

**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 FIRST MI Mr. David Thompson	OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX "D" Thompson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1306 Chican St. Unit A Austin, TX 78702	Date Hand-delivered or Postmarked	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 568-5035	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mr. AL Lopez	Date Processed	
	NICKNAME LAST SUFFIX	Date Imaged	
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 PHONE NUMBER EXTENSION (512) 695-8170		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 9 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (if known) AISD Board of Trustees - District 1	
GO TO PAGE 2			

01/12/14 12:55PM

**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)

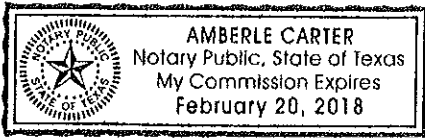
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 30.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14576.70
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8562.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6013.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Thompson, this the 27 day of October, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Amberle Carter
Printed name of officer administering oath

Finance Manager
Title of officer administering oath

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.

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 9/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Saxton-Frump	6 Contributor address; City; State; Zip Code 7010 Burnell Dr. Austin, TX 78723	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Educator			10 Employer (See Instructions) Peleton U	
Date 9/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Chiles	Contributor address; City; State; Zip Code 9318 Maple Silver San Antonio TX, 78254	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions) NISD	
Date 9/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katie Barnett	Contributor address; City; State; Zip Code 16210 Braesgate Dr. Austin, TX 78717	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Speech Language Pathologist			Employer (See Instructions) ERISD	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Callie Cox	Contributor address; City; State; Zip Code 15511 Hartland St. Little Rock, AR	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mom			Employer (See Instructions) N/A	
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Collins	Contributor address; City; State; Zip Code 13805 Terred Tree Manor, TX 78653	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pastor			Employer (See Instructions) ASCC	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

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 9/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Riley Dallas		7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2217 Antoine St. Austin, TX 78723			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Software engineer			10 Employer (See Instructions) Self	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carina Holdos		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 122 Calline Mays Run Buda, TX 78610			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Accounting			Employer (See Instructions) Realty Austin	
Date 10/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheryl Tucker		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1710 Todd Ln. Cedar Park, TX 78613			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor			Employer (See Instructions) Best Agents in Texas	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Al Lopez		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1206 Providence Ave. Austin, TX 78752			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Economic Growth Business Incubator	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Frumpe		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 615 Springfield Ave. Summit, NS 07901			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Editor			Employer (See Instructions) Margan Stanley	
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 10/4/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rachel & Justin Chamberlain	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City; State; Zip Code 6003 Wood Pads San Antonio, TX 78249		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Evaluations Manager			10 Employer (See Instructions) City Year	
Date 10/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jason Hoyt	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address: City; State; Zip Code 5233 Cornerwood Dr. Fort Worth, TX 76244		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) non Profit			Employer (See Instructions) Beta Psi Phi Chi	
Date 10/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christie Bonham	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address: City; State; Zip Code 3504 Eskew Dr. Unit A Austin, TX 78749		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Spanish Teacher			Employer (See Instructions) AISD	
Date 10/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laci Boston	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address: City; State; Zip Code 2979 Sandy Park Ct. Pearland, TX 77581		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Financial Analyst			Employer (See Instructions) AVES Corporation	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bradley Jackson	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address: City; State; Zip Code 1301 Hamlet Ct. Austin, TX 78756		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Writer			Employer (See Instructions) Self	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**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 10/7/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jimmy & Staci McNeal	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code 13412 Caballero Cv. Austin, TX 78727	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Admin. Assistant		10 Employer (See Instructions) Austin Stone	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Comstock	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 0617 Circuit Hills Trl. #1438 Austin, TX 78759	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Site manager, Staffing		Employer (See Instructions) TNTF	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jake Martovich	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 5 Terrace Drive Helena, AR 72342	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lee County School District	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Braun	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 7006 Daugherty Austin, TX 78757	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Milensworth & Parker, LLP.	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Zach Revin	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 1100 Maryland Ave. Durham, NE 68105	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Teach For America	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 10/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Edwards	7 Amount of contribution (\$) \$31.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 8307 Racine Trl. Austin, TX 78717		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Physical Therapist		10 Employer (See Instructions) St. David's Round Rock		
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan Johnston	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3500 Graystone Dr. #272 Austin, TX 78731		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) Humco		
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Ward	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8519 W. Potosi Cv. Austin, TX 78717		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A		
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jess Sittler	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2204 Enfield Rd. Apt. 211 Austin, TX 78703		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Career Coach		Employer (See Instructions) UT Austin		
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Manning	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3400 Bonnell Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Trader		Employer (See Instructions) Great Point Capital		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

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 Filer)	
4 Date 10/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Breg & Creta Lwedan	7 Amount of contribution (\$) \$31.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 4810 Caswell Ave. Unit B Austin, TX 78751		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Film maker			10 Employer (See Instructions) Self	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Humi Hen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6910 Hart Ln. Austin, TX 78751		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Pastor			Employer (See Instructions) ASCC	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katelynn Holte	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 405 Hillcrest Dr. Austin, TX 78723		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Foster Care Ministry Manager			Employer (See Instructions) ASCC	
Date 10/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amanda Walls	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 331 E. Wilmamette Ave. Colorado Springs CO. 80903		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) CP			Employer (See Instructions) Falcon Family Eye Care	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill & Kathy Mitchell	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2515 Henry Riffe Rd. Cedar Park, TX 78613		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Business			Employer (See Instructions) Self	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**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 10/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Thompson	7 Amount of contribution (\$) \$31.00	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code 1606 Treadwill Austin, TX 78704	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Advertising		10 Employer (See Instructions) GSDM	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Katie Palmieri	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1717 W. 35th St. #202 Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jordan Curves	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 13412 Caballero Cv. Austin, TX 78727	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) National Instruments	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russ & Carrie Ramsey	Amount of contribution (\$) \$62.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 508 Sang Salmon Rd. Cedar Park, TX 78613	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Esquivel	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 508 Ursin St. Unit B Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Edge Strategies LLC	

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 10/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Schupmann	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4701 Dural Rd. Austin, TX 78727		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Wordsearch Bible Sales		10 Employer (See Instructions) Lifeway	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Sarah Murchison	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13422 Saddle Back Pass Austin, TX 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) ASCC	
Date 10/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Douglas Heath	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 806 Darkwoods Ct. Cedar Park, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) Net App	
Date 10/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen Simmons	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18538 Trail Bnd Ln. Houston, TX 77084		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Facilities Manager		Employer (See Instructions) Chapelwood United Methodist Church	
Date 10/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maie Price	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8715 Crest Ridge Cir. Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive Managing Editor		Employer (See Instructions) Aptara	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 <i>Al Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/13/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matthews Moore</i> 6 Contributor address; City; State; Zip Code <i>1887 Taron Cv. Band Rock, TX 78681</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>Director of Production</i>		10 Employer (See Instructions) <i>ASCC</i>	
Date <i>10/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Logan Walter</i> Contributor address; City; State; Zip Code <i>909 Conrad St. Austin, TX 78708</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Worship Leader</i>		Employer (See Instructions) <i>ASCC</i>	
Date <i>10/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steph. Stallo</i> Contributor address; City; State; Zip Code <i>1304 Mellic Dr. Austin, TX 78752</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>ASD</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bryan Staffel</i> Contributor address; City; State; Zip Code <i>401 Waterside Dr. Irving, TX 75063</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Wiss, Janney, Elstner Assn. Inc</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cindy Smith</i> Contributor address; City; State; Zip Code <i>12013 Beckner Rd. Austin, TX 78726</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Event Planner</i>		Employer (See Instructions) <i>Texas Mutual Insurance</i>	
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 <i>Al Lopez</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>10/15/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brian Benkendorf</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>15507 Crissam Ln. Austin, TX 78728</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Pastor</i>		10 Employer (See Instructions) <i>ASCC</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Emily Leaney</i>	Amount of contribution (\$) <i>\$35.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1318 4th Ave. Unit A Nashville, TN 37208</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Marketing Director</i>		Employer (See Instructions) <i>Teach For America</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Aaron Travis</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3300 Forest Creek Dr #29 Round Rock TX, 78664</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supply Chain Manager</i>		Employer (See Instructions) <i>Apple & Materials</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Susan Coffman</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4105 Edgmond Dr Austin, TX 78731</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Office manager</i>		Employer (See Instructions) <i>Bamy W. Coffman CPA</i>	
Date <i>10/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melissa Macias</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4000 Shepherd Mountain Ev. Austin, TX 78730</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Operations manager</i>		Employer (See Instructions) <i>Alert Media</i>	

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 10/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nakron Nance 6 Contributor address; City; State; Zip Code 7206 Grand Canyon Austin TX 78752	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Nurse		10 Employer (See Instructions) Self	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Natalie Price Contributor address; City; State; Zip Code 1201 Dessau Rd #582 Austin, TX 78754	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Writer & Photographer		Employer (See Instructions) ASCC	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Al Lopez Contributor address; City; State; Zip Code 7206 Providence Ave. Austin, TX 78752	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Economic Growth Business Incubator	
Date 10/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew & Anna McIntosh Contributor address; City; State; Zip Code 3201 Ragging Riv. Austin, TX 78728	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investment Associate		Employer (See Instructions) Stambaugh Capital Partners	
Date 10/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristopher Rutherserd Contributor address; City; State; Zip Code 946 E. 53rd Austin, TX 78751	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Film		Employer (See Instructions) Self	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 10/16/14		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Candice Ashton		7 Amount of contribution (\$) \$100.00	
		6 Contributor address; City; State; Zip Code 1501 27th St. SE Apt #104 Washington, DC		8 In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Counselor			10 Employer (See Instructions) KIPP DC		
Date 10/16/14		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daphne Bamberg		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code 405 Hillcrest Drive Austin, TX 78723		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Project manager			Employer (See Instructions) ASCC		
Date 10/16/14		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Damsky		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code 116809 Willow Oak Ln. Round Rock, TX 78681		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pastor			Employer (See Instructions) ASCC		
Date 10/17/14		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ryon Rossler		Amount of contribution (\$) \$150.00	
		Contributor address; City; State; Zip Code 945 McNeil Dr. Apt. 108 Austin, TX 78750		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Trader			Employer (See Instructions) Great Point Capital		
Date 10/17/14		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wendy Cox		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code 911 Battle Bend Blvd Apt #103 Austin, TX 78745		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Educational Specialist			Employer (See Instructions) The College Board		
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 <i>Al Lopez</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <i>10/11/14</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>P. Drake</i>		7 Amount of contribution (\$) <i>\$250.00</i>	
		6 Contributor address; City; State; Zip Code <i>905 E. 53rd St. Austin, TX 78751</i>		8 In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>staff</i>			10 Employer (See Instructions) <i>ASCC</i>		
Date <i>10/19/14</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Norme Beard</i>		Amount of contribution (\$) <i>\$50.00</i>	
		Contributor address; City; State; Zip Code <i>1502 Woodhull Tr. Round Rock, TX 78681</i>		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>FN</i>			Employer (See Instructions) <i>Proctor Homecare</i>		
Date <i>10/20/14</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hauley Swens</i>		Amount of contribution (\$) <i>\$50.00</i>	
		Contributor address; City; State; Zip Code <i>16805 Deborah Dr. Austin, TX 78752</i>		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Licensed Specialist in School Psychology</i>			Employer (See Instructions) <i>Leander ISD</i>		
Date <i>10/20/14</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ward Klein</i>		Amount of contribution (\$) <i>\$250.00</i>	
		Contributor address; City; State; Zip Code <i>418 Polo Dr. Clayton, MO 63105</i>		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business</i>			Employer (See Instructions) <i>Engizer Holdings</i>		
Date <i>10/20/14</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Magnan McCaumont</i>		Amount of contribution (\$) <i>\$50.00</i>	
		Contributor address; City; State; Zip Code <i>6205 Beisast Dr. Austin, TX 78725</i>		In-kind contribution description (if applicable)	
				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>			Employer (See Instructions) <i>LISD</i>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 10/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Luo	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 4182 Sandburg Way Irving, CA 92612		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Executive			10 Employer (See Instructions) Tabularis Projects	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brooke Forrest	Amount of contribution (\$) \$31.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1209 Dessau Rd # 438 Austin, TX 78754		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Workshop Intern			Employer (See Instructions) ASCC	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ashley Hunt	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 7503 Stonelick 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 10/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Manning	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3900 Benell Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Trader			Employer (See Instructions) Great Point Capital	
Date 10/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacob Hamilton	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1700 Rogge Ln. Austin, TX 78723		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) film			Employer (See Instructions) SUS	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**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 <i>AL Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/21/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Maxine Clark</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2105 S. Watson Rd. St. Louis, MO</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>NA</i>		10 Employer (See Instructions) <i>NA</i>	
Date <i>10/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Fermier</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4186 Valley Ridge Rd. Dallas, TX 75220</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Construction Manager</i>		Employer (See Instructions) <i>HD Beck</i>	
Date <i>10/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brian Morgan</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10500 N. IH 35 Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Austin Cash Potatoes</i>	
Date <i>10/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shawna & Seth Johnson</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>502 Amacacho Dr. Spring, TX 77386</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Conroe ISD</i>	
Date <i>10/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Annie Park</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4701 Staggerbush Rd. #2226 Austin, TX 78719</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Spring Board Coordinator</i>		Employer (See Instructions) <i>The College Board</i>	

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 <i>AL Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thomas Kincaid</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1006 Michigan Ave La Porte, IN 46305</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Priest</i>		10 Employer (See Instructions) <i>Episcopal diocese of Northern Indiana</i>	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nick Coker</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1407 Yorkshire Dr. Austin, TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Construction Manager</i>		Employer (See Instructions) <i>Balfour Beatty Construction</i>	
Date <i>9/26/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Park</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>30E. 9th St. 5LL New York, NY 10003</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>McKinsey</i>	
Date <i>9/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Geoff Rabston</i>	Amount of contribution (\$) <i>\$700.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>171 Glenwood Ave. Atterden, CA 94027</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/29/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Zach Neumeier</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1575 Welton St. #300 Denver, CO 80202</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Chairman</i>		Employer (See Instructions) <i>Sage</i>	

