# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The COM Instruction	Culde soulete a bount of the state of	1 Filer ID	2 Total pages filed:
	Guide explains how to complete this form.	(Ethics Commission Filers) 00086159	10
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Gerald B.		Date Received
•			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	01/16/2024
	Lopez		, ,
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	7835 Emerald Elm		December #
Change of Address	San Antonio, TX 78251		Recelpt # Amount
Ш	Gail Antonio, 1X 78251		Date Processed
		·	Date (maged
	<u> </u>		Data inageu
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	:
	NICKNAME LAST	SUFFIX	
		JOFFIA .	·
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS			OWILL ZII DODE
(Residence or Business)	· · · · · · · · · · · · · · · · · · ·		
: 			
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER E	XTENSION	
REPORT			
TYPE	X January 15 30th day before	election . Runoff	15th day after campalgn treasurer
	July 15 8th day before e	lection Exceeded modified Exceeded modified	appointment (officeholder only)  Final Report (Attach C/OH-FR)
PERIOD	Month Day Year	Month Day	Year
COVERED	07/01/2023 TH	ROUGH 12/31/202	
0 ELECTION	ELECTION DATE		
A FEECHON	ELECTION DATE  Month Day Year Pri	ELECTION TYPE  Mary Runoff	
	05/06/2023	<b>—</b>	Other
	<u>  X</u> ]Ge	eneral Special	
1 OFFICE	OFFICE HELD (if any)	12 OCCIDE COLOUR	(if known)
	Trustee Place Seat 2 District NISD Bexar	12 OFFICE SOUGHT  None Place 2 Dis	
	:	TOTAL MODI E	MIGHTATOCHUNIANII
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	GO TO	PAGE 2	
orms provided by Tex	as Ethics Commission www.eth	ics.state.tx.us	Version V3.5.1.0bfcfb67

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH **COVER SHEET PG 2**

			Address of the Parket of the P		20110
3 C / OH NAME	Lopez, Gerald B. (Mr.	)	14 Filer ID 00086159	(Ethics Comm	ission Filers)
5 NOTICE FROM POLITICAL COMMITTEE(S)	anndidate / officeholder	political contributions accepted or political expend These expenditures may have been made without officeholders are required to report this information	ut the candidate's or off	icenolaers knov	vieage or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		-	
Name of Street Control of Stre	GENERAL	COMMITTEE ADDRESS		CONTRACTOR	
	SPECIFIC	SOMMITTEE NOONEGO		. 3	
		COMMITTEE CAMPAIGN TREASURER NAME	Ē		
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS		
		COMMITTEE CAME AGON THE AGON ENGINEERS	5	ia .	-
L6 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	IIZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E	HAN PLEDGES, LOAN ELECTRONICALLY)	s, <b>\$</b>	0.00
	2. TOTAL POLITION	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				232.65
CONTRIBUTION BALANCE					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING LOANS RTING PERIOD	AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pe true and correct and include under Title 15, Election Coo	es all information require	accompanying o	eport is by me
OF OFFI	MARY ANN COLLING Notary Public, State Comm. Expires 12-4 Notary ID 13131	of Texas 29-2025 331-5	Mr. Gerald B. Lopez	Stall Ju	IN B
AFEIV N	OTARY STAMP / SEAL A		e of Carididate of Office	moider /	
			nter at	11-	ā.,.
of Jan	oscribed before me, by the	said <u>(FETCL)</u> d Lope Z certify which, witness my hand and seal of office.	, this the	.10	day
May (	Collins Tou	Mary Collins T	OVOY SE	Creto ficer administeri	ng oath
		4.1		Vorcion	2 5 1 Obfofb6

#### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 3 of 10 18 FILER NAME 19 Filer ID (Ethics Commission Filers) Lopez, Gerald B. (Mr.) 00086159 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. X \$ 0.00 SCHEDULE B: PLEDGED CONTRIBUTIONS Х \$ 0.00 Х SCHEDULE E: LOANS \$ 100.00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS Х \$ 232.65 X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 00,0 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS X \$ 0.00 X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS X \$ 0,00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 1.0. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12, Forms provided by Texas Ethics Commission

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PLEDGED CONTRIBU	TIONS					SCHEDULE B
The Instruction Guide exp	lains how to	comple	te this form.		1 Total pages Sch Sch: 1/1 Rpt:	
FiLER NAME Lopez, Gerald B. (Mr.)					3 Filer ID (E 00086159	thics Commission Filers)
TOTAL OF UNITEMIZED PLEDO	SES				\$	0.00
5 Date 6 Full name of pledgor	out-of-stat	e PAC (ID#:_			8 Amount of pledge (\$)	9 In-kind description (If applicable)
7 Pledgor Address;	City; State;	Zip Code				 
			•			
	- Alleran	·	11 Family of /C		<del></del>	utside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instru	uctions)		11 Employer (Se	ee msuut	ilons)	
					• .	
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•						
Forms provided by Texas Ethics Comm	กเรรเกก	YAWWAY E	thics.state.tx.us	·	<del>4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </del>	Version V3.5.1.0bfcfb6

LOANS					SCHEDULE E
The instruction	on Guide explains how to c	complete this	form.	Sch; 1	ages Schedule E: /1 Rpt: 5/10
Lopez, Gerald E	3. (Mr.)	· :		3 Filer ID 00086	(Ethics Commission Filers) 159
4 TOTAL OF UN	NITEMIZED LOANS	i			\$
5 Date of loan 11/13/2023	7 Name of lender Lopez Sr., Gerald (Mr.)	ut-of-state P/	AC (ID#:		9 Loan Amount (\$) \$100.00
6 Is lender a financial institution?	8 Lender address; City; 7835 Emerald Elm	State;	Zip Code	. ,	10 Interest Rate
	San Antonio, TX 78251	, ,			11 Maturity Date 11/13/2023
Self Employed	on / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	13 Employer (See Instruction Self Employed	ns)	
14 Description of Coll  X None			15 Check if personal funds	were deposited	d into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			· · ·	19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
i i i				:	
20 Principal occupatio	n		21 Employer (See Instruction	ns)	
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orms provided by Te	xas Ethics Commission	www.ethics.	state.tx.us		Version V3.5.1.0bfcfb67

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Contributions/ Bayment	Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/	se /Contract Labor	Travel in District Travel Out of Dis	
_	Credit Card Payment	The Instruction Guide explains	s how to comple		-1-	Pritals - A to to a
1	Total pages Schedule F1:		•	3	Filer ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt; 6/10	Lopez, Gerald B. (Mr.)			00086159	
4	Date	5 Payee name				
	08/09/2023	Academy				
6	Amount (\$)	7 Payee address; City; State	te: Zip Code			
	\$58,44	7523 Northwest Loop 410		•		
			•			
		San Antonio, TX 78245				
8		(a) Category (See Categories listed at the top of this so	chedule) (b)	Description  Check if travel outs	ide of Towns	plete Schedule T
	OF EXPENDITURE	Event Expense	ĺ	Check if travel outs Check if Austin, TX		
	Ì	1		Shoe purchase		
	_	;		, <del></del>		•
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name H	Office sought		Office h	eld
<b> </b>	Date	Payee name		<del>_</del>		
	08/02/2023	EIG*CONSTANTCONTACT.CO	• .	,		<u></u>
Γ	Amount (\$)	Payee address; City, Stat	ite; Zip Code			
	\$21,32	1601 Trapelo RD	,			
		Waltham, MA 02451				
<b> </b>	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b)	Description		
	OF EXPENDITURE	Advertising Expense		Check if travel out		
1				Check if Austin, TO	X, officeholder ilvin	18 avhausa
1	İ	· .		- April 1		•
ļ	Openiting Committee	Considerations and the second	Office are		Office h	- Na
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Onice f	
Γ	Date	Payee name				
	08/16/2023	EIG*CONSTANTCONTACT.CO		·		<u></u>
1	Amount (\$)	Payee address; City; Sta	ate; Zip Code		<del>, , , , , , , , , , , , , , , , , , , </del>	
1	\$21.32	1601 Trapelo RD	;			
1	-	1				
	· · · · · · · · · · · · · · · · · · ·	Waltham, MA 02451				
Γ	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b)	) Description		malata Pahadada w
1	OF EXPENDITURE	Advertising Expense		Check if travel out Check if Austin, To	itside of Texas, Cor "X, officeholder livir	
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H	Complete ONLY if direct	Candidate/Officeholder name	Office sought	t	Office h	neld
	expenditure to benefit C/O	ਮਾ				
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#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, Total pages Schedule F1: 2 FILER NAME (Ethics Commission Filers) Filer ID Sch: 2/5 Rpt: 7/10 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 09/09/2023 EIG\*CONSTANTCONTACT.CO 6 Amount (\$) Payee address: City; State; Zip Code \$21.32 1601 Trapelo RD Waltham, MA 02451 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. 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 10/16/2023 EIG\*CONSTANTCONTACT.CO Amount (\$) Payee address; State; Zip Code \$21.32 1601 Trapelo RD Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas, Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense **Eblast** Complete **ONLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/04/2023 Exxon Amount (\$) Payee address; City: State; Zip Code \$9.35 7880 Culebra rd san antonio, TX 78251 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense for travel in district Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Consulting Expense Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Legal Services · The Instruction Guide explains how to complete this form, (Ethics Commission Filers) Filer ID Total pages Schedule F1: 2 FILER NAME 00086159 Sch: 3/5 Rpt: 8/10 Lopez, Gerald B. (Mr.) 4 Date Payee name 07/08/2023 Frost Bank State: Zlp Code Payee address: City; Amount (\$) 7914 Culebra Rd \$8,00 San Antonio, TX 78251 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check If Austin, TX, officeholder living expense Monthly Service Charge Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/07/2023 Frost Bank State; Zip Code Amount (\$) Payee address; City; 7914 Culebra Rd \$8.00 San Antonio, TX 78251 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Monthly Service fee Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/08/2023 Frost Bank State; Zip Code Payee address; City; Amount (\$) 7914 Culebra Rd \$8.00 San Antonio, TX 78251 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly Service Charge Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F1 EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Glt/Awards/Memorials Expense Travel Out of District Legal Services Credit Card Payment Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 9/10 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 09/09/2023 Frost Bank 6 Amount (\$) Payee address; City; State; Zip Code \$8,00 7914 Culebra Rd #100 San Antonio, TX 78251 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description OF Fees Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly Service Charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/06/2023 Frost Bank Amount (\$) Payee address; City; State; Zip Code \$8,00 7914 Culebra Rd #100 Sari Antonio, TX 78251 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Fee Complete ONLY If direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2023 Frost Bank Amount (\$) Payee address; State; Zip Code \$8.00 7914 Culebra Rd #100 San Antonio, TX 78251 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

			EXPENDITURE	CATEGORIES I						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	Office Polling xoense Printir	Overhead g Expense ng Expense	e	Transport Travel in E Travel Ou	District t of District	Related Expense	
	Candidate/Officeholder/Political Credit Card Payment	a Committee	Legal Services The Instruction Guid		-	Contract Labor te this form.	OTHER (	enter a category n	mi natori adove)	
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**	Date 08/03/2023	5 Payee name	ie S MEXICAN GRILL	<del>.</del> .				· · ·		
6	Amount (\$)	7 Payee addr	ress; City;	State: Zip	Code					
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		San Antor	nio, TX 78251				<u> </u>			
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<u> </u> -	Amount (\$)	Payee add		State; Zip	Code	· · · · · · · · · · · · · · · · · · ·	·			
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	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Food/Bev Candidate/C DH	verage Expense  Officeholder name	Office	sought	Check if Aust	tin, TX, officehold	er living expense		
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