		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Palest	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME BOLL	LAST Blowf	SUFFIX 5/	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO FOX	x; APT/SUITE #; C Sunnyview 7.1/	CITY: STATE: ZIP CODE  SON AND TO 253	
Change of Address			<u> </u>	
5 CANDIDATE/ OFFICEHOLDER PHONE	(2/0)	334-1370	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	Savd a	SUFFIX	Date Processed  Date Imaged
		Sandovol		
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / SI INNYVIEW T/S	SUITE #; San Antonio	STATE; ZIP CODE  78253
(Residence or Business)				· · · · · · · · · · · · · · · · · · ·
8 CAMPAIGN TREASURER PHONE	(2/0)	6 43 -3 30 0	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O7	Day Year	THROUGH 17	Day Year  / 31 /22
11 ELECTION	ELECTION DAY	Year Primary General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (If any)	ruda #4	13 OFFICE SOUGHT (if known)	)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	CEHOLDER, THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
<u>                                     </u>	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		American Ame	·	
15 C/OH NAME	bet Bloud	-, 5 <sub>1</sub>	16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, ŁO	MIZED POLITICAL CONTRIBU ANS, OR GUARANTEES OF LO INS MADE ELECTRONICALLY	DANS, OR	* Ø
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$ \$
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITU	RE.	\$ \d
. , ,	4. TOTAL POLIT	ICAL EXPENDITURES		\$ <b>\( \psi \)</b>
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF REPORTING	CAL CONTRIBUTIONS MAINTA 3 PERIOD	INED AS OF THE LAST DA	Υ \$ <b>φ</b>
OUTSTANDING LOAN TOTALS		PALAMOUNT OF ALL OUTSTA THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ \$
		lity of perjury, that the accomunder Title 15, Election Code.	panying report is true and	correct and includes all information
			MILL	1
		4	Signature of Candida	nte or Officeholder
			,	
*	Ple	ase complete eithe	r option below:	
,		,	•	
			•	
(1) Affidavit				
(-7.				
NOTARY STAMP/SEAL				•
Sworn to and subscribed	efore me by		this the	day of
			dia die	day or,
20, to certify	hich, witness my hand and	seal of office.		
Signature of officer administer	ng oath Pri	nted name of officer administerin	g oath	Title of officer administering oath
		OR		
(2) Unsworn Declaration	1			
My name is Robe	- Blount, Ja	and	d my date of birth is	131/59
My address is	8 Sungian	TAI SGA	r Hartunio, IX	78283 Dexcr.
•	(street)		(city) (state)	
Executed in 6 exc	County, State of _	10x6/ , on the	day of Tence	20 23 (year)
			Signature of Candidate/O	

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST М OFFICE USE ONLY **OFFICEHOLDER** Mrs. Corinne С NAME Date Received NICKNAME LAST SUFFIX Saldana 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; CiTY; STATE; ZIP CODE OFFICEHOLDER 6302 Pemwoods San Antonio, Texas 78240 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210 691-2400 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST TREASURER Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED 1 / 22 31 / 22 **THROUGH** 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) NISD Board of Trustees 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	N FINANCE REPORT		OVER SHEET PG 2
15 C/OH NAME Corinne C. Saldana		16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	LOANS, OR	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	TURE.	\$ 0.00
, ,	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	TAINED AS OF THE LAST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	FANDING LOANS AS OF THE	\$ 0.00
(1) Affidavit	Please complete eithe	er option below:	
	before me by	this the	_ day of,
Signature of officer administer	ing oath Printed name of officer administer	ring oath	Title of officer administering oath
(2) Unsworn Declaratio	OR In		
My name is Corinne C	. Saldana a	and my date of birth is 0913	0/1948
My address is 6302 Per	mwoods San		78240 USA
Executed in Bexar	(street) County, State of TX, on the 0:	2 day of January (month)	(zip code) (country) , 20 <mark>23</mark> (year) Lotana
		Signature of Candidate/Office	ceholder (Declarant)

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages, filed: The C/OH Instruction Guide explains how to complete this form, 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY OFFICEHOLDER' NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE. OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged CAMPAIGN ZIP CODE TREASURER KINGS MILL ADDRESS 178256 (Residence or Business) AREA CODE 8 CAMPAIGN TREASURER 789-1001 PHONE REPORT TYPE January 15 30th day before election Runoff 16th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Description Month Dav Year Special General OFFICE HELD (if apy) 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE EXPENDITURES OR OFFICEHOLDER'S KNOWLEDGE OR GONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR GONSENT. CANDIDATE'S AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3, TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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, Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_ this the \_\_\_\_\_ day of , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is My address is (city) (state) (zip code) (street) (country)

County, State of

(year)

Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		****		
The C/OH Instruction	Guide explains how to complete th	nis form.  1 Filer ID (Ethics Commis 00086159	ssion Filers)	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIR: Mr. Ger		MI	OFFICE USE ONLY Date Received
	NICKNAME LAS Lop		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI 7835 Emerald Elm	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
Change of Address	San Antonio, TX 78251			Date Processed  Date Imaged
5 CAMPAIGN TREASURER NAME		ed0	MI	
	NICKNAME LAST	[M91147.	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	PLENDSE); APT LOCELUM (	San Anter 1	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI	MBER EXTENSION	,	
8 REPORT TYPE		n day before election	Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/02/2022	THROUGH	Month Day 12/31/2022	Year
10 ELECTION	ELECTION DATE Month Day Year 05/06/2023	Primary  X General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Trustee Place Trustee # 2 Distri		12 OFFICE SOUGHT (i Trustee Place # 2	if known) ? District NISD -Bexar
		GO TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

SUPPORT	& TOTALS			2 of 18
13 C / OH NAME	Lopez, Gerald B. (Mi	.)	14 Filer ID 00086159	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME	AND STATE OF THE S	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0,00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,283.04
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	MARY ANN COLLINS TO Notery Public, State of T Comm. Expires 12-29-2 Notery ID 13131631	Texas 2025		to be reported by me
	ribed before me, by the sa	nid <u>Gerald Upez</u> rtify which, witness my hand and seal of office.	, this the	17th day
Signature of office	CALLUM 107 er administering	Printed name of officer administering		r administering oath

### **SUBTOTALS - C/OH**

			C	OVER SI	HEET PG 3 3 of 18
	ER NAI	ME erald B. (Mr.)	<b>19</b> Filer ID 00086159	(Ethics Con	nmission Filers)
<b>20</b> SC	HEDUL	SUPT	TAL AMOUNT		
NA	ME OF	SCHEDULE	· · · · · · · · · · · · · · · · · · ·	3081	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	<del>, , , , , , , , , , , , , , , , , , , </del>	\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>3</b>	\$	2,283.04
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	•
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	ETURNED	\$	
			74W-WH-11-1-J		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez, Gerald B. (Mr.) 00086159 4 Date 5 Full name of contributor ut-of-state PAC (ID#:\_ 7 Amount of Contribution (\$) 09/03/2022 Frost, Pat & Kelly (Mr.) \$250.00 6 Contributor address; City; State; Zip Code 620 Genesero San Antonio, TX 78209 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Banker Retired Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of Contribution (\$) Green, Phillip & Sandy (Mr.) 12/08/2022 \$250.00 Contributor address; City; State; Zip Code 157 Cibolo Ridge TRL Fair Oaks Ranch, TX 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Banker / CEO Frost Bank Forms provided by Teyas Ethics Commission www othics state ty us Version V3 5 1 3ac88hc0

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel in District
Travel Out of District **Legal Services** OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/14 Rpt: 5/18 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 08/17/2022 **BILL MILLER BAR-B-Q** 6 Amount (\$) Payee address; State; Zip Code City; 7140 Northwest loop 410 \$28.56 San Antonio, TX 78251 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/20/2022 CHOOCHA FOOD Amount (\$) Payee address; City: State; Zip Code \$82.60 7330 Kitty Hawk Converse, TX 78109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel & Snacks Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/21/2022 CHOOCHA FOOD Amount (\$) Payee address; City; State; Zip Code \$43.99 7330 Kitty Hawk Converse, TX 78109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense EXPENDITURE Check If Austin, TX, officeholder living expense Donation for Gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement

Solicitation/Fundralsing Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly - :al Committee	Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expe Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Di	
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1	Total pages Schedule F1:	i .	•			3	Filer ID	(Ethics Commission Filers)
<del> </del>	Sch: 2/14 Rpt: 6/18		erald B. (Mr.)				00086159	
4		5 Payee nam			-			
<u>_</u>	07/28/2022	CIRCLE K	·					
6	Amount (\$) \$8.76	7 Payee addr 7305 Cule	ebra Rd	ite; Zip Cod	e			
		<u> </u>	nio, TX 78251					
8	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this see Page Expense	;chedule) (	<u></u>		ide of Texas. Com , officeholder living	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sough	ht		Office he	eld
_	Date	Payee name	e					
	07/05/2022	DE LA RO	SA , Ernest (Mr.)					
	Amount (\$)	Payee addre	ess; City; State	te; Zip Code	e			
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	ļ	San Anton	io, TX 78251					
_	PURPOSE	(a) Category (	See Categories listed at the top of this so	chodula) (alubado	b) Description			
	OF EXPENDITURE	Consulting		Ulumayay	Check if travel of	, TX,	, officeholder living	plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough	nt		Office he	əld
==	Date	Payee name	3		<del></del>			
	07/18/2022	i '	STANTCONTACT,CO					
*****	Amount (\$) \$21,32	Payee addre	elo RD	e; Zip Code	3		***	111.74
		Waltham, N						
	PURPOSE OF EXPENDITURE	(a) Category (s Advertising	See Categories listed at the top of this sc J Expense	:hedule) (E	<u></u>	, TX,	de of Texas, Com officeholder living	=
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sough	ıt		Office he	ald
					<del></del>			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00086159 Sch: 3/14 Rpt: 7/18 Lopez, Gerald B. (Mr.) 4 Date Payee name **EIG\*CONSTANTCONTACT.CO** 08/16/2022 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 **Email Constituents** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2022 **EIG\*CONSTANTCONTACT.CO** Payee address; State; Zip Code City; Amount (\$) \$21.32 1601 Trapelo RD Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense **Email to Constituents** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/17/2022 **EIG\*CONSTANTCONTACT.CO** Amount (\$) Payee address; City; State; Zip Code 1601 Trapelo RD \$21,32 Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Advertising Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Email To Constituents** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	iy - al Committ	Fees Food/Beverage Expense Gift/Awards/Memorials Ex ee Legal Services	Office O Polling E spense Printing	verher xpens Exper			Travel in District Travel Out of Dis	quipment & Related Expense
L	Credit Card Payment		The Instruction Guid	le explains how to c	ompl	lete this form.			
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/14 Rpt: 8/18	L.O	pez, Gerald B. (Mr.)					00086159	
4	Date	5 Pay	/ee name						
ľ	07/18/2022	EX	ACT DATA						
6	Amount (\$)	7 Pay	/ee address; City;	State; Zip C	ode				
1	\$393.30	144	40 W. Taylor Street, #402						
			•						
		Chi	icago , IL 60607						
_	DUDDOCE	<del> </del>			170				
8	PURPOSE OF		egory (See Categories listed at the	top of this schedule)	[(D)	Description  Check if travel	mitel	de of Texas. Com	niate Schedule T
	EXPENDITURE	Au	vertising Expense					officeholder living	
						Direct Market			
		1							
9	Complete ONLY if direct	Cano	lidate/Officeholder name	Office so	ught			Office he	ld
	expenditure to benefit C/O	Н		-					
-	Date	Pav	ree name			***************************************			
	09/26/2022	EXX							
-	Amount (\$)	<del>                                     </del>	ree address; City;	State; Zip C	ode			<del> </del>	
	\$17.69		80 CULEBRA RD	State, Zip C	Due				
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L	···	Sar	n Antonio, TX 78251				_		
	PURPOSE OF		egory (See Categories listed at the	lop of this schedule)	(b)	Description			
	EXPENDITURE	Tra	vel Out of District					de of Texas. Comp officeholder living	
						Snacks	IA,	micendide i ivilig	expense
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	Complete ONLY if direct	Cand	idate/Officeholder name	Office so	ıaht			Office he	ld
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	Amount (\$)	_	ee address; City;	State; Zip Co	ode				
	\$8.85	788	0 CULEBRA RD						
		Sar	Antonio, TX 78251						
	PURPOSE	(a) Cate	gory (See Categories listed at the t	on of this schedule)	(b)	Description			
	OF		d/Beverage Expense	op or and nariounly			utsic	le of Texas. Comp	lete Schedule T.
	EXPENDITURE		• ,					officeholder living	expense
						Food & Snack	S		
					<u> </u>				
	Complete ONLY if direct		idate/Officeholder name	Office sou	ıght			Office he	d .
	expenditure to benefit C/O	1							
				***************************************					· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00086159 Sch: 5/14 Rpt: 9/18 Lopez, Gerald B. (Mr.) 4 Date Payee name 07/08/2022 Frost Bank Payee address; City; State; Zip Code 6 Amount (\$) \$8.00 7914 Culebra Rd San Antonio, TX 78251 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Monthly Service Charge/Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/25/2022 Frost Bank Amount (\$) Payee address; City; State; Zip Code 7914 Culebra Rd \$80.00 San Antonio, TX 78251 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation for Retirement Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Payee name 07/26/2022 Frost Bank Amount (\$) Payee address; City: State; Zip Code \$20.00 7914 Culebra Rd San Antonio, TX 78251 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Donation for Gift** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM POLITICAL

	CONTRIBUTIO	NS SCHEDULE FI	
	Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense	_
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/14 Rpt: 10/18	Lopez, Gerald B. (Mr.) 00086159	
4	Date 07/27/2022	5 Payee name Frost Bank	
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 7914 Culebra Rd San Antonio, TX 78251	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for Volunteer	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	=
	08/05/2022	Frost Bank	
•	Amount (\$) \$8.00	Payee address; City; State; Zip Code 7914 Culebra Rd	
		San Antonio, TX 78251	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Service Charge/Fee	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	=
	08/05/2022	Frost Bank	
	Amount (\$) \$4.00	Payee address; City; State; Zip Code 7914 Culebra Rd	
		San Antonio, TX 78251	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Service Charge/Fee	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Political Credit Card Payment		Loan Repayment/Relmburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La how to complete this for	oense abor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
-	Total pages Schedule F1:		now to complete tractic.		(Ethica Commission Filoro)	
Ė	Sch: 8/14 Rpt: 12/18	Lopez, Gerald B. (Mr.)			Filer ID (Ethics Commission Filers) 00086159	
4	Date	5 Payee name				
_	11/07/2022	Frost Bank				
6	Amount (\$) \$8.00	7 Payee address; City; State; 7914 Culebra Rd  San Antonio, TX 78251	; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel autside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Service Charge/Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office held	
Γ	Date	Payee name				
_	12/07/2022	Frost Bank				
	Amount (\$) \$8.00	Payee address; City; State; 7914 Culebra Rd	Zip Code			
L		San Antonio, TX 78251	4			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if	if travel outside	e of Texas. Complete Schedule T. officeholder living expense 	
	Complete ONLY if direct expenditure to benefit C/OF		Office sought		Office held	
	Date 08/01/2022	Payee name GOOGLE *GSUITE				
	Amount (\$) \$6,60	Payee address; City; State; 1600 Amphitheater Parkway Mountain View , CA 94043	Zip Code			
—	PURPOSE		(h) Depositely	<del></del>		
-	OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense	Check if	f travel outside f Austin, TX, of	e of Texas. Complete Schedule T. fficeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ffice sought		Office held	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Equipment & Related Exp

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	sulting Expense ributions/ Donations Made By - Git/Awards/Memorials Expense Printing Expense Git/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor		ense ges/Contract Labor		Travel in Distri Travel Out of I		
-	T-1-1 O-b-dula E4.	In EUED MAN	<del> </del>			L	Eller ID	(Ethias Commission Filess)
1	Total pages Schedule F1:	1				3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/14 Rpt: 13/18	Lopez, Ge	erald B. (Mr.)			L	00086159	
4	Date	5 Payee nam	e					
	09/01/2022	GOOGLE	*GSUITE					
6	Amount (\$)	7 Payee add	ess; City;	State; Zip Cod	e			
	\$12.79	1600 Amp	hitheater Parkway					
L		Mountain	View , CA 94043					
8	PURPOSE	(a) Category	See Calegories listed at the top of t	his schedule)	Description			
	OF EXPENDITURE	Advertisin	g Expense	•	<b>=</b>			mplete Schedule T.
				}	Website	1, TX	, officehalder livi	ng expense
					website			
L								
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sougl	nt		Office (	held
	Date	Payee nam	e					
	10/03/2022	GOOGLE	*GSUITE					
	Amount (\$)	Payee addr	ess; City; S	State: Zip Code	<del></del>			· · · · · · · · · · · · · · · · · · ·
	\$12.79		hitheater Parkway	,				
	400174		.,,		-			
		Mountain '	view , CA 94043					
	PURPOSE	(a) Category	See Categories listed at the top of t	nis schedule) (I	) Description			
	OF EXPENDITURE	Advertisin			lamed.			mplete Schedule T.
	AN EIGHT OILE				LI	ı, TX	, officeholder livi	ng expense
					Website			
L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sough	it		Office I	neld
	experientare to Berionic Grov	·						
	Date	Payee nam	9				·····	· · · · · · · · · · · · · · · · · · ·
	11/01/2022	GOOGLE	*GSUITE					
	Amount (\$)	Payee addr	ess; City; S	State; Zip Code	······································		•	
	\$12.79	_	hitheater Parkway					
	T		······································					
		Mountain \	/iew , CA 94043					
				·				
	PURPOSE OF		See Categories listed at the top of th	is schedule) (1	) Description			
	EXPENDITURE	Advertising	y Expense	ł			de of Texas. Co , officeholder livi	mplete Schedule T.
					Website	i, iA	, unicendides livi	iñ evhetize
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	Complete ONLY if direct	Condidate	ficeholder name	Office south	+		Office I	and a
	expenditure to benefit C/OF		ncentituer name	Office sough	ıı		Office	<del>ici</del> u
		······································						

Forms provided by Texas Ethics Commission

### SCHEDULE F1

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	<del></del>		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schodule E1:	<u>,                                    </u>	<u> </u>	Files ID (Ethine Commission Filese)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 10/14 Rpt: 14/18	Lopez, Gerald B. (Mr.)		00086159
4 Date	5 Payee name		
09/26/2022	GRAND HYATT SAN ANTONIO		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$293,43	600 E Market St		
φ <u>ε</u> υαι-το	GOO E WATROE ST		
	<u> </u>		
	San Antonio, TX 78205		
8 PURPOSE	(a) Category (See Calegories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE	Travel Out of District		side of Texas, Complete Schedule T.
EXPENDITORE			C, officeholder living expense
		Lodging for TAS	SB Event
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ol>		fice sought	Office held
Date	Payee name		
08/15/2022	JAB TRADING INDUSTRIES		
		71- 0-1-	
Amount (\$)	•	Zip Code	
\$250.00	4907 Callaghan Rd		
	San Antonio, TX 78228		
PURPOSE	(a) Category (See Categories listed at the top of this sched	iule) (b) Description	
OF EXPENDITURE	Event Expense	Check if travel outs	side of Texas. Complete Schedule T.
LM LIIDHONL			C, officeholder living expense
		Purchase Of So	chool Supplies
Complete ONLY if direct	Candidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
07/21/2022	MURPHY / WALMART		
		······································	
Amount (\$)		Zip Code	
\$18.37	7639 Northwest Loop 410		
	San Antonio, TX 78251		
PURPOSE		103	
OF	(a) Category (See Categories listed at the top of this sched		ide of Tourn Countries Only of the T
EXPENDITURE	Travel In District	1 🖃	ide of Texas, Complete Schedule T. I, officeholder living expease
		Fuel	Connectation from Beylesia
		i dei	
Orandal Orange "	0E-I		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Off	ice sought	Office held
enperior of solitons of of			

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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Office/holder/Politics Credit Card Payment	al Committee Legal Services Salaries/Wages/Co	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)	
Ļ		The Instruction Guide explains how to complete		
1	Total pages Schedule F1:	1	3 Filer ID (Ethics Commission Filers)	
L	Sch: 11/14 Rpt: 15/18	Lopez, Gerald B. (Mr.)	00086159	
4	Date	5 Payee name		
	07/20/2022	Maria Bonita Restaurant		
6	Amount (\$) \$21,00	7 Payee address; City; State; Zip Code 350 Northhaven Dr San Antonio, TX 78229		
8	PURPOSE OF EXPENDITURE	OF Food/Reverage Eynenge These These Outside of Texas, Complete S		
9	Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
l	07/11/2022	PERICOS MEXICAN CUISINE		
一	Amount (\$)	Payee address; City; State; Zip Code		
	\$62.60	10820 Bandera RD		
		San Antonio, TX 78250		
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Itg With Potential Donor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Γ	Date	Payee name		
	07/25/2022	POPEYES		
	Amount (\$) \$41.12	Payee address; City; State; Zip Code 8842 Potranco RD		
		San Antonio, TX 78251		
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Ood for Volunteers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District
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: 13/14 Rpt: 17/18 Lopez, Gerald B. (Mr.) 00086159 4 Date Payee name 09/26/2022 **UBER** 6 Amount (\$) Payee address; City; State; Zip Code \$5.00 1455 Market St. Ste 400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Travel Out of District Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Tip Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2022 **UBER** Amount (\$) Payee address; City: State; Zip Code \$5,81 1455 Market St. Ste 400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Tip Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/18/2022 **WAL-MART #5226** Amount (\$) Payee address; City; State: Zip Code \$26.04 9526 Military Dr W San Antonio, TX 78251 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 0F **Event Expense** Check if travel outside of Texas, Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Food & Bevarage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe Salaries/Wag	nse les/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
L			The Instruction Guide exp	lains how to comp	olete this form.			
1	Total pages Schedule F1:	3				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 18/18		rald B. (Mr.)			<u> </u>	00086159	
4	Date	5 Payee name						
	07/18/2022	WAL-MAR	T #5226					
6	Amount (\$) \$20.02	7 Payee addr 9526 Milita San Anton	-	State; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (s Event Expo	See Categories listed at the top of the See	nis schedule) (b		, TX, c	officeholder living	olete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough			Office he	ld

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)				2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	DOSPOL	, H.	OFFICE	USEONLY
NAME	NICKNAME	Medina	SUFFIX	Date Received	A Company of the Comp
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Rousseau	STATE; ZIP CODE	Try SAVOREN	
Change of Address	<u>,</u>	Sandroton	<del></del>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	784 - 616	EXTENSION	:	or Date Postmarked
6 CAMPAIGN	MS/MRS/MR	1 - H	MI	Receipt #	Amount \$
TREASURER NAME	Mand K	Sattign	ALIMEN.	Date Processed	
:	NICKNAME .	Luna	SUFFIX	Date Imaged .	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	OTTY;	STATE;	ZIP CODE
(Residence or Business)		San Auto	mio, TX 181	251	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  215-278	EXTENSION		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before elect	etion Exceeded Modified Reporting Limit	,	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	07 /01/2022 THROUGH 12 /31/2022				
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE Runoff Other		
	Month Day	Year General	Description  Special		,
	/ /				
12 OFFICE	OFFICE HELD (If any)	Thustee	13 OFFICE SOUGHT (If known)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, <i>THESE EXPENDITURES I</i>	ACCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDA SED TO REPORT THIS INFORMATION ONLY IF TH	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			00017101
Additional Pages		COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·		
<u>.</u>	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
	· ·	GO TO P	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ &
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
l		4 manual
·  -	Signature of Cano	lidate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL	-	İ
Sworn to and subscribed	before me by this the	day of,
	which, witness my hand and seal of office.	
	The state of the s	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on .	
My name is	eph H. Medina and my date of birth is	July 11, 1979.
My address is	19' Rousseau San Autonio TX	- 78251 Us.
^	(street) (city) (sta	te) (zip code) (country)
Executed in Bexar	County, State of <u>lexas</u> , on the <u>17</u> day of <u>San</u>	, 20_23
	(moz/th)	(year,)
	Signature of Candidat	e/Officeholder (Declarant)
	Oignaturo di Gariatati	w. w.m. various (woodiditity)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages (	iled:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	$\mathcal{Z}^{^{MI}}$	OFFICI	USEONLY
NAME	NICKNAME	LAST Freeman	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	My fon Conc	le state: zip code		
Change of Address	AEEA 000E			-	
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt#	Amount \$
NAME	MICKNAME	) V/a	QUEEN	Date Processed	1
	-	Jonescu	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	9010 3	Swine burne	. Ot San Anton	10 TX 2	8240
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15.	30th day before ek	ection Runoff		fter campaign ppointment er Only)
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month  July	Day Year	Month THROUGH 12 /	Day Yea / 31 / 20	*
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	) Trustee	13 OFFICE SOUGHT (If known)		,
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TI	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
. Additional Pages	GENERAL	COMMITTEE ADDRESS		······································	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		<u></u>
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	eiren Freie	mim		16 Filer ID (	Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1, TOTAL U	JNITEMIZED POLITICAL CON ES, LOANS, OR GUARANTEES BUTIONS MADE ELECTRONIC	OF LOANS, OR	\$	6.00		
		POLITICAL CONTRIBUTION THAN PLEDGES, LOANS, OR		\$	0.00		
EXPENDITURE TOTALS	3. TOTAL U	NITEMIZED POLITICAL EXPE	NDITURE.	\$	6. O		
	4. TOTAL F	POLITICAL EXPENDITURES	3	\$	0.00		
CONTRIBUTION BALANCE	· ·	OLITICAL CONTRIBUTIONS M PRTING PERIOD	IAINTAINED AS OF THE LAS	ST DAY \$	6, 00		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OF Y OF THE REPORTING PERIO		THE \$	0.00		
		r penalty of perjury, that the by me under Title 15, Election C		and correct	and includes all information		
			Ham 4	reeyain	<u>.                                    </u>		
		•	Signature of Ca	ndidate or Of	ficeholder		
		•	•		•		
		Please complete e	ither option below	<i>r</i> :			
		,					
(1) Affidavit							
NOTARY STAMP/SEAL	· .						
Sworn to and subscribed	before me by		this the	da	y of,		
20, to certify		d and seal of office.					
Signature of officer administer	ring oath	Printed name of officer admir	nistering oath	Title	of officer administering cath		
		OR					
(2) Unsworn Declaratio	on .						
My name is	- Freema	N .	_, and my date of birth is	7/1	0/56		
My address is	1502 Ma	ytum (xock	Hots -	LL	28023		
Executed in <u>Reya</u>	(street) (city) (state) (zip code) (country)  Executed in						
		-	Signature of Candid		er (Declarant)		

	ANDIDATE / OFFICEHOLDER AMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1			
The C/OH Instruction	CANDIDATE / MS / MRS / MR FIRST MI OFFICEHOLDER NAME MS / MS / MS / MRS / MR FIRST MCAN / MS / M					2 Total pages filed:		
						EUSEONLY		
	NICKNAME	Chumble	<u>~</u>	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Forest Have	_		K. Rust	<del></del>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 202-6677	. 18240 extens		Date Hand-delivere	d or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$		
NAME	NICKNAME	LAST		SUFFIX	Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE#; CITY;		STATE;	ZIP CODE		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ON				
9 REPORT TYPE	January 15	30th day before ele	ection Run	off	15th day af treasurer a (Officeholde	ter campaign		
	July 15	8th day before elect	4011	eeded Modified orling Limit		t (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year			
11 ELECTION	ELECTION D	ATE JOST		ELECTION TYPE	<u>31/20</u>	22		
	Month Day	Year Primary General	Runoff	Other Description				
2 OFFICE	OFFICE HELD (If any	SMD 3	13 OFFICE S	OUGHT (if known)				
4 NOTICE FROM POLITICAL COMMITTEE(S)		CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER, THESE EXPENDITURES IN S AND OFFICEHOLDERS ARE REQUIRE						
OCIMIMIT (EE(3)	COMMITTEE TYPE	COMMITTEE NAME				TO THE ENDITONES,		
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME					
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·		GO TO P	AGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS .	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s Ø					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s Ø					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø					
	4. TOTAL POLITICAL EXPENDITURES	\$ Ø					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$					
	wear, or affirm, under penalty of perjury, that the accompanying report is truured to be reported by me under Title 15, Election Code.	ue and correct and includes all information					
	M'Lissa MC (M) Signature of Ca	andidate or Officeholder					
	Please complete either option below	v:					
(1) Affidavit							
NOTARY STAMP/SEAL		<i>y</i>					
Sworn to and subscribed	before me by this the	day of,					
20, to certify v	vhich, witness my hand and seal of office.						
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath					
	OR	-					
(2) Unsworn Declaration	n						
My name is M'Lissa McAvelly Chumbley and my date of birth is 2/18/1958  My address is 67/8 Forest Favely U.San Autorio, Tx, 78340, Bexar  (street) (city) (state) (zip code) (country)							
Executed in <u>Goxalr</u>	xecuted in Goxair County, State of Ve xa. , on the day of Johnson, 20 23. (month) (year)						
	Signature of Candio	date/Officeholder (Øeclarant)					