

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8233

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: <span style="font-size: 2em; font-weight: bold;">4</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: CARLOS MI: B NICKNAME: LOPEZ LAST: SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: 2014 JAN 15 PM 2:15 Date Hand-delivered or Postmarked: Receipt # / Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 10305 JAMES RYAN WAY AUSTIN, TX. 78730		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 334-9615		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: CARLOS MI: B NICKNAME: LOPEZ LAST: SUFFIX:		
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	<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    THROUGH    Month Day Year 7 / 1 / 2013    12 / 31 / 2013		
11 ELECTION	ELECTION DATE: Month Day Year    ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) TRAVIS County Constable Pet 5	13 OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Carlos B. Lopez **15 ACCOUNT # (Ethics Commission Filers)**

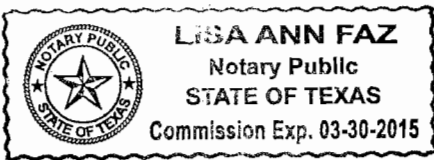
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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 type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 375.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 675.-
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 425.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 960.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 757.26
<b>OUTSTANDING LOAN TOTALS</b>	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 Lopez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Lopez, this the 15 day of January, 2014, to certify which, witness my hand and seal of office.

Lisa Ann Faz Lisa Ann Faz Admin. Associate  
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:

2 FILER NAME

**Carlos B. Lopez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/18/2013

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

**Jessica Mangrum**

6 Contributor address: City; State; Zip Code

2105 WORDSWORTH, UNIT B  
AUSTIN, TX. 78704

7 Amount of contribution (\$)

100.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**LAWYER**

10 Employer (See Instructions)

Date

10/18/2013

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

**BRUCE ELFANT**

Contributor address: City; State; Zip Code

4522 AVE F, AUSTIN, TX. 78751

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Tax Assessor Collector**

Employer (See Instructions)

**TRAVIS County**

Date

10/23/2013

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

**Cecilia Bueke**

Contributor address: City; State; Zip Code

6500 SANTADINA CV, AUSTIN, TX. 78731

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

Date

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

Contributor address: City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address: City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 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: 1		2 FILER NAME CARLOS B. LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/13		5 Payee name HERB EVANS			
6 Amount (\$) 100.-		7 Payee address; City; State; Zip Code 1302 West Ave., Austin, TX. 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Herb EVANS		Office sought Travis County J. P. pct 5	
Date 9/24/13		Payee name Blue Knights 13			
Amount (\$) 150.-		Payee address; City; State; Zip Code P.O. Box 746, Bastrop, TX. 78602			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule T) Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/13		Payee name Costco, Inc			
Amount (\$) 160.22		Payee address; City; State; Zip Code 4301 W. WM. CAMERON, Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense Fundraiser		Description (If travel outside of Texas, complete Schedule T) Fundraiser Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/13		Payee name Vista Print			
Amount (\$) 125.46		Payee address; City; State; Zip Code 395 Olive Ave, Vista, CA 92083			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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