

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>18</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Carlos</u>	MI <u>B</u>	Date Received Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ <u>350</u>	
	NICKNAME	LAST <u>Lopez</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed Date Imaged		
	5 ORIGINAL PERIOD COVERED				
		Month Day Year <u>1 / 1 / 2016</u> THROUGH	Month Day Year <u>6 / 30 / 2016</u>		

6 EXPLANATION OF CORRECTION
OMMITTED 2 - FI PAGES + NOTORIZATION

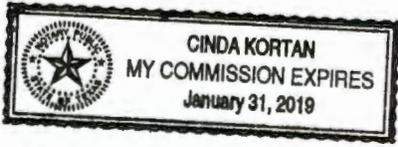
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Carlos B. Lopez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos B. Lopez, this the 18th day of July, 2016, to certify which, witness my hand and seal of office.

Cinda Kortan
Signature of officer administering oath

Cinda Kortan
Printed name of officer administering oath

notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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

GENERAL

N/A

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

\$ 205.-

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

\$ 3585.-

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3326.-

CONTRIBUTION
BALANCE

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

\$ 4029.-

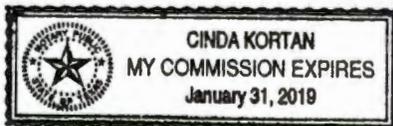
OUTSTANDING
LOAN TOTALS

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

\$ 1,000.-

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Carlos B. Lopez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos B. Lopez, this the 18 day of July, 20 16, to certify which, witness my hand and seal of office.

Cinda 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 <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	\$ 3585.-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3326.-
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:

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#: _____)

Lineberger, Goggan 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 Creek, 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 / Trans 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

Jim Stone

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

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

Jon Sheinberg

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

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

Guy Herman

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

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

A-0 Box 2561 Austin, TX 78718

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

TRANS Co.

Date

3-5-16

Full name of contributor

Jessica Mangrum

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

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.

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: **8** 2 FILER NAME **CARLOS B LOPEZ** 3 Filer ID (Ethics Commission Filers)

4 Date **3-4-16** 5 Payee name **HEB**

6 Amount (\$) **\$177.82** 7 Payee address; City; State; Zip Code **5808 Burnett Rd, Austin TX 78756**

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

Date **3-3-16** Payee name **Costco Wholesale**

Amount (\$) **75.75** Payee address; City; State; Zip Code **10401 Research Blvd, Austin TX 78759**

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

Date **3-3-16** Payee name **Costco Wholesale**

Amount (\$) **300.09** Payee address; City; State; Zip Code **10401 Research Blvd, Austin, TX 78759**

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
-------------------------------	--	---

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	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: 2 FILER NAME **CARLOS B Lopez** 3 Filer ID (Ethics Commission Filers)

4 Date **2-19-14** 5 Payee name **Central Park Post office**

6 Amount (\$) **14.70** 7 Payee address; City; State; Zip Code **3507 N. Lamar Blvd, Austin, TX 78705**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Event expense** (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 **2-10-14** Payee name **Checkmark Typesetting**

Amount (\$) **249.33** Payee address; City; State; Zip Code **3217 N IH 35, Austin, TX 78722**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing 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

Date **3-9-14** Payee name **Specs Liquor Store**

Amount (\$) **122.50** Payee address; City; State; Zip Code **10601 R.R. 620 North, Austin, TX. 78730**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food/Beverage 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:		2 FILER NAME Carlos B Lopez		3 Filer ID (Ethics Commission Filers)	
4 Date 3-3-14		5 Payee name American Party Rental			
6 Amount (\$) 32.00		7 Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-25-16		Payee name Central Austin Asian Democrats			
Amount (\$) 15.00		Payee address; City; State; Zip Code			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-6-16		Payee name TEXAS WRANGLERS			
Amount (\$) 500.-		Payee address; City; State; Zip Code 813 Shroy 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	
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)
--	---------------------------------------	---------------------------------------

4 Date 2-27-14	5 Payee name Randall's
--------------------------	----------------------------------

6 Amount (\$) 76.34	7 Payee address; City; State; Zip Code 9911 Brodie Ln. Austin TX 7874
-------------------------------	---

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
--	-------------------------------	---------------	-------------

Date 2-27-14	Payee name Randall's
------------------------	--------------------------------

Amount (\$) 83.92	Payee address; City; State; Zip Code 3300 Bee Caves Rd, Austin, TX
-----------------------------	--

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
-------------------------------	--	---

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

Date 3-4-14	Payee name American Party Rental
-----------------------	--

Amount (\$) 203.27	Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757
------------------------------	--

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
--	-------------------------------	---------------	-------------

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)	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3-4-14		Payee name American Party Rental			
Amount (\$) 171.27		Payee address; City; State; Zip Code 8717 Burnet Rd, Austin TX 78757			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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			
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 ONLY 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: 6	2 FILER NAME Carlos B Lopez	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date 3-4-14	5 Payee name Hudson's Meat Market
-------------------------	---

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
------------------------------------	--	---

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

Date 2-6-14	Payee name TRAVIS County Democratic Party
-----------------------	---

Amount (\$) 185.00	Payee address; City; State; Zip Code 1311 E. 6th St Austin TX 78702
------------------------------	---

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
-------------------------------	---	---

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

Date 1-8-16	Payee name TRAVIS County Democratic Party
-----------------------	---

Amount (\$) 270.00	Payee address; City; State; Zip Code 1311 E. 6th St Austin TX 78702
------------------------------	---

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
-------------------------------	---	---

Complete <u>ONLY</u> 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)
---	---------------------------------------	---------------------------------------

4 Date 4-27-16	5 Payee name Todo FB 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 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 5-15-14	Payee name Bruce Ertant 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 <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
--	-------------------------------	---------------	-------------

Date 6-23-14	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 <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
--	-------------------------------	---------------	-------------

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)
--	---------------------------------------	---------------------------------------

4 Date 4-2-16	5 Payee name Constant Contact
-------------------------	---

6 Amount (\$) 115.08	7 Payee address; City; State; Zip Code
--------------------------------	--

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
------------------------------------	---	---

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

Date 1-25-16	Payee name Go Daddy . com
------------------------	-------------------------------------

Amount (\$) 89.42	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

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
-------------------------------	---	---

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

Date 1-28-16	Payee name University Democrats
------------------------	---

Amount (\$) 50.00	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

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
-------------------------------	---	---

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

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:

2 FILER NAME

Carlos B. Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-16

5 Full name of contributor

Rick Cofere

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)

Texas Govt

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)

Texas Govt

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 Embrose 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

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

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

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
 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: <u>1</u>
2 FILER NAME <u>CARLOS B. LOPEZ</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>2/4/16</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CARLOS B. LOPEZ</u>	9 Loan Amount (\$) <u>1,000. -</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>P.O. Box 300115, Austin, Tx. 78703</u>	10 Interest rate <u>N/A</u>
		11 Maturity date <u>N/A</u>
12 Principal occupation / Job title (See Instructions) <u>Constable</u>		13 Employer (See Instructions) <u>TRAVIS County</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <u>N/A</u>	19 Amount Guaranteed (\$) <u>N/A</u>
	18 Guarantor address; City; State; Zip Code <u>N/A</u>	
20 Principal Occupation (See Instructions) <u>N/A</u>		21 Employer (See Instructions) <u>N/A</u>
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 (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.