CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First Mr. David	MI G	OFFICE USE ONLY
NAME	Mr. Wickname Last	E	Date Received
	10002	GOLLIX	
4 CANDIDATE/		CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	9521 Kerrwood Ln Houst		
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (346) 351 8407	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. David	SUFFIX	Date Processed
	Lopez		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (346) 351-8407	EXTENSION	
9 REPORT TYPE	January 15 🔀 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	2 / 15 / 2019	THROUGH 3 /	25 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	5/4/19 \(\overline{\mathbb{M}}\) General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))
		SBISD Board of	Trustees 70s.5
	GO TO	PAGE 2	0 4 2019

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
David	Lopez_		
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		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$370,00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 670.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES UNLESS ITEMIZED		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 20.52
	4. TOTAL POLITICAL EXPENDITURES \$ 195		\$195.52
CONTRIBUTION BALANCE		total political contributions maintained as of the last day of reporting period \$599.48	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$300.00		
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. 2400814 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPINES FEB. 7, 2020 Signature of Candidate or Officeholder			
(9.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said David Lopez , this the 4th			
day of April , 20 19 , to certify which, witness my hand and seal of office.			
Diane Dickens Diane Dickens notary			
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	19 FILER NAME 20 Filer ID (Ethics Cor		
	David Lopez		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$ 300.90
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 300.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$\$170.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI RETURNED TO FILER	ONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) David Lopez 5 Full name of contributor ___ out-of-state PAC (ID#:________ Win Henson 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) 3/4/19 \$100.00 706 Brandeis Ave Panama City FL 32405 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Brithney Carza Contributor address; City; State; Zip Code 5415 Cherry Creek Dr. Hauston TX 77017 Employer (5 Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Fernando Nuñez Contributor address; City; State; Zip Code 3/25/19 \$100.00 20130 NW 63rd PL Miami, FL 33015 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 compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
DAVID L	OPE Z		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 300.00
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)
3/5/19	DAVID LOPÉZ		\$300.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate
YN	9521 kernwood Ln Houst	080 FF XT MO	11 Maturity date
12 Principal occupation	Lon / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; State; Zip Code		Interest rate
Y N			Maturity date
Principal occupation	 on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral Check if personal funds were		deposited into political	
none	account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 duide explains now	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
3 4 2019	Facebook Ads		
6 Amount (\$) \$\bigset{\Pi} \mathcal{\O} \cdot \O\cdot \O\cdot \$Peimbursement from political contributions intended}\$	7 Payee address; City; State; Zip Code 1 Facebook Way, Men 10 Pa	ark, CA 940)25
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense.		e of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date 315119	Payee name Folebook Ads		
Amount (\$) ## 55.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Facebook Way, Menlo Pa	ark, CA 940	2 (~
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adventising txpense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
7 Date 3 16 19	Payee name Face book AdS		
Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee address; City; State; Zip Code 1 Facebook Way, M	enlo Pari	k, cA 94075
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		of Texas. Complete Schedule T. ., officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name facebook City; State; Zip Code Facebook way, MenloPArk, CA gyors Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Facebook Amount (\$) Pavee address: City; State; Zip Code 1 Facebook way, Menlo Park, CA 94025 Reimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED