

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------|-------------------------------------------------------------------|---------|-------------------------|-----------------------------------|---------------------------------|----|---------|---|---------|
| The C/OH Instruction Guide explains how to complete this form.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed: <span style="font-size: 1.5em;">8</span>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                       | MS / MRS / MR<br><b>Mrs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST<br><b>Madison</b>                      | MI<br><b>C</b>                                                                                           | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><span style="font-size: 1.2em; color: blue;">Received</span><br><span style="font-size: 1.2em; color: blue;">OCT 06 2025</span><br><span style="font-size: 1.2em; color: blue;">LISD / Supt Ofc</span><br><br>Date Hand-delivered or Date Postmarked<br><span style="font-size: 1.2em; color: blue;">10-6-25</span><br>Receipt # <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span> Amount \$ <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span><br>Date Processed <span style="font-size: 1.2em; color: blue;">10-6-25</span><br>Date Imaged <span style="font-size: 1.2em; color: blue;">10-6-25</span> |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | NICKNAME<br><b>Lopez</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LAST<br><b>Lopez</b>                         | SUFFIX                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>✓ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>PO Box 292036, Lewisville, TX 75029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | AREA CODE PHONE NUMBER EXTENSION<br><b>( 972 ) 8226909</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                      | AREA CODE PHONE NUMBER EXTENSION<br><b>( 972 ) 8226909</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | <b>6</b> CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS / MRS / MR<br><b>Ms</b>                   | FIRST<br><b>Amanda</b>                                                                                   | MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| NICKNAME<br><b>Duke</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST<br><b>Duke</b>                          | SUFFIX                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>4810 Lloyd Ct, Flower Mound, TX 75028</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | AREA CODE PHONE NUMBER EXTENSION<br><b>( 316 ) 250-2081</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>8</b> CAMPAIGN TREASURER PHONE                                            | AREA CODE PHONE NUMBER EXTENSION<br><b>( 316 ) 250-2081</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>9</b> REPORT TYPE                                                         | <table style="width:100%; border: none;"> <tr> <td style="width:25%;">January 15</td> <td style="width:25%; text-align: center;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;">Runoff</td> <td style="width:25%;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>July 15</td> <td style="text-align: center;">8th day before election</td> <td>Exceeded Modified Reporting Limit</td> <td>Final Report (Attach C/OH - FR)</td> </tr> </table>       |                                              |                                                                                                          | January 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> 30th day before election | Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | July 15 | 8th day before election | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |    |         |   |         |
| January 15                                                                   | <input checked="" type="checkbox"/> 30th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Runoff                                       | 15th day after campaign treasurer appointment (Officeholder Only)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| July 15                                                                      | 8th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Exceeded Modified Reporting Limit            | Final Report (Attach C/OH - FR)                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>10</b> PERIOD COVERED                                                     | <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">3</td> <td style="text-align: center;">25</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">9</td> <td style="text-align: center;">25 / 25</td> </tr> </table> |                                              |                                                                                                          | Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Day                                                          | Year   | Month                                                             | Day     | Year                    | 9                                 | 3                               | 25 | THROUGH | 9 | 25 / 25 |
| Month                                                                        | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Year                                         | Month                                                                                                    | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Year                                                         |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| 9                                                                            | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25                                           | THROUGH                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25 / 25                                                      |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>11</b> ELECTION                                                           | ELECTION DATE<br>Month Day Year<br><b>11 / 4 / 25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | ELECTION TYPE<br>Primary Runoff Other Description<br>General <input checked="" type="checkbox"/> Special |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>12</b> OFFICE                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | <b>13</b> OFFICE SOUGHT (if known)<br><b>LISD, AT-Large Place 6</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><br>Additional Pages     | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.                                                                                                                                               |                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMMITTEE NAME                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              | GENERAL<br><br><br>SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMMITTEE ADDRESS                            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE CAMPAIGN TREASURER NAME            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE CAMPAIGN TREASURER ADDRESS         |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |        |                                                                   |         |                         |                                   |                                 |    |         |   |         |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

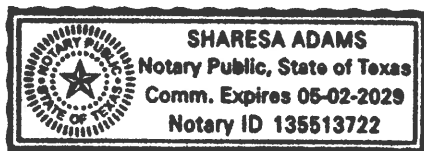
FORM C/OH  
COVER SHEET PG 2

|                                      |                                                                                                                                       |                                               |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>Madison Lopez |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>        | 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)                                                  | \$ 2,161.10                                   |
| <b>EXPENDITURE TOTALS</b>            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 107.30                                     |
|                                      | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 1,231.34                                   |
| <b>CONTRIBUTION BALANCE</b>          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 1,899.46                                   |
| <b>OUTSTANDING LOAN TOTALS</b>       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 1,077.00                                   |

**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.

*Madison Lopez*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Madison Lopez this the 6<sup>th</sup> day of October, 2025, to certify which, witness my hand and seal of office.

