CANDIDA CAMPAIG					CO		ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this fo	orm.	Filer ID (Ethics Commission Filers	) <b>2</b> To	tal pages file	d: 19
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	FIRST  David		МІ		OFFICE	JSE ONLY
NAME	NICKNAME	LAST <b>Lopez</b>		SUFFIX	`` Date R	aceived	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	x; APT / SUITE ood Ln. Housto		STATE; ZIP CODE			
Change of Address					_		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 346 )	9HONE NUMBER 351-8407		EXTENSION			or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt	#	Amount \$
TREASURER NAME	Mr.	David	, ,		. Date Pro	ocessed	
	NICKNAME	LAST <b>Lopez</b>		SUFFIX	Date Im	aged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE);	APT / SUITE #			STATE;	ZIP CODE
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	( 346 )	9HONE NUMBER 351-8407		EXTENSION			
9 REPORT TYPE	January 15	30th day	before election	Runoff	***************************************	15th day after treasurer appo	ointment
	July 15	8th day be	efore election	Exceeded Modified Reporting Limit			Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day	Year	
COVERED	3	/ 28 / 23		THROUGH 4	/ 26	/ 23	
11 ELECTION	ELECTION DA	ATE	***************************************	ELECTION TYP		**************************************	444 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Month Day	Year	rimary	Runoff Other		on and an analysis of the second seco	
			eneral	Description Special			
	5 / 6	/ 23   <sup>88</sup> G					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if know Spring Branch ISD	•	of Truste	es Position 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENI	DITURES MAY H	TED OR POLITICAL EXPENDITURES IN AVE BEEN MADE WITHOUT THE CAN REPORT THIS INFORMATION ONLY IF	'DIDATE'S OR	OFFICEHOLDE.	'R'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	S	HANDALIFAN SIGUEST I PERSONNI AARAAA AARAA IN MEH IN TOO MAAHA IN GOODING IN GOODING	4,440-0-0-1-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-	all and the state of the state	nn e e e e e e e e e e e e e e e e e e
	SPECIFIC	COMMITTEE CAMPAIG	N TREASURE	R NAME			
		COMMITTEE CAMPAIC	3N TREASURI	ER ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		GO	TO PAG	GE 2		334453444 1944 195444 195444 19544 19544 19544 19544 19544 19544 19544 19544 19544 19544 19544 19544 19544 1954	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

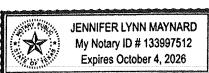
15 C/OH NAME David Lopez	STANDARD CONTRACTOR		<b>16</b> File	r ID (Et	hics Commission Filers)
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER 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 LAS OF REPORTING PERIOD	T DAY	\$	7,848.86
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	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.

Signature of Candidate or Officeholde

#### Please complete either option below:



(1) Affidavit

		-			
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by David	opez	this the $98$	day of	April,
20 <u> </u>	vhich, witness my hand and seal of offic	e.			
Imound	and Jennit	cer Mayna	ral	not	any
Signature of officer administer		of officer administering oath		Title of office	er administering oath
		OR		er en Elektrik	
(2) Unsworn Declaratio	n				
My name is		, and my d	ate of birth is		*
My address is					
	(street)	` •	(state)	(zip code)	(country)
Executed in	County, State of	, on the	ay of	, 20	···
			(11,01,01)	(your)	
		Signa	ture of Candidate/Off	iceholder (Dec	larant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	FILER NAME  vid Lopez  20 Filer ID (Ethics Contact to Lopez)	mmiss	ion Filers)	
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,149.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	507.42	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS	\$	0.00	
5.	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.	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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.35	

