CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7977

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: 3

OFFICE USE ONLY

Date Received

FILED FOR RECORD 2012 OCT 29 PM 11 55 Dana DeBeauvoir County Clerk Travis County, Texas

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR FIRST: CARLOS MI: B

NICKNAME LAST: LOPEZ SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 300115
Austin, Tx. 78703

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: LOPEZ SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4330 Bull Creek Dr. #3123 Austin, Tx. 78731

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: 9 / 28 / 2012 THROUGH Month Day Year: 10 / 27 / 2012

11 ELECTION

ELECTION DATE Month Day Year: 11 / 6 / 2012

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): TRAVIS COUNTY CONSTABLE PRECINCT FIVE

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.

COMMITTEE TYPE

- [x] 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	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 10.—
4.	**TOTAL POLITICAL EXPENDITURES**	$ 10.—
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1648.85
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
CINDA KORTAN
MY COMMISSION EXPIRES
January 31, 2015

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 29th day of Oct., 20 12, to certify which, witness my hand and seal of office.

CKortan	Cinda Kortan	notary
Signature of officer administering oath	Printed name of officer administering oath	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/2/2012	5 Payee name ICONTACT CORP.	
6 Amount ($) 10.-	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) EMAIL SERVICE	(b) Description (If travel outside of Texas, complete Schedule T) EMAIL SERVICE FEES
9 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	
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	
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

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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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED