

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8622

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST	MI
	NICKNAME	LAST	SUFFIX
Carlos Lopez		B	
OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Received	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 300115, Austin, Tx. 78703 <input type="checkbox"/> Change of Address		JUL 15 PM 4:16 2015	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Date Postmarked	
AREA CODE PHONE NUMBER EXTENSION (512) 334-9615			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST	MI
	NICKNAME	LAST	SUFFIX
	Jessica MANGRUM		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Receipt #	Amount \$
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2707 Mountain Laurel Dr., Austin, Tx. 78703		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
AREA CODE PHONE NUMBER EXTENSION (512) 203-5014			
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)			
10 PERIOD COVERED			
Month Day Year Month Day Year 1 / 1 / 2015 THROUGH 6 / 30 / 2015			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
3 / 1 / 2016	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)			
TRAVIS County Constable Precinct 5			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Carlos B. Lopez 15 Filer ID (Ethics Commission Filers)

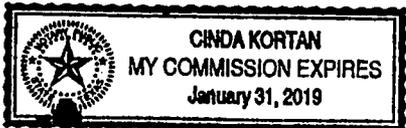
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	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	\$ <u>480.-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2780.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>451.48</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,079.86</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,020.20</u>
OUTSTANDING LOAN TOTALS	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 5, 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 July, 20 15, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>Carlos B. Lopez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Amber Urrutia</i>	7 Amount of contribution (\$) <i>100.-</i>
6 Contributor address; City; State; Zip Code <i>11609 Anatole Ct. Austin, Tx. 78748</i>		
8 Principal occupation / Job title (See Instructions) <i>Court Clerk</i>		9 Employer (See Instructions) <i>Travis County</i>
Date <i>2/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bence Elfant</i>	Amount of contribution (\$) <i>100.-</i>
Contributor address; City; State; Zip Code <i>4522 Ave. F Austin, Tx. 78751</i>		
Principal occupation / Job title (See Instructions) <i>Tax Assessor</i>		Employer (See Instructions) <i>Travis County</i>
Date <i>2/23/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aaron Mueller</i>	Amount of contribution (\$) <i>250.-</i>
Contributor address; City; State; Zip Code <i>605 W. 10th Austin, Tx. 78701</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Granger, Mueller & Wood</i>
Date <i>2/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ann Denkler</i>	Amount of contribution (\$) <i>100.-</i>
Contributor address; City; State; Zip Code <i>6112 Highlandale Dr., Austin, Tx. 78731</i>		
Principal occupation / Job title (See Instructions) <i>Accounting Clerk</i>		Employer (See Instructions) <i>Travis County</i>

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carlos B. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

RAYMOND B. LOPEZ

7 Amount of contribution (\$)

\$ 100.-

6 Contributor address;

City; State; Zip Code

1206 LOMA, AUSTIN, TX. 78741

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

Cecilia Burke

Amount of contribution (\$)

\$ 100.-

Contributor address;

City; State; Zip Code

6500 SANBLIN Cove, AUSTIN, TX. 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jeffrey M. Garcia

Amount of contribution (\$)

\$ 250.-

Contributor address;

City; State; Zip Code

P.O. Box 17428, Austin, TX. 78760

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LINEBARGER, GOGGAW BLAIR & SAMPTON LLP

Date

2/23/15

Full name of contributor

out-of-state PAC (ID#: _____)

Lloyd Doggett

Amount of contribution (\$)

\$ 100.-

Contributor address;

City; State; Zip Code

P.O. Box 5843, Austin, TX. 78763

Principal occupation / Job title (See Instructions)

U.S. Congressman

Employer (See Instructions)

U.S. Congress

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Carlos B. Lopez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CARL DAYWOOD</i>	7 Amount of contribution (\$) <i>\$ 300. -</i>
6 Contributor address; City; State; Zip Code <i>11231 TRACTON LN. AUSTIN, TX. 78739</i>		
8 Principal occupation / Job title (See Instructions) <i>Realtor</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>2/25/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elliott NARSHAT</i>	Amount of contribution (\$) <i>\$ 100. -</i>
Contributor address; City; State; Zip Code <i>6401 Wilbur DR. , AUSTIN, TX. 78757</i>		
Principal occupation / Job title (See Instructions) <i>Tx. State Representative</i>		Employer (See Instructions) <i>State of TEXAS</i>
Date <i>2/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GONZALO BARRIENTOS</i>	Amount of contribution (\$) <i>\$ 100. -</i>
Contributor address; City; State; Zip Code <i>2906 Gem Circle, AUSTIN, TX. 78757</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MARIA CANCHOLA</i>	Amount of contribution (\$) <i>\$ 50. -</i>
Contributor address; City; State; Zip Code <i>1900. Eastside DR. , AUSTIN, TX. 78704</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carlos B. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/15

5 Full name of contributor

out-of-state PAC (ID# _____)

Keith Meckel

7 Amount of contribution (\$)

\$ 100.-

6 Contributor address;

City; State; Zip Code

15209 Decker Lake Rd, Austin, TX. 78653

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/15

Full name of contributor

out-of-state PAC (ID# _____)

Mike Luna

Amount of contribution (\$)

\$ 100.-

Contributor address;

City; State; Zip Code

2304 E. Cesar Chavez, Austin, TX. 78702

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Self

Date

2/28/15

Full name of contributor

out-of-state PAC (ID# _____)

Jessica Mangrum

Amount of contribution (\$)

\$ 250.-

Contributor address;

City; State; Zip Code

2707 Mt. Laurel, Austin, TX. 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/15

Full name of contributor

out-of-state PAC (ID# _____)

Guadalupe Zamora

Amount of contribution (\$)

\$ 200.-

Contributor address;

City; State; Zip Code

2100 E. 6th St., Austin, TX. 78702

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

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
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME CARLOS B. LOPEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 2/29/15	5 Payee name HEB
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6 Amount (\$) 203.-	7 Payee address; City; State; Zip Code 701 Capital of Tx Hwy., Austin TX 78746
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/15	Payee name HEB
------------------------	--------------------------

Amount (\$) 243.35	Payee address; City; State; Zip Code 7301 N. 7m 620, Austin, TX. 78726
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/25/15	Payee name Ace MART
------------------------	-------------------------------

Amount (\$) 122.25	Payee address; City; State; Zip Code 2415 S. Congress, Austin, TX. 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carlos B. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/15	5 Payee name James Stubblefield - Out of The Blue Band	
6 Amount (\$) 450.-	7 Payee address; City; State; Zip Code 219 Cloudview Dr, Austin, Tx. 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-2-15	Payee name Checkmark Typesetting	
Amount (\$) 259.16	Payee address; City; State; Zip Code 8217 N. IH 35, Austin, TX. 78760	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-15-15	Payee name Worley Printing	
Amount (\$) 113.66	Payee address; City; State; Zip Code 3217 N. IH 35, Austin, TX. 78760	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Carlos B. Lopez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-29-15</i>	5 Payee name <i>LA VOZ DE AUSTIN</i>	
6 Amount (\$) <i>125.-</i>	7 Payee address; City; State; Zip Code <i>PO-Box 19457, Austin, Tx. 78760</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	

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