

**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)**

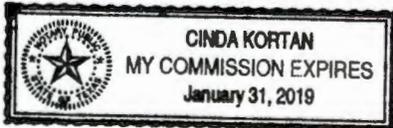
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>555.-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1405.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>226.-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,871.-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1989.-</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 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 14th day of Jan, 20 16, 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

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME CARLOS B. LOPEZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3645.-
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

CARLOS B. LOPEZ

3 Filer ID (Ethics Commission Filers)

4 Date

8/6/15

5 Full name of contributor out-of-state PAC (ID#: _____)

BARBARA DAYWOOD

6 Contributor address; City; State; Zip Code

11231 TRAXTON LN, AUSTIN, TX. 78739

7 Amount of contribution (\$)

500.-

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

Carol Daywood Realtors

Date

8/6/15

Full name of contributor out-of-state PAC (ID#: _____)

Herbert T. EVANS

Contributor address; City; State; Zip Code

1302 West Ave. Austin, Tx. 78701

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

JUDGE - JPS

Employer (See Instructions)

TRAVIS County

Date

11-7-15

Full name of contributor out-of-state PAC (ID#: _____)

Guy HERMAN

Contributor address; City; State; Zip Code

3125 FAIRFAX WALK, AUSTIN, TX 78705

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

JUDGE - PROBATE

Employer (See Instructions)

TRAVIS County

Date

8-13-15

Full name of contributor out-of-state PAC (ID#: _____)

KAREN SONLEITNER

Contributor address; City; State; Zip Code

1112 PASADENA DR, AUSTIN, TX. 73757

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Asst Auditor

Employer (See Instructions)

TRAVIS County

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

2 FILER NAME

CARLOS B. LOPEZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Cecilia Burke

6 Contributor address; City; State; Zip Code

6500 SANTOLIN Cove, Austin, TX. 78731

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 MADE 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 |
| Credit Card Payment | 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 11-14-2015	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY
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6 Amount (\$) 1,000.-	7 Payee address; City; State; Zip Code 1311 E. 6th ST., AUSTIN, TX. 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) filing fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-15	Payee name VISTA PRINT
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Amount (\$) 75.-	Payee address; City; State; Zip Code 95 HAYDEN AVE., LEXINGTON, MA 62421-7942
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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 CARDS FOR MAILING
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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 10-22-15	Payee name CHECKMARK TYPESETTING
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Amount (\$) 509.-	Payee address; City; State; Zip Code 3217 N. IH35, AUSTIN, TX 78760
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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 CAMPAIGN T-SHIRTS
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
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
Credit Card Payment

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: 3		2 FILER NAME CARLOS B. LOPEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 10-7-15		5 Payee name CONSTANT CONTACT			
6 Amount (\$) 115.-		7 Payee address; City; State; Zip Code 17 BATTERY PLACE, New York, NY 10004			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee for email svc.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-30-15		Payee name AUSTIN AFL-CIO			
Amount (\$) 145.-		Payee address; City; State; Zip Code P.O. Box 12727, Austin, Tx. 78711			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-28-15		Payee name CHECKMARK Typesetting			
Amount (\$) 209.-		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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STICKERS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 3		2 FILER NAME CARLOS B. LOPEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 8-12-15		5 Payee name Check MARK Typesetting			
6 Amount (\$) 245.-		7 Payee address; City; State; Zip Code 3217 N. IH 35, Austin, Tx. 78760			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FUNDRAISER invites		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 8-11-15		Payee name Sholtz GARTEN			
Amount (\$) 860.-		Payee address; City; State; Zip Code 1607 SAN JACINTO Blvd, Austin, Tx. 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 7-3-15		Payee name Sholtz GARTEN			
Amount (\$) 487.-		Payee address; City; State; Zip Code 1607 SAN JACINTO Blvd, Austin, Tx. 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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