Sharesa Adams Board Secretary  
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****Madison 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                         | \$ 2,161.10 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                               | \$          |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                                         | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                     | \$ 1,077.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,231.34 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                                  | \$          |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$          |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                                             | \$          |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                                               | \$          |
| 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: <b>3</b>            |
| 2 FILER NAME<br><b>Madison Lopez</b>                                                                                                                           |                                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>09/06/2025</b>                                                                                                                                    | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Tara Lynn Nelson</b><br>6 Contributor address; City; State; Zip Code<br><b>2313 Carlisle Ct, Flower Mound, TX 75028</b>   | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                          | 9 Employer (See Instructions)                  |
| Date<br><b>09/07/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Sandra Jaye Costley</b><br>Contributor address; City; State; Zip Code<br><b>4601 Amsbury Dr, Apt 2407, Dallas, TX 75206</b> | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                          | Employer (See Instructions)                    |
| Date<br><b>09/08/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Sharon Lopez</b><br>Contributor address; City; State; Zip Code<br><b>2708 Garrett Dr., Highland Village, TX 75077</b>       | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                          | Employer (See Instructions)                    |
| Date<br><b>09/11/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Allison Stamey</b><br>Contributor address; City; State; Zip Code<br><b>1132 Breezewood Dr., Lewisville, TX 75077</b>        | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                          | Employer (See Instructions)                    |
|                                                                                                                                                                |                                                                                                                                                                                          |                                                |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                          |                                                |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                |                                                                                                                                                                                        |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                        | 1 Total pages Schedule A1: <b>3</b>            |
| 2 FILER NAME<br><b>Madison Lopez</b>                                                                                                                           |                                                                                                                                                                                        | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>09/16/2025</b>                                                                                                                                    | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Cara Howard</b><br>6 Contributor address; City; State; Zip Code<br><b>2806 Deerhurst Dr, Highland Village, TX 75077</b> | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                        | 9 Employer (See Instructions)                  |
| Date<br><b>09/16/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Dawn Lipsey</b><br>Contributor address; City; State; Zip Code<br><b>210 Hughes Rd SE, Cleveland, TN 37323</b>             | Amount of contribution (\$)<br><b>479.70</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                        | Employer (See Instructions)                    |
| Date<br><b>09/16/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Payton Hampton</b><br>Contributor address; City; State; Zip Code<br><b>711 Cordova St, Dallas, TX 75022</b>               | Amount of contribution (\$)<br><b>143.70</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                        | Employer (See Instructions)                    |
| Date<br><b>09/18/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jodelle Groves</b><br>Contributor address; City; State; Zip Code<br><b>1708 Litchfield Ct, Flower Mound, TX 75022</b>     | Amount of contribution (\$)<br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                        | Employer (See Instructions)                    |
|                                                                                                                                                                |                                                                                                                                                                                        |                                                |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                        |                                                |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                |                                                                                                                                                                                       |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                       | 1 Total pages Schedule A1: <b>3</b>            |
| 2 FILER NAME<br><b>Madison Lopez</b>                                                                                                                           |                                                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>09/19/2025</b>                                                                                                                                    | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rachael McCord</b><br>6 Contributor address; City; State; Zip Code<br><b>3504 Sutton Dr, Flower Mound, TX 75028</b>    | 7 Amount of contribution (\$)<br><b>287.70</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                       | 9 Employer (See Instructions)                  |
| Date<br><b>09/25/2025</b>                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Andy Plunkett</b><br>Contributor address; City; State; Zip Code<br><b>3112 Winston Drive, Highland Village, TX 75077</b> | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                       | Employer (See Instructions)                    |
| Date                                                                                                                                                           | Full name of contributor out-of-state PAC (ID#: _____)<br>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#: _____)<br>Contributor address; City; State; Zip Code                                                                                  | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                       | Employer (See Instructions)                    |
|                                                                                                                                                                |                                                                                                                                                                                       |                                                |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                       |                                                |

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

|                                                                                 |                                                                                                         |                                                                                                                      |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                       |                                                                                                         | <b>1</b> Total pages Schedule E: <b>1</b>                                                                            |
| <b>2</b> FILER NAME<br><b>Madison Lopez</b>                                     |                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)                                                                         |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                              |                                                                                                         | <b>\$ 0.00</b>                                                                                                       |
| <b>5</b> Date of loan<br><b>09/03/2025</b>                                      | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Madison Lopez</b> | <b>9</b> Loan Amount (\$)<br><b>77.00</b>                                                                            |
| <b>6</b> Is lender a financial Institution?<br><br>Y <input type="checkbox"/> N | <b>8</b> Lender address; City; State; Zip Code<br><b>1916 Teton Trl, Lewisville, TX 75077</b>           | <b>10</b> Interest rate<br><b>0.00</b>                                                                               |
|                                                                                 |                                                                                                         | <b>11</b> Maturity date<br><b>12/31/2025</b>                                                                         |
| <b>12</b> Principal occupation / Job title (See Instructions)                   |                                                                                                         | <b>13</b> Employer (See Instructions)                                                                                |
| <b>14</b> Description of Collateral<br><br><input type="checkbox"/> none        |                                                                                                         | <b>15</b> Check if personal funds were deposited into political account (See Instructions)                           |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable  | <b>17</b> Name of guarantor                                                                             | <b>19</b> Amount Guaranteed (\$)                                                                                     |
|                                                                                 | <b>18</b> Guarantor address; City; State; Zip Code                                                      |                                                                                                                      |
| <b>20</b> Principal Occupation (See Instructions)                               |                                                                                                         | <b>21</b> Employer (See Instructions)                                                                                |
| <b>Date of loan</b><br><b>09/11/2025</b>                                        | <b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Madison Lopez</b>   | <b>Loan Amount (\$)</b><br><b>1,000.00</b>                                                                           |
| <b>Is lender a financial Institution?</b><br><br>Y <input type="checkbox"/> N   | <b>Lender address; City; State; Zip Code</b><br><b>1916 Teton Trl, Lewisville, TX 75077</b>             | <b>Interest rate</b><br><b>0.00</b>                                                                                  |
|                                                                                 |                                                                                                         | <b>Maturity date</b><br><b>12/31/2025</b>                                                                            |
| <b>Principal occupation / Job title (See Instructions)</b>                      |                                                                                                         | <b>Employer (See Instructions)</b>                                                                                   |
| <b>Description of Collateral</b><br><br><input type="checkbox"/> none           |                                                                                                         | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable     | <b>Name of guarantor</b>                                                                                | <b>Amount Guaranteed (\$)</b>                                                                                        |
|                                                                                 | <b>Guarantor address; City; State; Zip Code</b>                                                         |                                                                                                                      |
| <b>Principal Occupation (See Instructions)</b>                                  |                                                                                                         | <b>Employer (See Instructions)</b>                                                                                   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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:<br>1                       | 2 FILER NAME<br>Madison Lopez                                                                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>09/24/2025                                  | 5 Payee name<br>Texas Trade Graphics                                                                        |                                       |
| 6 Amount (\$)<br>1,231.34                             | 7 Payee address; City; State; Zip Code<br>2935 Irving Blvd #201, Dallas, TX 75247                           |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Yard Signs         |
|                                                       | (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                                                  | Payee name                                                                                                  |                                       |
| Amount (\$)                                           | Payee address; City; State; Zip Code                                                                        |                                       |
| PURPOSE<br>OF<br>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             |
| Date                                                  | Payee name                                                                                                  |                                       |
| Amount (\$)                                           | Payee address; City; State; Zip Code                                                                        |                                       |
| PURPOSE<br>OF<br>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 SCHEDULE AS NEEDED



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

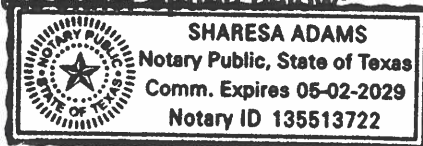
|                                    |                |
|------------------------------------|----------------|
| Filer name<br><u>Madison Lopez</u> | Filer ID #<br> |
|------------------------------------|----------------|

| OFFICE USE ONLY                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Date Received <b>Received</b><br><b>OCT 06 2025</b><br><b>LISD / Supt Ofc</b> |                       |
| Date Hand-delivered or Date Postmarked<br><u>10-6-25</u>                      |                       |
| Receipt #<br><u>/</u>                                                         | Amount \$<br><u>/</u> |
| Date Processed<br><u>10-6-25</u>                                              |                       |
| Date Imaged<br><u>10-6-25</u>                                                 |                       |

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30 Day report due on October 6, 2025.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Madison Lopez  
Signature of Filer

Sworn to and subscribed before me by Madison Lopez this the 6th day of October, 2025, to certify which, witness my hand and seal of office.

Sharesa Adams  
Signature of officer administering oath

Printed name of officer administering oath

Board Secretary  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**