#### SCHEDULE A1

		his form.	
<u>z</u>			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor  Donna Collum			7 Amount of contribution (\$)
6 Contributor address;	City;	State; Zip Code	100.00
ation / Job title (See Instructions)		9 Employer (See Instru	actions)
Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	500.00
tion / Job title (See Instructions)		Employer (See Instru	ctions)
Full name of contributor	out-of-state F	/AC (JD#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	89.00
			ctions)
Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	40.00
	r Houst		A
ion / Job inte (See instructions)		Employer (See instruc	anons)
	Donna Collum  Contributor address;  10210 Oak Point  ation / Job title (See Instructions)  Full name of contributor  Noel Lezama  Contributor address;  9038 Colleen Helion / Job title (See Instructions)  Full name of contributor  Gregory Little  Contributor address;  19011 Filmont Collion / Job title (See Instructions)  Full name of contributor  Gregory Little  Contributor address;  19011 Filmont Collion / Job title (See Instructions)  Full name of contributor  Giovanna Byrd  Contributor address;	Donna Collum  6 Contributor address; City;  10210 Oak Point Housto  ation / Job title (See Instructions)  Full name of contributor out-of-state is  Noel Lezama  Contributor address; City;  9038 Colleen Houston  foin / Job title (See Instructions)  Full name of contributor out-of-state is  Gregory Little  Contributor address; City;  19011 Filmont Court Cypr  ion / Job title (See Instructions)  Full name of contributor out-of-state is  Gregory Little  Contributor address; City;  19011 Filmont Court Cypr  ion / Job title (See Instructions)  Full name of contributor out-of-state is  Giovanna Byrd  Contributor address; City;  9710 Lawngate Dr Houst	Donna Collum  6 Contributor address; City: State: Zip Code 10210 Oak Point Houston TX 77043  ation / Job title (See Instructions)  9 Employer (See Instructions)  Full name of contributor  Noel Lezama  Contributor address; City: State: Zip Code  9038 Colleen Houston TX 77080  Ston / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#:

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

#### SCHEDULE A1

Instruction Guide explains how	to complete	this form.	1 Total pages Schedule A1:
ez			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Linda Bennett			7 Amount of contribution (\$)
6 Contributor address;	City;	State; Zip Code	200.00
I upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Full name of contributor  Leah Champion	out-of-state	PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	100.00
pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	200.00
 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Full name of contributor	out-of-state F	PAG (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	150.00
5415 CIIT Haven ation / Job title (See Instructions)	Dr Hous	Employer (See Instruc	tions)
	5 Full name of contributor Linda Bennett 6 Contributor address; 416 w 24th St He spation / Job title (See Instructions)  Full name of contributor Leah Champion Contributor address; 8304 Ginger Oak Sepation / Job title (See Instructions)  Full name of contributor Chelsea Rose Contributor address; 1813 Pannell Street Starghill Family Contributor address; 5415 Clift Haven	5 Full name of contributor out-of-state Linda Bennett 6 Contributor address; City: 416 w 24th St Houston  pation / Job title (See Instructions)  Full name of contributor out-of-state Leah Champion Contributor address; City; 8304 Ginger Oak Street Hole  pation / Job title (See Instructions)  Full name of contributor out-of-state Chelsea Rose Contributor address; City; 1813 Pannell Street B House Pation / Job title (See Instructions)  Full name of contributor out-of-state Starghill Family Contributor address; City;  5415 Clift Haven Dr House	5 Full name of contributor Linda Bennett 6 Contributor address; City: State; Zip Code 416 w 24th St Houston TX 77008  spation / Job title (See Instructions)  Full name of contributor Contributor address; City; State; Zip Code 8304 Ginger Oak Street Houston TX 77055  Station / Job title (See Instructions)  Full name of contributor Contributor address; City; State; Zip Code 8304 Ginger Oak Street Houston TX 77055  Station / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor Chelsea Rose  Contributor address; City; State; Zip Code 1813 Pannell Street B Houston TX 77020  Station / Job title (See Instructions)  Employer (See Instruction out-of-state PAC (ID#:

#### SCHEDULE A1

if the reque	sted information is not applicable, <b>DO NOT Inc</b>	aude tins page in the	report.
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	Kelly Varisco	(ID#:)	7 Amount of contribution (\$)
04/10/2023	6 Contributor address; City: 1919 de milo Houston TX	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 (\$)
04/11/2023	Contributor address; City; PO Box 3028 Marble Falls	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
04/11/2023	,,	State; Zip Code	75.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	DD#:)	Amount of contribution (\$)
04/11/2023	Contributor address; City;  1826 Wheeler Street Housto	State; Zip Code	40.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

			•
The	Instruction Guide explains how to complete th	is 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 PA Lesley Briones Campaign	7 Amount of contribution (\$)	
04/12/2023	6 Contributor address; City; 325 W 18th St. Houston	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Neil Aquino	AC (ID#:)	Amount of contribution (\$)
04/13/2023	Contributor address; City; 5353 Memorial Dr, #2064 Hou	State; Zip Code	25.00
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Marcus Ceniceros	C (ID#:)	Amount of contribution (\$)
04/13/2023	Contributor address; City; 350 W 45th Street, 4A New York	State; Zip Code k City NY 10036	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAI  Michael Buman	C (ID#:)	Amount of contribution (\$)
04/14/2023	Contributor address; City;  29 East 22nd street #4N New	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES		

#### 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 Lope			3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor out-of-state PAC Libby Fletcher  6 Contributor address; City;	, , , , , , , , , , , , , , , , , , , ,	7 Amount of contribution (\$) 40.00
	14900 Memorial Drive, Apt 434 Ho	·	40.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC  Kim Buschlen	(ID#:)	Amount of contribution (\$)
04/14/2023	Contributor address; City;	State; Zip Code	100.00
	1709 Cranway Drive Houston T	X 77055-3118	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/14/2023	Natalia Fernandez  Contributor address; City;  6727 Highclere Manor Lane House	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)		s)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
04/14/2023	Jack Drake  Contributor address; City;  1 Blalock Woods Houston	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

sted information is not applicabl	e, DO NOT i	nclude this page in the	report.		
Instruction Guide explains how to	o complete th	ìs form.	1 Total pages Schedule A1:		
PZ			3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor  Meredith Wertz	out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)		
6 Contributor address; 4026 Tranquil Fore	city:	State; Zip Code	25.00		
pation / Job title (See Instructions)		9 Employer (See Instruct	ions)		
Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)		
Angie Agapetus  Contributor address;	City;	State; Zip Code	75.00		
10274 Hammerly Bl	vd. Hous	ston TX 77043	70.00		
ation / Job title (See Instructions)		Employer (See Instructi	ions)		
Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
		State; Zip Code	25.00		
11831 Village Park C	ircle Hou	ston TX 77024			
ation / Job title (See Instructions)		Employer (See Instructi	ons)		
Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
Lisa Robinson  Contributor address;	City;	State; Zip Code	40.00		
3703 Aberdeen Way Houston TX 77025					
ation / Job title (See Instructions)		Employer (See Instruction	ons)		
	Instruction Guide explains how to be a contributor of the contributor of the contributor of the contributor address; and a contributor of the contributor of the contributor address; and a contributor of the contributor of	Instruction Guide explains how to complete the SZ  5 Full name of contributor out-of-state P/Meredith Wertz 6 Contributor address; City; 4026 Tranquil Forest House pation / Job title (See Instructions)  Full name of contributor out-of-state P/Meredith Wertz Angie Agapetus Contributor address; City; 10274 Hammerly Blvd. House pation / Job title (See Instructions)  Full name of contributor out-of-state P/Meredit P/	5 Full name of contributor Meredith Wertz 6 Contributor address; City: State; Zip Code 4026 Tranquil Forest Houston TX 77084  pation / Job title (See Instructions)  9 Employer (See Instruct  Full name of contributor  Angie Agapetus  Contributor address; City; State; Zip Code 10274 Hammerly Blvd. Houston TX 77043  Pation / Job title (See Instructions)  Employer (See Instruct  Full name of contributor  out-of-state PAC (ID#)  Edmund Lee  Contributor address; City; State; Zip Code 11831 Village Park Circle Houston TX 77024  Pation / Job title (See Instructions)  Employer (See Instructions)  Contributor address; City; State; Zip Code  11831 Village Park Circle Houston TX 77024  Pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Contributor address; City; State; Zip Code  3703 Aberdeen Way Houston TX 77025		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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#:	
04/19/2023	6 Contributor address; City; State; Zip Code 679 Strey Lane Houston TX 77024	35.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
04/20/2023	Contributor address; City; State; Zip Code 9810 Vogue Lane Houston TX 77080	250.00
Principal occup	Dation / Job title (See Instructions)  Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/22/2023	Jimmy Elmore  Contributor address; City; State; Zip Code  719 Electra Dr. Houston TX 77079	40.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/23/2023	Linda Mello Contributor address; City; State; Zip Code	25.00
	11418 Oak Spring Dr Houston TX 77043	Emma V I V
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	actions)
Addition to the second		

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

#### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME David Lope	ez		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor out-of-state PA  Leadership for Educational Equity Te.  6 Contributor address; City;	7 Amount of contribution (\$)  1,500.00	
	1805 7th St. N.W., 6th Floor Wash	ington, DC 20001	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	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 Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES Of 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.

Tr	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAME David Lopez			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$			
5 Date 04/17/2023	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description  507.42 Yard Signs  Check if travel outside of Texas. Complete Science 11 Employer (FOR NON-JUDICIAL) (See Instructions)				
	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)			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	Zip Code	Amount of Contribution \$	In-kind contribution description		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	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)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politic Credil Card Payment	<del>-</del>	Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/29/2023	Democracy Engine LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7.47	416 Florida Ave NW #24618 Washin	gton, DC 20001	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- And a residence of the Control of Control
PURPOSE OF EXPENDITURE	Fees	Transaction Fo	ee for Online Donation
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/29/2023	FedEx Office		
Amount (\$)	Payee address;	City;	State; Zip Code
59.54	9762 Katy Fwy Suite 200, Houston, 1	TX 77055	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Pushcards	
LAFENDROKE	, TX, afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/03/2023	Meta Platforms, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
40.44	1601 Willow Road Menlo Park, CA 94	025-1425	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media A	ds
	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 S	SCHEDULE AS NEED	DED
		······································	D/ 0/47/2022

## 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/05/2023	Democracy Engine LLC			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
24.93	416 Florida Ave NW #24618 Washin	gton, DC 20001		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Transaction Fee for Online Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	3		
04/07/2023	Sprint 2 Print			
Amount (\$)	Payee address;	City;	State; Zip Code	
736.10	8748 Clay Rd. Ste. 300 Houston, TX	77080		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Road Signs		
OF EXPENDITURE				
	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			
04/09/2023	The Home Depot			
Amount (\$)	Payee address;	City;	State; Zip Code	
119.56	1100 Lumpkin Rd, Houston, TX 7704	3		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Materials to Place Road Signs		
	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 NEEI	DED	

#### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	•	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E: Printing E Salaries/		Travel In District Travel Out Of Distri Other (enter a cate	ct jory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to	complete this form.		•
1 Total pages Schedule F1.	2 FILER N.		and a particular property of the managera by a black		3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee na				<u></u>	
04/12/2023	Democr	acy Engine LLC				
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code
19.64	416 Flor	ida Ave NW #24618 \	Washin	gton, DC 20001		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	s Transaction Fee for Online Donatio			Donation	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/07/2023	Best Sol	utions				
Amount (\$)	Payee ad	dress;	***************************************	City;	State;	Zip Code
280.63	23233 S	nook Ln. Tomball, TX	77023			
	Category	(See Categories listed at the top of this so	chedule)	Description		AND THE PROPERTY OF THE PROPER
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		nte / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/19/2023	Democra	acy Engine LLC				
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
5.30	416 Florid	da Ave NW #24618 W	/ashing	ton, DC 20001		
	Category	See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Transaction Fee	e for Online [	Donation
	C	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	elegente de la companya de la compa	Office held
	ATT	ACH ADDITIONAL COPIES O	OF THIS	SCHEDULE AS NEED	DED	

## 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
i Total pages Schedule 11.	David Lopez		C THE TE (EMILE COMMISSION THOSE)		
4 Date	5 Payee name				
04/19/2023	Democracy Engine LLC				
6 Amount (\$) 68.67	7 Payee address; 416 Florida Ave NW #24618 Washin	city; gton, DC 20001	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Transaction Fee for Online Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	erreinen der erreressen mehr ein det ein beschicht der feit sie der Geste bedecht der Art de Arthon ein errere			
04/07/2023	M3 Graphics				
Amount (\$)	Payee address;	City;	State; Zip Code		
586.58	11730 Wilcrest Dr, Houston, TX 7709	99			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	T-Shirts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Gandidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/26/2023	Democracy Engine LLC				
Amount (\$)	Payee address;	City;	State; Zip Code		
15.77	416 Florida Ave NW #24618 Washing	ton, DC 20001			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Transaction Fe	e for Online Donation		
ļ.	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 NEEI	DED		

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04/26/2023	Namecheap, Inc.				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
41.88	4600 East Washington Street, Suite 305, Phoenix, AZ 85034				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other	E-Mail/Domair	1		
	(C) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 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	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE					
	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	And Andread Control of the Control o			
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		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEET	DED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

•		, ,		•		
		EXPENDITURE CATEG	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	l ∍By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Rep Office Ov Polling E Printing E Salaries/	epayment/Reimbursement Iverhead/Rental Expense Expense Expense //Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	nent & Related Expense
1 Total pages Schedule G:	1		manuscon and description		3 Filer ID (Ethics (	Commission Filers)
1	David Lo		***************************************		<u>L</u>	
4 Date	5 Payee name			· · · · · · · · · · · · · · · · · · ·		
04/24/2023		mp c/o The Rocket So	Sience			
6 Amount (\$) 13.86  Reimbursement from political contributions intended	7 Payee addre	ress; nce de Leon Ave NE S	3uite 5	city; 5000 Atlanta, GA	State; \ 30308	Zip Code
8 PURPOSE	(a) Category (5	See Categories listed at the top of this sch	nedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisin	ng Expense		E-Mail Marketir	ng	
	(c) Che	neck if travel outside of Texas. Complete Sche	adule T.	Check if Austin,	, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	C	Office held
Date	Payee name	3	Andrewson Control of C		A COLOR OF THE STATE OF THE STA	
04/25/2023	Namech	іеар				
Amount (\$)	Payee addre	ðss;		City;	State;	Zip Code
4.48  Reimbursement from  ✓ political contributions intended	4600 East Washington Street, Suite 305, Phoenix, AZ 85034					
PURPOSE	Category (8	See Categories listed at the top of this sch	edule)	Description		
OF EXPENDITURE	Other			Domain Registr	ration —————	
		eck if travel outside of Texas. Complete Sched			TX, officeholder living exp	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e / Officeholder name	o mangaparan nga mangapapan mangaparan na mangaparan na mangaparan na mangaparan na mangaparan na mangaparan n	Office sought	0	Office held
Date	Payee name		Guille		And the second s	4.000.000.000
Amount (\$)	Payee addre	·ss;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of this sche	dule)	Description		
be/M betMeet of the	Cher	ck if travel outside of Texas. Complete Schedi	iule T.	Check if Austin, TX, officeholder living expense		
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate	e / Officeholder name	(	Office sought	Of	ffice held
	ATTACI	H ADDITIONAL COPIES OF T	THIS SC	CHEDULE AS NEEDE	D	

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

#### SCHEDULE K

	and the page is						
The	edule K:						
<sup>2</sup> FILER NAME David Lope	s Commission Filers)						
4 Date	5 Name of person from whom amount is received		8 Amount (\$)				
03/31/2023	Capital One Bank  6 Address of person from whom amount is received; City; Star P.O. Box 30285 Salt Lake City, UT 84130-0285	eceived; City; State; Zip Code					
	7 Purpose for which amount is received Check if	political contribution	returned to filer				
	Monthly Account Interest						
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	te; Zip Code					
	Purpose for which amount is received Check if p	oolitical contribution i	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State	e; Zìp Code					
	Purpose for which amount is received Check if p	olitical contribution r	eturned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State	e; Zip Code					
	Purpose for which amount is received Check if po	olitical contribution re	eturned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						