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 <i>AL Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/29/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alex Johnston</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>44 Howard Ave. New Haven, CT 0519</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Consultant</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Paul Cisneros</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>261 Broome St. Apt. 7B New York, NY 10002</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Balladium Equity</i>	
Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Johney Leeds</i>	Amount of contribution (\$) <i>\$60.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>435 E. 52ND St. Apt. 11 New York, NY 10022</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Leeds Equity Partners, LLC</i>	
Date <i>9/30/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Craig Johnson</i>	Amount of contribution (\$) <i>\$60.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25 Overlook Drive Fort Washington, NY 11050</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Melenna Long & Aldridge</i>	
Date <i>10/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gideon Stein</i>	Amount of contribution (\$) <i>\$2000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>245 W 99TH St. New York, NY 10025</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>LightSail Education</i>	

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 10/05/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WS Tichenov	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 642 Park Avenue New York, NY 10065		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) MD		10 Employer (See Instructions) Self	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stacy Schusterman	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2441 E. 49th Tulsa, OK 74105		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Samson Energy	
Date 10/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Mandel	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20 Bobolink Lane Greenwich, CT 0830		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Managing director		Employer (See Instructions) Line Pine Capital	
Date 10/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Lawrence	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 410 Park Ave. Suite B30 New York, NY 10022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Oakchess Capital	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Nunnelly	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 61 Farm Street Dover, MA 2030		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 10/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Reddick	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2401 Las John Street Austin, TX 78727		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) University of Texas Austin	
Date 10/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan D. Sackler	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 75 Red Point Cir. Greenwich, CT 06830		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Kolmick	
Date 10/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessica & Evan Conquest	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7720 O'connor Dr. #3801 Rand Rock, TX 78081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Banking officer		Employer (See Instructions) First Texas Bank	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jan Campbell	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4126 Merritt Rd. Sacile, TX 75048		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Self	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathie Hayes	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Hillcrest Ct. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Finance Associate		Employer (See Instructions) ASCC	

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 <i>Al Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marsha Sharp</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3813 85th St. Lubbock, TX 79423</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Assistant AD</i>		10 Employer (See Instructions) <i>Texas Tech</i>	
Date <i>10/3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Reagan B. Pugh</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 4 Mission, SD 57455</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Staffeller</i>		Employer (See Instructions) <i>Kalypso</i>	
Date 10/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: XXXXXXXXXXXXXXXXXXXX	Amount of contribution (\$) XXXXXXXXXX	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code XXXXXXXXXXXXXXXXXXXX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) XXXXXXXXXXXXXXXXXXXX		Employer (See Instructions) XXXXXXXXXXXXXXXXXXXX	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leadership for Educational Equity - Texas</i>	Amount of contribution (\$) <i>\$1,578.70</i>	In-kind contribution description (if applicable) <i>Candidate Coaching</i>
Contributor address; City; State; Zip Code <i>1805 7th St. NW Eighth Floor Washington, DC 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)	

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 <i>AL Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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 <i>AL Lopez</i>		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	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	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	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	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 F:	2 FILER NAME <i>AL Lopez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>Baciano Arte Design</i>	
6 Amount (\$) <i>\$480.00</i>	7 Payee address; City; State; Zip Code <i>12534 Persing Dr. Whittier, CA 90606</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <i>Nation Builder</i>	
Amount (\$) <i>\$19.00</i>	Payee address; City; State; Zip Code <i>448 S. Hill St. #200, Los Angeles CA 90013</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising/website</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/15/14</i>	Payee name <i>Allied Printing & Mailing INC.</i>	
Amount (\$) <i>\$,063.84</i>	Payee address; City; State; Zip Code <i>PO Box 142708 Austin, Texas 78714</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing expenses</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

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	5 Payee name	
6 Amount (\$)	7 Payee 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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G:	2 FILER NAME <i>AL Lopez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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

**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 | 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 H:	2 FILER NAME <i>Al Lopez</i>	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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held		
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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held		
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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held		
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)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 <i>Al Lopez</i>	3 ACCOUNT # (Ethics Commission Filers)
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	
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.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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:
---	----------------------------------

2 FILER NAME <i>Al Lopez</i>	3 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	---

4 Date	5 Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
---------------	---	----------------------

Date	Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
------	--	-------------

Date	Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
------	--	-------------

Date	Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
------	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>AL Lopez</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED