

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7895

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:** 6

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR. FIRST: CARLOS MI: B.
NICKNAME: LAST: SUFFIX:
LOPEZ

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4330 Bull Creek Rd. #3123, Austin, TX. 78731
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (512) PHONE NUMBER: 334-9615 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. FIRST: CARLOS MI: B.
NICKNAME: LAST: SUFFIX:
LOPEZ

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4330 Bull Creek Rd. #3123, Austin, TX. 78731
(residence or business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512) PHONE NUMBER: 334-9615 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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 1 / 1 / 2012 THROUGH Month Day Year: 6 / 30 / 2012

11 ELECTION
ELECTION DATE: Month Day Year: 11 / 6 / 2012
ELECTION TYPE: Primary Runoff General Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known):
Travis County Constable Precinct Five

OFFICE USE ONLY

Date Received: 2012 JUL 19 PM 3:40

Date Hand Delivered or Postmarked:

Receipt #:

Date Processed:

Date Imaged:

FILED FOR RECORD
Dana DeBeauvoir
County Clerk
Travis County, Texas

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

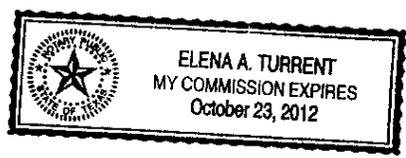
14 C/OH NAME CARLOS B. LOPEZ 15 ACCOUNT # (Ethics Commission Filers)

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.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>CARLOS LOPEZ CAMPAIGN</u>
		COMMITTEE ADDRESS
		<u>P.O. BOX 30015 AUSTIN, TX. 78703</u>
		COMMITTEE CAMPAIGN TREASURER NAME
		<u>CARLOS B. LOPEZ</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		<u>4330 Bull Creek Rd. #3123 AUSTIN, TX. 78731</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,100</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>110.-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,370.-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2913.85</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 B. LOPEZ, this the 12th day of July, 2012, to certify which, witness my hand and seal of office.

Elena A. Turrent ELENA A. TURRENT
Signature of officer administering oath Printed name of officer administering oath 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: <u>1</u>
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2 FILER NAME <u>CARLOS B. LOPEZ</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>2/28/12</u>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>11114</u>) <u>AFSME-AFL-CIO</u>	7 Amount of contribution (\$) <u>1,000.-</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1625 L. ST. N.W WASHINGTON, DC 20036</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <u>4/24/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID MAHLER</u>	Amount of contribution (\$) <u>100.-</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 68 WEST, TX. 76691</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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

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	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/2/12	5 Payee name AUSTIN TEJANO DEMOCRATS
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6 Amount (\$) 100.-	7 Payee address; City; State; Zip Code 2544 STOUTWOOD AUSTIN, TX. 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Political AD
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/12	Payee name Black Austin Democrats
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Amount (\$) 100.-	Payee address; City; State; Zip Code P.O. Box 212 AUSTIN, TX. 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) BAD FUNDRAISER
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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 5/1/12	Payee name Capital Area Progressive Democrats
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Amount (\$) 60.-	Payee address; City; State; Zip Code P.O. Box 413 AUSTIN, TX. 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) CAPD FUNDRAISER
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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 5/9/12	Payee name MARIA CANCHOLA
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Amount (\$) 50.-	Payee address; City; State; Zip Code 1900 EASTSIDE DR. AUSTIN, TX. 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution By Candidate	Description (If travel outside of Texas, complete Schedule T) Political Fundraiser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MARIA CANCHOLA	Office sought Constable Pct. 4	Office held Constable Pct. 4
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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	2 FILER NAME Carlos B. Lopez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/2/12	5 Payee name Carlos B. Lopez
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6 Amount (\$) 1,000.-	7 Payee address; City; State; Zip Code 4330 Bull Creek Rd. #3123 Austin, Tx. 78731
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Repayment	(b) Description (If travel outside of Texas, complete Schedule T) Loan Repayment
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9 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
-----------------------------------------------------	-------------------------------	---------------	-------------

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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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
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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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/12/12		5 Payee name I CONTACT CORP.			
6 Amount (\$) 60.- <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 5221 PARAMOUNT PKWY. #200 MORRISVILLE, NC 27560			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OTHER-EMAIL SERVICE		(b) Description (If travel outside of Texas, complete Schedule T) EMAIL SERVICE FEES	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
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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