

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8400

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: **7**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST NICKNAME LAST MI SUFFIX <p style="text-align: center; font-size: 1.2em;">Carlos Lopez</p>	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">10305 James Ryan Way Austin, Tx. 78730</p>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 334-9615</p>
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST NICKNAME LAST MI SUFFIX <p style="text-align: center; font-size: 1.2em;">Carlos Lopez</p>	
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">10305 James Ryan Way Austin, Tx. 78730</p>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 334-9615</p>
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9 REPORT TYPE	<input 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 checked="" 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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="text-align: center; font-size: 1.2em;">1 / 1 / 2014 THROUGH 6 / 30 / 2014</p>
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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
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12 OFFICE OFFICE HELD (if any) <p style="text-align: center; font-size: 1.2em;">Travis County Constable, Pct. 5</p>	13 OFFICE SOUGHT (if known)
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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

\$ 1967.-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,592.-

EXPENDITURE
TOTALS

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

\$ 502.-

4. TOTAL POLITICAL EXPENDITURES

\$ 2890.-

CONTRIBUTION
BALANCE

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

\$ 3201.-

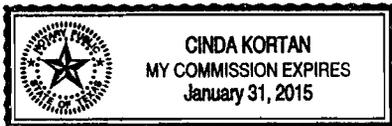
OUTSTANDING
LOAN TOTALS

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

\$ 2650.-

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 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Cinda Kortan

Cinda Kortan

notary

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: 1

2 FILER NAME CARLOS B. LOPEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date 2/26/14
 5 Full name of contributor out-of-state PAC (ID#: _____)
R. Aaron Mueller
 6 Contributor address; City; State; Zip Code
605 W. 10th ST., Austin, Tx. 78701

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)
ATTORNEY

10 Employer (See Instructions)
SELF

Date 3-2-14
 Full name of contributor out-of-state PAC (ID#: _____)
RAYMOND B. LOPEZ
 Contributor address; City; State; Zip Code
1206 LOMA DR., AUSTIN, TX. 78741

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)

Date 2-28-14
 Full name of contributor out-of-state PAC (ID#: _____)
JONATHAN SHEINBERG
 Contributor address; City; State; Zip Code
5856 Bee Cave Rd, ste. m-300
 Austin, Tx. 78746

Amount of contribution (\$) 250.-
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Medical Doctor

Employer (See Instructions)
Self

Date 2-28-14
 Full name of contributor out-of-state PAC (ID#: _____)
SANDRA TENORIO
 Contributor address; City; State; Zip Code
373 Tobin Dr., Buda, Tx. 78610

Amount of contribution (\$) 75.-
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-1-14
 Full name of contributor out-of-state PAC (ID#: _____)
JIM STONE
 Contributor address; City; State; Zip Code
10309 JAMES RYAN WAY
 AUSTIN, TX. 78730

Amount of contribution (\$) 100.-
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Independent bank mortgage

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME CARLOS B. Lopez		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 2,650.-
5 Date of loan 2-27-14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS B. Lopez	9 Loan Amount (\$) 2650.-
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 10305 James Ryan Way, Austin, Tx. 78730	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) TRAVIS Co. Constable		13 Employer (See Instructions) TRAVIS County
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: <i>2</i>	2 FILER NAME <i>CARLOS B. LOPEZ</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3-1-14</i>	5 Payee name <i>AUSTIN World of Rentals</i>
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6 Amount (\$) <i>289.95</i>	7 Payee address; City; State; Zip Code <i>5812 TRADE CENTER, AUSTIN, TX. 78744</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Fundraising Tables & Chairs</i>
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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 <i>3-1-14</i>	Payee name <i>Green Mesquite</i>
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Amount (\$) <i>112.90</i>	Payee address; City; State; Zip Code <i>1400 Barton Springs, Austin, Tx. 78704</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>Smoked Meat</i>
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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 <i>2-28-14</i>	Payee name <i>HEB</i>
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Amount (\$) <i>151.56</i>	Payee address; City; State; Zip Code <i>12400 TX. 71, Bee Cave, Tx.</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>Supplies for event</i>
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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 <i>2-27-14</i>	Payee name <i>HEB</i>
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Amount (\$) <i>181.40</i>	Payee address; City; State; Zip Code <i>12400 TX. 71, Bee Cave, Tx.</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FUNDRAISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>MEAT for event</i>
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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: 2	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-2-14	5 Payee name RAY CARGO
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6 Amount (\$) 400.-	7 Payee address; City; State; Zip Code 1502 Cedar Park DR., Cedar Park TX.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUND RAISER	(b) Description (If travel outside of Texas, complete Schedule T) AIR Cargo BAND - Music
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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 3-18-14	Payee name WORLEY PRINTING
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Amount (\$) 490.37	Payee address; City; State; Zip Code 3217 IH35, AUSTIN, TX. 78722
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING Expense	Description (If travel outside of Texas, complete Schedule T) Invites, STATIONARY
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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 1-21-14	Payee name CAPITAL AREA Progressive Democrats
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Amount (\$) 400.-	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) Event Expense	Description (If travel outside of Texas, complete Schedule T) FUNDRAISER Dinner
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME CARLOS B. LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-18-14	5 Payee name Hobby Lobby
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8000 Research Blvd, Austin, Tx. 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
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Date 2-17-14	Payee name Costco
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Amount (\$) 48.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10401 Research Blvd, Austin, Tx. 78759
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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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Date 2-28-14	Payee name Costco
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Amount (\$) 116.- <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10401 Research Blvd., Austin, Tx. 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fund Raising Expense	Description (If travel outside of Texas, complete Schedule T) Food Supplies, sewing
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Date 5-29-14	Payee name HEB
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Amount (\$) 127.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10401 7310 N. 7m 620, Austin, Tx. 78726
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fund Raising Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED