

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8913

FILED FORM C/OH
COVER SHEET PG 1

2016 JUL 15 PM 4:55
Dana D 14

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Carlos Lopez		B	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 300115, Austin, Tx. 78703		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	334-9615	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Jessica Mangrum			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2707 Mountain Laurel Dr, Austin, Tx. 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	703-5014	
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
	1	1	2016
THROUGH		Month	Day
		6	30
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 8 / 2016		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Travis County Constable, Precinct 5		

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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.

<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>205.-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3585.-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2386.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4029.-</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 _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Carlos B. Lopez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
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	\$

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: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 3-3-16	5 Payee name American Party Rental
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6 Amount (\$) 32.00	7 Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757
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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 1-25-16	Payee name Central Austin Asian Democrats
------------------------	---

Amount (\$) 15.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	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 3-6-16	Payee name TEXAS WRANGLERS
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Amount (\$) 500.-	Payee address; City; State; Zip Code 813 Shady Ln., Austin, Tx. 78702
-----------------------------	---

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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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: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 2-27-14	5 Payee name Randall's
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6 Amount (\$) 76.34	7 Payee address; City; State; Zip Code 9911 Brodie Ln. Austin TX 7874
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
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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 2-27-14	Payee name Randall's
------------------------	--------------------------------

Amount (\$) 83.92	Payee address; City; State; Zip Code 3300 Bee Caves Rd, Austin, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 3-4-14	Payee name American Party Rental
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Amount (\$) 203.27	Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757
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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 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 2-27-14	5 Payee name Randalls
--------------------------	---------------------------------

6 Amount (\$) 43.80	7 Payee address; City; State; Zip Code 9911 Brodie LN, Austin TX 7
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage 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 3-4-14	Payee name American Party Rental
-----------------------	--

Amount (\$) 171.27	Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757
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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 1-26-14	Payee name US Post office
------------------------	-------------------------------------

Amount (\$) 82.00 83.97 <i>cash</i>	Payee address; City; State; Zip Code 3507 N Lamar, Austin TX 78705
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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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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: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 3-4-14	5 Payee name Hudson's meat market
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6 Amount (\$) 83.97	7 Payee address; City; State; Zip Code 1800 S. Congress Ave, Austin TX 78704
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
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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 2-6-14	Payee name TRAVIS County Democratic Party
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Amount (\$) 185.00	Payee address; City; State; Zip Code 1311 E. 6th St, Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	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 1-8-16	Payee name TRAVIS County Democratic Party
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Amount (\$) 270.00	Payee address; City; State; Zip Code 1311 E. 6th St Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 6 2 FILER NAME Carlos B Lopez 3 Filer ID (Ethics Commission Filers)

4 Date 4-27-16 5 Payee name Todo ~~That~~ Austin Magazine

6 Amount (\$) 140.00 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising expenses (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 5-15-16 Payee name Bruce Etfant Campaign

Amount (\$) 100.00 Payee address; City; State; Zip Code 4522 Ave F, Austin TX 78751

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Donation Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 6-23-16 Payee name AFL CIO

Amount (\$) 145.00 Payee address; City; State; Zip Code 1812 Centre Creek Dr. Ste 310, Austin TX 78754

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising expense Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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 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: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 4-2-16	5 Payee name Constant Contact
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6 Amount (\$) 115.08	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising 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
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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 1-25-16	Payee name Go Daddy . Com
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Amount (\$) 89.42	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising 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 1-28-16	Payee name University Democrats
------------------------	---

Amount (\$) 50.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

CARLOS B. LOPEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3-1-16

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

NICK CHU

6 Contributor address; City; State; Zip Code

4403 Ave. C. Austin, Tx 78751

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

Co. Atty

9 Employer (See Instructions)

TRAVIS County

Date

3-22-16

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

Keith Muekel

Contributor address; City; State; Zip Code

5220 C Jim Hogg Ave 78756

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

3-5-16

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

Lisa Harris

Contributor address; City; State; Zip Code

4522 Avenue F, Austin, Tx 78751

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Commercial Title Examiner

Employer (See Instructions)

Date

3-5-16

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

MARIA Crucheta

Contributor address; City; State; Zip Code

1900 Eastside Dr., Austin, Tx. 78704

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Constable Ret. Y

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 FILER NAME

Carlos B. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

2-25-16

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

Linberger, Gossow Blair & Sampson LLP
6 Contributor address; City; State; Zip Code

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

7 Amount of contribution (\$)

250. —

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

2-22-16

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

Austin Tejano Democrats
Contributor address; City; State; Zip Code

2544 Stoutwood Circle, Austin, Tx. 78745

Amount of contribution (\$)

200. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-16

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

Equity 4 Austin MSA
Contributor address; City; State; Zip Code

3571 Farwest Blvd. # 149, Austin Tx. 78731

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-16

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

Robert Perkins
Contributor address; City; State; Zip Code

2633 Deerfoot Trl, Austin, Tx. 78704

Amount of contribution (\$)

500. —

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Retired / Travis Co.

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

3-5-16

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

Jim Stone

7 Amount of contribution (\$)

100.-

6 Contributor address; City; State; Zip Code

10307 James Ryan Way Austin, TX 78730

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-16

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

Jon Sheinberg

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

3608 ATLAS CV., Austin, TX 78730

Principal occupation / Job title (See Instructions)

Cardiologist

Employer (See Instructions)

Self Employed

Date

3-2-16

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

Guy Herman

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

P.O. Box 2561 Austin, TX 78718

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

TRAVIS Co.

Date

3-5-16

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

Jessica Mangrum

Amount of contribution (\$)

100.-

Contributor address; City; State; Zip Code

2707 Mountain Laurel Dr, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Attorney

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

Rafael B. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-16

5 Full name of contributor

Rick Cofer

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

7 Amount of contribution (\$)

100. —

6 Contributor address;

City; State; Zip Code

Austin, Tx.

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Travis County

Date

3-5-16

Full name of contributor

Raymond B. Lopez

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

Amount of contribution (\$)

100. —

Contributor address;

City; State; Zip Code

1206 Loma Dr., Austin, Tx. 78741

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3-5-16

Full name of contributor

Robert Gutierrez

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

Amount of contribution (\$)

100. —

Contributor address;

City; State; Zip Code

430 Grove Ln Georgetown, Tx. 78626

Principal occupation / Job title (See Instructions)

Chief Deputy Constable

Employer (See Instructions)

Travis County

Date

3-2-16

Full name of contributor

Gabriella Rosales

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

Amount of contribution (\$)

500. —

Contributor address;

City; State; Zip Code

5739 Emrose Ter., Dallas, Tx. 75227

Principal occupation / Job title (See Instructions)

Self Employed

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

3-2-16

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

Alfredo Hinojosa

6 Contributor address; City; State; Zip Code

201 N. Harwood St., Dallas, Tx. 75201

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Self Employed

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
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