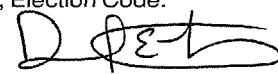


CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST David	MI
	NICKNAME	LAST Lopez	SUFFIX
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	9521 Kerrwood Ln. Houston, TX 77080	
	Date Hand-delivered or Date Postmarked		Receipt #
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Amount \$
5 PERIOD COVERED	Month	Day	Year
	7	1	2025
THROUGH		Month	Day
		12	31
		Year	2025
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.		\$ 464.50
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$ 0.24

7 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/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

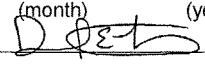
OR

(2) Unsworn Declaration

My name is David Lopez, and my date of birth is 01/20/1994.

My address is 9521 Kerrwood Ln, Houston, TX, 77080, USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 15 day of January, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME David Lopez		9 Filer ID (Ethics Commission Filers)
10 Date 7/4/2025	11 Payee name Squarespace, Inc.	13 Amount (\$) 26.65
12 Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014		

14 Purpose of expenditure (See instructions regarding type of information required.) Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

Date 8/4/2025	Payee name Squarespace, Inc.	Amount (\$) 26.65
Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014		

Purpose of expenditure (See instructions regarding type of information required.) Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

Date 9/4/2025	Payee name Squarespace, Inc.	Amount (\$) 26.65
Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014		

Purpose of expenditure (See instructions regarding type of information required.) Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED