

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI
	NICKNAME "D"	LAST Thompson	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 1306 Chicon st.	APT / SUITE #: Unit A	CITY, STATE, ZIP CODE Austin, TX 78702
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 568-5035
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST AL	MI
	NICKNAME	LAST Lopez	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7206 Providence Ave. Austin, TX 78752		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 695-8170	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 2014 12 / 6 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 12 / 16 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICES SOUGHT (if known) AISD Board of Trustees - District 1	

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

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

14 C/OH NAME David "D" Thompson 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

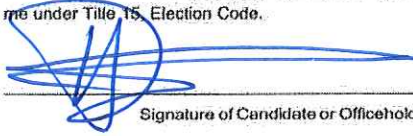
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 291.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14664.93
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 86.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 13505.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1404.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.


Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Thompson, this the 5th day of December, 2014, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins Margery Elaine Hopkins Exec. Assist
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME AL Lopez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Travis Black	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
5 Contributor address; City; State; Zip Code 26 W. 85th St. New York, NY 10024 Apt. 10		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) IT Project Manager		10 Employer (See Instructions) Interays Consulting	
Date 10/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David Thompson Sr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14053 Huber Rd. Seguin, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) DOB	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Aaron Ivey	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7305 Bethune Ave. Austin, TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Austin Stone	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Shami Dawell	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1112 McChesney Nashville, TN 37216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) Teach for America	
Date 11/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dustin Odhman	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 906 Skycrest Dr. Saint Louis, MO 63126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Franklin Covey	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME AL LOPEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/5/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tiffany Crow	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1114 Staples St. NE Washington, DC 20002		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Project Manager		10 Employer (See Instructions) Government	
Date 11/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Coffman	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4105 Edgmont Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 11/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Wessow	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7603 Meador Ave. Austin, TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Austin Stone	
Date 11/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Stafford	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 503 Ave. A Apt. 1403 San Antonio, TX 78215		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Retired	
Date 11/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Knight	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 Staydon St. Henderson, TX 75124		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME AL Lopez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/19/14	5 Full name of contributor David Herakal	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8609 Stillwood Ln. Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Pricing manager		10 Employer (See Instructions) ANAYS, Inc.	
Date 11/19/14	Full name of contributor Ryan Rossier	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7503 Stonecliff Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Trader		Employer (See Instructions) CFPC	
Date 11/19/14	Full name of contributor Katherine Dunn	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17 Ivenness Pkwy Houston, TX 77055		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Memorial Herman	
Date 11/21/14	Full name of contributor Robert Fumpp	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 615 Springfield Ave. Summit, NJ 07901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Morgan Stanley	
Date 11/21/14	Full name of contributor Shara Ellen	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6310 Joe Sayers Austin, TX 78756 Apt. 101		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Spredcast	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <u>AL Lopez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/23/14</u>	5 Full name of contributor <u>Bryan Skelton</u> Contributor address: City: State: Zip Code <u>401 Waterside Dr. Irving, TX 75063</u>	7 Amount of contribution (\$) <u>200.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <u>Engineer</u>		10 Employer (See Instructions) <u>Wiss, James, Eastman Associates</u>	
Date <u>11/24/14</u>	Full name of contributor <u>Michael Ferriter</u> Contributor address: City: State: Zip Code <u>4186 Valley Ridge Rd. Dallas, TX 75220</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Construction Manager</u>		Employer (See Instructions) <u>HD Beck</u>	
Date <u>11/26/14</u>	Full name of contributor <u>Eric Klein</u> Contributor address: City: State: Zip Code <u>1018 Milam Pl. Austin, TX 78704</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Director, Marketing Analytics & Tech.</u>		Employer (See Instructions) <u>C3 Presence, LLC</u>	
Date <u>12/1/14</u>	Full name of contributor <u>Tray Alexander</u> Contributor address: City: State: Zip Code <u>8088 Braided Rope Dr. Austin, TX 78727</u>	Amount of contribution (\$) <u>75.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Advocacy</u>		Employer (See Instructions) <u>Texas Medical Association</u>	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME *AL Lopez* 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leadership for Educational Equity - Texas</i>	7 Amount of contribution (\$) <i>8839.93</i>	8 In-kind contribution description (if applicable) <i>consulting staff stipend, travel technology fees</i>
9 Contributor address; City; State; Zip Code <i>1805 7th Street NW Washington, DC 8th Floor 20001</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leadership for Educational Equity - Texas</i>	Amount of contribution (\$) <i>3,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1805 7th Street NW Washington, DC 8th Floor 20001</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: → → → → → → →		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
12 Principal occupation / Job title (See Instructions)		11 Maturity date
14 Description of Collateral <input type="checkbox"/> none		13 Employer (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		15 Check if personal funds were deposited into political account <input type="checkbox"/>
17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account <input type="checkbox"/>		Amount Guaranteed (\$)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: _____ 2 FILER NAME AL Lopez 3 ACCOUNT # (Ethics Commission Filers) _____

4 Date 10/30/14 5 Payee name Allied Printing & Mailing, INC.
 6 Amount (\$) 2925.48 7 Payee address; City: State: Zip Code
P.O. Box 142708 Austin, TX 78714

8 PURPOSE OF EXPENDITURE: Printing/Mailing
 (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Candidate / Officeholder name: _____ Office sought _____ Office held _____

9 Complete ONLY if direct expenditure to benefit C/OH

Date 11/3/14 Payee name CVS
 Amount (\$) 454.50 Payee address; City: State: Zip Code
1105 N. I-35 Austin, TX 78702

PURPOSE OF EXPENDITURE: Food/Beverage
 Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Candidate / Officeholder name: _____ Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH

Date 11/5/14 Payee name East Side Pro's
 Amount (\$) 97.73 Payee address; City: State: Zip Code
1401 Rosewood Ave Austin, TX 78702

PURPOSE OF EXPENDITURE: Food/Beverage
 Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Candidate / Officeholder name: _____ Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH

Date 11/26/14 Payee name Angie Mastagni Matthews Political Strategies, LLC
 Amount (\$) 1292.94 Payee address; City: State: Zip Code
507 N. Sylvania Ave Fort Worth, TX 76111

PURPOSE OF EXPENDITURE: Fees
 Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Candidate / Officeholder name: _____ Office sought _____ Office held _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: _____ 2 FILER NAME **Al Lopez** 3 ACCOUNT # (Ethics Commission Filers) _____

4 Date **11/26/14** 5 Payee name **4Deavors**

6 Amount (\$) **1,556.12** 7 Payee address; City: State: Zip Code **8980 W. Tennessee Ave Lakewood, CO 80226**

8 PURPOSE OF EXPENDITURE **Solicitation Expense** (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

9 Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____

Date **12/2/14** Payee name **Allied Printing & Mailing, Inc.**

Amount (\$) **6,778.87** Payee address; City: State: Zip Code **P.O. Box 142708 Austin, TX 78714**

PURPOSE OF EXPENDITURE **Printing / Mailing** Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____

Date **11/25/14** Payee name **Scott Wade**

Amount (\$) **400.00** Payee address; City: State: Zip Code **1302 cloverleaf Dr. Austin, TX 78723**

PURPOSE OF EXPENDITURE **Advertising / Photos** Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____

Date _____ Payee name _____

Amount (\$) _____ Payee address; City: State: Zip Code _____

PURPOSE OF EXPENDITURE _____ Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address: City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	<input type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name
------	------------

Amount (\$)	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	<input type="checkbox"/> Reimbursement from political contributions intended	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name
------	------------

Amount (\$)	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	<input type="checkbox"/> Reimbursement from political contributions intended	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date	Payee name
------	------------

Amount (\$)	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	<input type="checkbox"/> Reimbursement from political contributions intended	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 07/28/2014

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: _____ 2 FILER NAME _____ 3 ACCOUNT # (Ethics Commission Filers) _____

4 Date _____ 5 Business name _____

6 Amount (\$) _____ 7 Business address; City; State; Zip Code _____

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____

Date _____ Business name _____

Amount (\$) _____ Business address; City; State; Zip Code _____

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____

Date _____ Business name _____

Amount (\$) _____ Business address; City; State; Zip Code _____

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____

Date _____ Business name _____

Amount (\$) _____ Business address; City; State; Zip Code _____

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense
 Office sought _____ Office held _____

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 07/28/2014

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
--------	--------------

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

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
--------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
	3 ACCOUNT # (Ethics Commission Filers)

2 FILER NAME

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED