

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7719

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	MR. CARLOS LOPEZ B.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	4330 Bull Creek Rd. # 3123 Austin, Tx. 78731		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	334-9615	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	MR. CARLOS LOPEZ B.		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	4330 Bull Creek Rd. # 3123 Austin, Tx. 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	334-9615	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	1	2011
THROUGH		Month	Day
		12	31
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
4		3	2012
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			TRAVIS County Constable, Pet. 5

OFFICE USE ONLY

Date Received: 12 JAN

Date Hand-delivered or Postmarked: 12 FEB

Receipt #

Date Processed

Date Imaged

FILED FOR REPORT

DAVA NEER
TRAVIS COUNTY
1800 N. BRUNNEN
AUSTIN, TX 78701

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME CARLOS B. LOPEZ 15 ACCOUNT # (Ethics Commission Filers)

16 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
 GENERAL
 SPECIFIC

COMMITTEE NAME
CARLOS LOPEZ Campaign

COMMITTEE ADDRESS
P.O. Box 300115
 AUSTIN, TX. 78703

COMMITTEE CAMPAIGN TREASURER NAME
CARLOS B. LOPEZ

COMMITTEE CAMPAIGN TREASURER ADDRESS
4330 Bull Creek Rd. #3123
 AUSTIN, TX. 78731

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,005.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7465.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 349.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 5522.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3039.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.-

18 AFFIDAVIT

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.

Carlos B. Lopez
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Lopez, this the 17th day of Jan, 20 12, to certify which, witness my hand and seal of office.

Ckortan Signature of officer administering oath
 Cinda Kortan Printed name of officer administering oath
 Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

12

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/8/11

5 Full name of contributor out-of-state PAC (ID#: _____)

JUANITA B. LOPEZ

6 Contributor address; City; State; Zip Code

1124-D BERGER ST.
AUSTIN, TX. 78721

7 Amount of contribution (\$)

400.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/26/11

Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Camarillo

Contributor address; City; State; Zip Code

P.O. Box 9632
AUSTIN, TX. 78766

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/11

Full name of contributor out-of-state PAC (ID#: _____)

Ann Denkler

Contributor address; City; State; Zip Code

6112 Highlandale
AUSTIN, TX. 78731

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/11

Full name of contributor out-of-state PAC (ID#: _____)

Bob Perkins

Contributor address; City; State; Zip Code

2633 DEERFOOT TR.
AUSTIN, TX. 78704

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/11

Full name of contributor out-of-state PAC (ID#: _____)

MARY IVY

Contributor address; City; State; Zip Code

506 W. 42nd ST.
AUSTIN, TX. 78751

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/29/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD HERNANDEZ	7 Amount of contribution (\$) 50.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 100 JULIANAS WAY BUDA, TX. 78610		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GLENN COPALAND	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1106 BROWN DR. PFLUGERVILLE, TX. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARL DAYWOOD	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11231 TRACTON LN. AUSTIN, TX. 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREG POWELL	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1300 ABBEY RD. ROUND ROCK, TX. 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE ELFANT	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4522 AVENUE F AUSTIN, TX. 78751		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/11

5 Full name of contributor out-of-state PAC (ID# _____)

DAVID Bintliff

6 Contributor address; City; State; Zip Code

6303 DANWOOD DR.

Austin, Tx.

78759

7 Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

GLORIA ALEMAN

Contributor address; City; State; Zip Code

2544 STOUTWOOD CIR.

Austin, Tx.

78745

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

JOSE HURTADO

Contributor address; City; State; Zip Code

8002 LINDEN RD.

Del Valle, Tx. 78617

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

MICHAEL BRADFORD

Contributor address; City; State; Zip Code

810 West. St. Johns Ave #1279

Austin, Tx.

78752

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

MARIA CANCHOLA

Contributor address; City; State; Zip Code

1900 EASTSIDE DR.

Austin, Tx.

78704

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GONZALO BARRIENTOS 6 Contributor address; City; State; Zip Code 2906 GEM CIR. AUSTIN, TX. 78704	7 Amount of contribution (\$) 50.- (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KAREN SONLEITNER Contributor address; City; State; Zip Code 1712 PASEDAENA DR. AUSTIN, TX. 78757	Amount of contribution (\$) 100.- (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERRY L. "SKIP" BLAYLOCK Contributor address; City; State; Zip Code 8117 WILLETT TR. #B AUSTIN, TX. 78745	Amount of contribution (\$) 500.- (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELENA TURRANT Contributor address; City; State; Zip Code 6200 HOGAN AVE AUSTIN, TX. 78741	Amount of contribution (\$) 50.- (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANE STEURER Contributor address; City; State; Zip Code 241 ONION CREEK DRIFTWOOD, TX. 78619	Amount of contribution (\$) 100.- (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/11

5 Full name of contributor out-of-state PAC (ID# _____)

Herb EVANS

6 Contributor address; City; State; Zip Code

1302 West Ave.

Austin, Tx.

78701

7 Amount of contribution (\$)

200.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

Donna B. McCormick

Contributor address; City; State; Zip Code

5703 Shoalwood Ave.

Austin, Tx.

78756

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

Danny Thomas

Contributor address; City; State; Zip Code

1721 Volker Reinhardt Way

Manor, Tx.

78653

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

Juanita B. Lopez

Contributor address; City; State; Zip Code

1124-D Berger St.

Austin, Tx. 78721

Amount of contribution (\$)

160.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

Herman Prager

Contributor address; City; State; Zip Code

8600 RR 620 N. #210

Austin, Tx.

78726

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERWIN KOCH	7 Amount of contribution (\$) 50.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7002 Chuck Wagon Trl. Austin, Tx. 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Merkel	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5220 Jim Hogg Austin, Tx. 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL LABUDA	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11803 Knoll Park Dr. Austin, Tx. 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGARET GOMEZ	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2104 Petrified Forest Dr. Austin, Tx. 78747		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bernabie Arreguin	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 508 Cresthill Canseway Kyle, Tx. 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/11

5 Full name of contributor out-of-state PAC (ID# _____)

JUANITA B. LOPEZ

6 Contributor address; City; State; Zip Code

1124-D BERGER ST.
AUSTIN, TX. 78721

7 Amount of contribution (\$)

500.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

Cecilia Burke

Contributor address; City; State; Zip Code

6500 SANTOLINA Cove
AUSTIN, TX. 78731

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

Charlie Campos

Contributor address; City; State; Zip Code

P.O. BOX 1118
SAN ANTONIO, TX. 78294

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

Lloyd Doggett

Contributor address; City; State; Zip Code

1157 SAN BERNARD
AUSTIN, TX. 78702

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

LISA HARRIS

Contributor address; City; State; Zip Code

4522 AVENUE F
AUSTIN, TX. 78751

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/11

5 Full name of contributor out-of-state PAC (ID# _____)

ELLIOTT NAISHTAT

6 Contributor address; City; State; Zip Code

6401 WILBUR DR.
AUSTIN, TX. 78757

7 Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

RAYMOND B. LOPEZ

Contributor address; City; State; Zip Code

1206 LOMA DR.
AUSTIN, TX. 78744

Amount of contribution (\$)

220.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

BRENT HORTON

Contributor address; City; State; Zip Code

155 RAINBOW DR.
BASTROP, TX. 78602

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

ANDRES SOSA

Contributor address; City; State; Zip Code

10509 MARSHITAS WAY
AUSTIN, TX. 78748

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

CINDA KORTAN

Contributor address; City; State; Zip Code

152 TRANQUILITY MOUNTAIN
BUDA, TX. 78610

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/11

5 Full name of contributor

out-of-state PAC (ID# _____)

ARMANDINA CASTANEDA

6 Contributor address; City; State; Zip Code

418 MESA DR.

Del Valle, Tx. 78617

7 Amount of contribution (\$)

80.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/19/11

Full name of contributor

out-of-state PAC (ID# _____)

MONICA HERNANDEZ

Contributor address; City; State; Zip Code

3729 BRANCO BEND LOOP

AUSTIN, TX. 78744

Amount of contribution (\$)

70.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor

out-of-state PAC (ID# _____)

ELENA TURRANT

Contributor address; City; State; Zip Code

6200 HUGAN AVE

AUSTIN, TX. 78741

Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/11

Full name of contributor

out-of-state PAC (ID# _____)

HERMAN PRAGER

Contributor address; City; State; Zip Code

8600 RR 620 N. # 210

AUSTIN, TX. 78726

Amount of contribution (\$)

25.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor

out-of-state PAC (ID# _____)

STELLA MONREAL

Contributor address; City; State; Zip Code

9610 VOGUE LN.

HOUSTON, TX. 77080

Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/11

5 Full name of contributor out-of-state PAC (ID# _____)

RAYMOND M. LOPEZ

6 Contributor address; City; State; Zip Code

6104 CLUB TERRACE
AUSTIN, TX. 78741

7 Amount of contribution (\$)

50.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

CINDA KORTAN

Contributor address; City; State; Zip Code

152 TRANQUILITY MTN.
BUDA, TX. 78610

Amount of contribution (\$)

20.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/11

Full name of contributor out-of-state PAC (ID# _____)

DANNY PENA

Contributor address; City; State; Zip Code

14525 SANDIFER ST.
AUSTIN, TX. 78725

Amount of contribution (\$)

30.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

DANNY PENA

Contributor address; City; State; Zip Code

14525 SANDIFER ST.
AUSTIN, TX. 78725

Amount of contribution (\$)

40.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/11

Full name of contributor out-of-state PAC (ID# _____)

DONNA B. MCCORMICK

Contributor address; City; State; Zip Code

5703 SHOALWOOD AVE
AUSTIN, TX. 78756

Amount of contribution (\$)

10.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/19/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY IUV	7 Amount of contribution (\$) 10.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 506 W. 42ND ST. AUSTIN, TX. 78751		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Labuda	Amount of contribution (\$) 150.-	In-kind contribution description (if applicable) PROVIDED P.A. SYSTEMS FOR FUNDRAISER
Contributor address; City; State; Zip Code 11803 KNOLL PARK DR. AUSTIN, TX. 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Callis	Amount of contribution (\$) 150.-	In-kind contribution description (if applicable) PROVIDED KIDS BOUNCIE HOUSE FOR FUNDRAISER
Contributor address; City; State; Zip Code 7702 PALACIOS DR. AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN C. CALLIS	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7702 PALACIOS DR. AUSTIN, TX. 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Gonzalez	Amount of contribution (\$) 150.-	In-kind contribution description (if applicable) Room Rental fee FOR FUNDRAISER
Contributor address; City; State; Zip Code 1111 RED RIVER AUSTIN, TX. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Guadalupe Zamora 6 Contributor address; City; State; Zip Code 128 BIRNAM CT. AUSTIN, TX. 78746	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARMANDINA CASTANODA Contributor address; City; State; Zip Code 418 MESA DR Del Valle, Tx. 78617	Amount of contribution (\$) 20.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRAVIS County Sheriff's Association PAC Contributor address; City; State; Zip Code P.O. Box 14025 AUSTIN, TX. 78714	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRAVIS County United Sheriff's Officers Association Contributor address; City; State; Zip Code 508 West 14th ST. AUSTIN, TX. 78701	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tiffany Berry-Johnson Contributor address; City; State; Zip Code 4002 Louise Lee DR AUSTIN, TX. 78725	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 1,000. —

5 Date of loan

8/8/11

7 Name of lender

CARLOS B. LOPEZ

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,000. —

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

4330 Bull Creek Rd. # 5123
Austin, Tx. 78731

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Chief Deputy Constable

13 Employer (See Instructions)

Travis County

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/15/11	5 Payee name United States Post Office	
6 Amount (\$) 34.-	7 Payee address; City; State; Zip Code 3507 N. LAMAR Austin, Tx. 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Po. Box Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/21/11	Payee name United States Post Office	
Amount (\$) 7.92	Payee address; City; State; Zip Code 510 Guadalupe St. Austin, Tx. 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/23/11	Payee name United States Post Office	
Amount (\$) 15.84	Payee address; City; State; Zip Code 7310 Manchaca Rd. Austin, Tx 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/11	Payee name United States Post Office	
Amount (\$) 15.84	Payee address; City; State; Zip Code 3507 N. LAMAR Austin, Tx. 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/1/11	5 Payee name United States Post office
6 Amount (\$) 7.92	7 Payee address; City; State; Zip Code 3507 N-LAMAR Austin, Tx. 78705

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) STAMPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/27/11	Payee name United States Post office
Amount (\$) 52.80	Payee address; City; State; Zip Code 202 W. FKARD ST. HENRIETTA, TX. 76365

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) STAMPS
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 8/18/11	Payee name SEARS
Amount (\$) 113.65	Payee address; City; State; Zip Code 12625 N-IH35 Austin, Tx. 78751

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Photos for Printing
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 8/29/11	Payee name OFFICE MAX
Amount (\$) 16.22	Payee address; City; State; Zip Code 907 W-5th ST. Austin, Tx. 78703

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) NAME Badge
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/11		5 Payee name OFFICE MAX			
6 Amount (\$) 27.59		7 Payee address; City; State; Zip Code 907 W. 5TH ST. AUSTIN, TX. 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) NAME TAGS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/23/11		Payee name OFFICE MAX			
Amount (\$) 74.47		Payee address; City; State; Zip Code 4615 N. LAMAR BLVD. AUSTIN, TX. 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) INK CARTRIDGES FOR PRINTING LETTERS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/30/11		Payee name SPRINT			
Amount (\$) 262.54		Payee address; City; State; Zip Code 6406 N. IH 35 #2520 AUSTIN, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE Overhead		Description (If travel outside of Texas, complete Schedule T) phone for campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/11		Payee name HEB			
Amount (\$) 26.40		Payee address; City; State; Zip Code 5808 BURNET RD AUSTIN, TX. 78756			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) STAMPS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Carlos B. Lopez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11/17/11</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>103.54</i>	7 Payee address; City; State; Zip Code <i>701 Capitol of Tx. Hwy Westlake hills, Tx. 78746</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Brisket for BBQ FUNDRAISER</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/18/11</i>	Payee name <i>HEB</i>	
Amount (\$) <i>27.42</i>	Payee address; City; State; Zip Code <i>1000 E. 41st St. Austin, Tx. 78751</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food items for BBQ fundraiser</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/6/11</i>	Payee name <i>SERRANOS</i>	
Amount (\$) <i>607.16</i>	Payee address; City; State; Zip Code <i>1111 Red River Austin, Tx. 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for Campaign Kickoff</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/14/11</i>	Payee name <i>CHECKMARK Typesetting</i>	
Amount (\$) <i>714.45</i>	Payee address; City; State; Zip Code <i>3217 N. IH35 Austin, Tx. 78722</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Printing-CARDS, letterhead, banner</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/7/11	5 Payee name TEXAS TEES, ETC.	
6 Amount (\$) 187.81	7 Payee address; City; State; Zip Code 223 W. ANDERSON LN. #A102 AUSTIN, TX. 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) T-shirts w/logo
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 11/8/11	Payee name OFFICE MAX	
Amount (\$) 11.04	Payee address; City; State; Zip Code 907 W. 5th ST. AUSTIN, TX. 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CARDSTOCK
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 11/18/11	Payee name SAMS	
Amount (\$) 161.12	Payee address; City; State; Zip Code 4970 Hwy. 290 W. AUSTIN, TX. 78735	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) Food items for BBQ FUNDRAISER
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 11/19/11	Payee name GEORGE RIOS	
Amount (\$) 100. ⁰⁰	Payee address; City; State; Zip Code 904 Valley Glen Cv. Pflugerville, Tx. 78660	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) MUSIC ENTERTAINMENT FOR FUNDRAISER
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date 12/7/11	5 Payee name TRAVIS County Democratic Party
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6 Amount (\$) 1,000.-	7 Payee address; City; State; Zip Code 1311 E. 6th ST. AUSTIN, TX. 78702
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing fee
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/7/11	Payee name TRAVIS County Democratic Party
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Amount (\$) 1,200.-	Payee address; City; State; Zip Code 1311 E. 6th ST. AUSTIN, TX. 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) TRAVIS County Filing Dinner
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Carlos B. Lopez	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	--

4 Date 8/12/11	5 Payee name OFFICE MAX
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6 Amount (\$) 15.13	7 Payee address; City; State; Zip Code 907 W. 5th ST. Austin, Tx. 78703
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) NAME TAG
--------------------------	--	--

Date 9/1/11	Payee name OFFICE MAX
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Amount (\$) 45.53	Payee address; City; State; Zip Code 907 W. 5th ST. Austin, Tx. 78703
-----------------------------	---

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event / Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) office supplies, envelopes, labels
------------------------	--	--

Date 9/15/11	Payee name OFFICE MAX
------------------------	---------------------------------

Amount (\$) 16.24	Payee address; City; State; Zip Code 907 W. 5th ST. Austin, Tx. 78703
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Invitations for event-kickoff
------------------------	---	---

Date 10/6/11	Payee name PARTY CITY
------------------------	---------------------------------

Amount (\$) 30.97	Payee address; City; State; Zip Code 5601 Brodie Ln. Austin, Tx. 78745
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Decorations, Balloons for kick off
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6/11		5 Payee name PARTY CITY			
6 Amount (\$) 19.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 5601 BRODIE LN. AUSTIN, TX. 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) Decorations for Kick off	
Date 10/29/11		Payee name IN TUNE GUITAR PICKS INC.			
Amount (\$) 121.- <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 941 ONLEY, VA 23418			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CUSTOM PRINTED GUITAR PICKS	
Date 10/17/11		Payee name COSTCO			
Amount (\$) 94.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10401 Research Blvd. AUSTIN, TX. 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT / FUNDRAISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) SODAS, WATER, CLEANING SUPPLIES FOR BBQ	
Date 11/17/11		Payee name COSTCO			
Amount (\$) 32.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4301 W. WM. CANNON AUSTIN, TX. 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT / FUNDRAISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) BEANS, CRACKNS, SNACKS FOR BBQ EVENT	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Carlos B. Lopez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/6/11	5 Payee name HEB
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6 Amount (\$) 28.96	7 Payee address; City; State; Zip Code 1000 E. 41st Austin, Tx. 78751
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAKE FOR EVENT
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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