

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8031

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:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR FIRST MI
NICKNAME LAST SUFFIX
Carlos B.
Lopez

OFFICE USE ONLY

Date Received
2013 JAN 15 PM 3:39
Dana DeBeauvoir
County Clerk
Travis County Texas
FILED FOR RECORD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10305 James Ryan Way, Austin, Tx. 78730

change of address

Date Hand delivered or Postmarked

Receipt # Amount

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 334-9615

Date Processed

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST MI
NICKNAME LAST SUFFIX
Carlos B.
Lopez

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10305 James Ryan Way, Austin, Tx. 78730

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 334-9615

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 THROUGH Month Day Year
10 / 28 / 12 12 / 31 / 12

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)
Travis County Constable
Precinct Five

13 OFFICE SOUGHT (if known)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 167.66

4. TOTAL POLITICAL EXPENDITURES

\$ 417.66

CONTRIBUTION
BALANCE

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

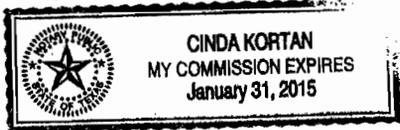
\$ 1,241.19

OUTSTANDING
LOAN TOTALS

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

\$ 0

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 15th day of Jan, 20 13, to certify which, witness my hand and seal of office.

C Kortan

Signature of officer administering oath

Cinda Kortan

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.

1 Total pages Schedule F: 2	2 FILER NAME Carlos B. Lopez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-30-2012	5 Payee name Capital Area Progressive Democrats	
6 Amount (\$) 10.-	7 Payee address; City; State; Zip Code P.O. Box 413 Austin, Tx. 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other-Dues	(b) Description (If travel outside of Texas, complete Schedule T) Dues for Membership
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-30-12	Payee name TRAVIS County Democratic Party	
Amount (\$) 250.-	Payee address; City; State; Zip Code 1311 E. 6th St. Austin, Tx. 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-2-12	Payee name I Contact	
Amount (\$) 10.-	Payee address; City; State; Zip Code 2450 Perimeter Park Dr., Ste. 105 MORRISVILLE, NC 27560	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Internet Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-4-12	Payee name I Contact	
Amount (\$) 10.-	Payee address; City; State; Zip Code 2450 Perimeter Park Dr. Ste 105 MORRISVILLE, NC 27560	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Internet Service
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)

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1 Total pages Schedule F: 2	2 FILER NAME Carlos B. Lopez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-21-12	5 Payee name Worley Printing
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6 Amount (\$) 61.70	7 Payee address; City; State; Zip Code 3217 N. IH35 Austin, Tx. 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Invite to Swear in
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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 12-27-12	Payee name USPS
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Amount (\$) 27.00	Payee address; City; State; Zip Code 3903 S. Congress Austin, Tx. 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE	Description (If travel outside of Texas, complete Schedule T) Stamps
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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 12-31-12	Payee name HEB
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Amount (\$) 48.96	Payee address; City; State; Zip Code 1000 E. 41st St. Austin, Tx. 78751
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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) Swear in Reception
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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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