

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7966

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em;">4</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI CARLOS ..... B NICKNAME LAST SUFFIX Lopez	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received                      Date Hand-delivered or Postmarked                      Receipt Amount                      Date Processed                      Date Imaged  <div style="float: right; text-align: center;">                         2012 OCT 10 PM 2:24                          FILED FOR RECORD                          Travis County Clerk                          Travis County, Texas                          Data Department                     </div> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 300115 Austin, Tx. 78703		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 334-9615		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI CARLOS ..... B NICKNAME LAST SUFFIX Lopez		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4330 Bull Creek Dr. #3123 Austin, Tx. 78731		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 334-9615		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 7 / 1 / 2012    9 / 27 / 2012		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 6 / 2012		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> TRAVIS County Constable Precinct Five	

**GOTO 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"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>  <input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
		<u>Carlos Lopez Campaign</u>
		<b>COMMITTEE ADDRESS</b>
		<u>P.O. Box 300115 Austin, Tx. 78703</u>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<u>Carlos B. Lopez</u>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
		<u>4330 Bull Creek Rd. # 3123 Austin, Tx. 78731</u>

<b>17 CONTRIBUTION TOTALS</b>	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>0</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>255.-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,255.-</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,668.85</u>
<b>OUTSTANDING LOAN TOTALS</b>	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 \_\_\_\_\_, this the 10<sup>th</sup> day of October, 20 12, to certify which, witness my hand and seal of office.

Elena A. Turrent  
Signature of officer administering oath

ELENA A. TURRENT  
Printed name of officer administering oath

NOTARY.  
Title of officer administering oath

**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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME CARLOS B. LOPEZ	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/15/12	<b>5</b> Payee name I CONTACT CORP.
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<b>6</b> Amount (\$) 30.-	<b>7</b> Payee address; City; State; Zip Code 5221 PARAMOUNT PKWY #200 MORRISVILLE, NC 27560
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EMAIL SERVICE	(b) Description (If travel outside of Texas, complete Schedule T) EMAIL SERVICE FEES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/13/12	Payee name United States Postal Service
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Amount (\$) 35.-	Payee address; City; State; Zip Code 3507 N. LAMAR AUSTIN, TX. 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) P.O. BOX RENTAL
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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 9/11/12	Payee name CAPITAL AREA PROGRESSIVE DEMOCRATS
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Amount (\$) 10.-	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) OTHER - MEMBERSHIP DUES	Description (If travel outside of Texas, complete Schedule T) Club membership Dues
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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 9/13/12	Payee name TRAVIS COUNTY DEMOCRATIC PARTY
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Amount (\$) 100.-	Payee address; City; State; Zip Code 1311 E. 6th St. AUSTIN, TX. 78762
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) 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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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: <b>2</b>	2 FILER NAME <b>CARLOS B. LOPEZ</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9/12/12</b>	5 Payee name <b>STONEWALL DEMOCRATS OF AUSTIN</b>
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6 Amount (\$) <b>30.-</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 40898 AUSTIN, TX. 78704</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OTHER membership Dues</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>club membership dues</b>
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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 <b>9/17/12</b>	Payee name <b>ADAN BALLESTEROS</b>
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Amount (\$) <b>50.-</b>	Payee address; City; State; Zip Code <b>P.O. BOX 710 Pflugerville, Tx. 78691-0710</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION</b>	Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ADAN BALLESTEROS</b>	Office sought <b>TRAVIS COUNTY CONSTABLE, Pct. 2</b>	Office held <b>SAME</b>
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Date <b>9/20/12</b>	Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>
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Amount (\$) <b>1000.-</b>	Payee address; City; State; Zip Code <b>1311 E. 6th ST. AUSTIN, TX. 78702</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</b>	Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER</b>
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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
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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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