

2 FILER NAME

David Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

03/31/2023

5 Name of person from whom amount is received

Capital One Bank

6 Address of person from whom amount is received; City; State; Zip Code

P.O. Box 30285 Salt Lake City, UT 84130-0285

8 Amount (\$)

0.35

7 Purpose for which amount is received

Monthly Account Interest

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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