

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
San Benito C.I.S.D.

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

Orlando

NICKNAME

PAPA

LAST

Lopez

SUFFIX

BUSINESS OFFICE
FINANCE & OPERATIONS

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

Onesimo

MI

NICKNAME

LAST

Lopez

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

Tx 73586

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(

)

9 REPORT TYPE

☐ January 15

☒ 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)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 26

THROUGH

Month

Day

Year

03 / 26 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 02 / 26

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

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

\$

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

\$

225.58

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,306.29

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

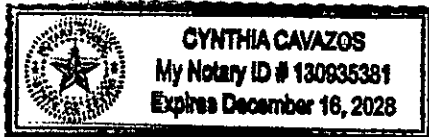
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Orlando Papis Lopez this the 2nd day of April.

[Signature], 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

Cynthia Cavazos

Notary

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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125.58
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 1,306.29
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	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <u>Orlando Lopez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$225.50</u>	
5 Date <u>3-10-26</u>	6 Full name of contributor ☐ out-of-state PAC (ID#: <u>Claudia Lopez</u>	8 Amount of Contribution \$ <u>\$225.50</u>	9 In-kind contribution description <u>Political gathering</u>
7 Contributor address; City; State; Zip Code <u>2300 Shara Rd Seabrook TX 7758</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Nurse</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <u>Director</u>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Orlando Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 3-11-26	5 Payee name National Printing	
6 Amount (\$) \$ 879.75 ☒ Reimbursement from political contributions intended	7 Payee address; 1700 Trenton Rd STE 115 McAllen TX 78504	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political 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 3-13-26	Payee name Tractor Supply Co.		
Amount (\$) \$ 48.51 ☒ Reimbursement from political contributions intended	Payee address; 901 Fm 509	City; San Benito	State; Zip Code TX 78586
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Supply's	
	☐ 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 3-14-26	Payee name Tractor Supply Co		
Amount (\$) \$ 378.52 ☒ Reimbursement from political contributions intended	Payee address; 901. Fm 509	City; San Benito	State; Zip Code TX 78586
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Supply - T-shirts	
	☐ 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

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,
then read and sign page 2.*

*If filing for a political committee, complete
boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Orlando

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Papas

Lopez

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

([REDACTED])

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

SACISD School Board Plc 4

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Onesimo

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Lopez

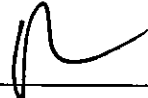
GO TO PAGE 2

REQUEST FOR CONFIDENTIALITY FOR CANDIDATES UNDER TEXAS GOVERNMENT CODE

Pursuant to Section 552.1175 of the Texas Government Code, if you are one of the qualifying individuals listed in Step 2 below, you may request that information from your candidate application which identifies your home address, home telephone number, emergency contact information, date of birth, social security number, or whether you have family members be restricted from public access. By completing and submitting this form to the filing authority with whom you filed your candidate application, you are requesting the confidentiality of the information as stated above. You must attach a photocopy of documentation showing that you are eligible for confidentiality. If you want to rescind this confidentiality request, you must do so in writing to the filing authority with whom you filed your candidate application.

Step 1: Identify Candidate Requesting Confidentiality	Name <i>Orlando Lopez</i>	Date of Birth <i>8-6-75</i>
	Residence Address (number and street) [REDACTED]	
	City, State, Zip Code <i>San Benito Tx 78586</i>	
	VOID Number (Optional)	County of Residence <i>Cameron</i>
Step 2: Qualification (check one)	☐ Current or honorably retired peace officers, as defined by Article 2A.001, Code of Criminal Procedure, or special investigators as described by Article 2A.002, Code of Criminal Procedure;	
	☐ Current or honorably retired county jailers as defined by §1701.001, Occupations Code;	
	☐ Current or former employees of the Texas Department of Criminal Justice or of the predecessor in function of the department or any division of the department;	
	☐ Commissioned security officers as defined by §1702.002, Occupations Code;	
	☐ A current or former district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters;	
	☐ A current or former employee of a district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters;	
	☐ Officers and employees of a community supervision and corrections department established under Chapter 76 who perform a duty described by §76.004(b), Government Code;	
	☐ Criminal investigators of the U.S. as described by Article 2A.002(a), Code of Criminal Procedure;	
	☐ Current or honorably retired police officers and inspectors of the United States Federal Protective Service;	
	☐ Current and former employees of the Office of the Attorney General and a family member of the current or former employee;	
	☐ Current or former juvenile probation and detention officers certified by the Texas Juvenile Justice Department, or the predecessors in function of the department, under Title 12, Human Resources Code;	
	☐ Current or former employees of a juvenile justice program or facility, as defined by §261.405, Family Code;	

Step 2: Qualification (Continued)	☐ Current or former employees of the Texas Juvenile Justice Department or the predecessors in function of the department; ☐ Current or former employees of the Texas Civil Commitment Office or of the predecessor in function of the office or a division of the office; ☐ Current or former child protective services caseworker, adult protective services caseworker, or investigator for the Department of Family and Protective Services or a current or former employee of a department contractor performing child protective services caseworker, adult protective services caseworker, or investigator functions for the contractor on behalf of the department; ☐ A firefighter, volunteer firefighter, or emergency medical services personnel as defined by Section 773.003, Health and Safety Code; ☐ Current or former member of the United States Army, Navy, Air Force, Coast Guard, or Marine Corps, an auxiliary service of one of those branches of the armed forces, or the Texas military forces as defined by Section 437.001, Government Code; ☐ Current or former United States attorney, assistant United States attorney, federal public defender, deputy federal public defender, or assistant federal public defender and their spouse or child; ☐ Federal judges and state judges as defined by §1.005, Election Code; ☒ An elected public officer; ☐ Current or former employee of a public defender's office (as defined by Article 26.044(a), Code of Criminal Procedure); ☐ Current or former election officials, as defined by §1.005, Election Code, or employee, volunteer, or designee of an election official, or an employee of the Secretary of State's office who performs duties relating to elections; ☐ Current members of the governing board of an institution of higher education or a private or independent institution of higher education, as defined by §61.003, Education Code; ☐ Current chancellors or other chief executive officer of a university system, as defined by §61.003, Education Code; ☐ Current presidents or other chief executive officer of an institution of higher education or a private or independent institution of higher education, as defined by §61.003, Education Code.
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Step 4: Sign and Date	I certify that the information in this document and any information attached are true and correct to the best of my knowledge and belief. Sign Here ► <u></u> Date ► <u>3.31.26</u> Making a false statement on this form is a Class A misdemeanor or a state jail felony. Texas Penal Code §37.10
Step 5: Return this form	Return this form to: <u>Candidate Filing Authority</u> _____ _____ Or fax/email to _____
For Office Use Only	VOID # _____ Documentation received? Yes ☐ No ☐ Confidentiality Approved? Yes ☐ No ☐ Signature of Filing Authority _____ Date: ____/____/____ Comments: _____