

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr David E  
NICKNAME LAST SUFFIX  
Lopez

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
9521 Kerrwood Ln. Houston, TX 77080

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 346 ) 351-8407

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr David E  
NICKNAME LAST SUFFIX  
Lopez

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
9521 Kerrwood Ln. Houston, TX 77080

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 346 ) 351-8407

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  **AMENDED** 8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
3 / 25 / 25 THROUGH 4 / 23 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
5 / 3 / 25  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Spring Branch ISD Board of Trustees Pos. 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> David Lopez		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,404.99
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,682.12
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,403.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

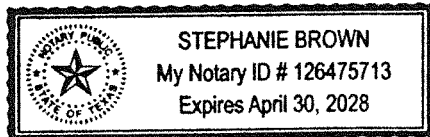
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Corrected report filed to include missing in-kind contribution.*

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Lopez this the 30 day of April, 2025, to certify which, witness my hand and seal of office.  
Stephanie Brown Stephanie Brown Election Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

David Lopez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,363.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,041.99
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,682.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lynne Williams	7 Amount of contribution (\$)  <b>40.00</b>
	6 Contributor address; City; State; Zip Code 14 S Cheska Ln Houston TX 77024-6504	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Chelsea Rose	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code 1813 Pannell St B Houston TX 77020	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Krista Hollis	Amount of contribution (\$)  <b>28.00</b>
	Contributor address; City; State; Zip Code 611 Dairy Ashford Rd Houston TX 77079	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Natalia Fernandez	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code 6727 Highclere Manor Ln Houston TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Ehren laughlin	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code 14336 Misty Meadow Ln Houston TX 77079	

8 Principal occupation / Job title (See Instructions) Engineer	9 Employer (See Instructions)
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Date 04/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Nancy George	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code 4413 Coyle St Houston TX 77023	

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

Date 04/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Patricia Varela	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code 2345 Triway Ln Houston TX 77043	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Mary Anne Friedrich	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code 5430 Hummingbird St Houston TX 77096	

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Lopez

3 Filer ID (Ethics Commission Filers)

4 Date

04/15/2025

5 Full name of contributor

Jim Elmore

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

719 Electra Dr Houston TX 77079

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

04/15/2025

Full name of contributor

Nina Lian

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

679 Strey Ln Houston TX 77024

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

04/17/2025

Full name of contributor

Noel Lezama

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

9038 Colleen Rd. Houston TX 77080

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

04/17/2025

Full name of contributor

Michelle Palmer

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

8740 Westheimer 17 Houston TX 77036

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Aldine ISD

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Diana Tang	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address; City; State; Zip Code 1826 Wheeler St Houston TX 77004	

8 Principal occupation / Job title (See Instructions) Principal Consultant	9 Employer (See Instructions) Diana W. Tang Consulting
---	---

Date 04/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Bryan Reed	Amount of contribution (\$) <b>25.00</b>
	Contributor address; City; State; Zip Code 10407 Brinwood Dr HOUSTON TX 77043	

Principal occupation / Job title (See Instructions) HR	Employer (See Instructions) YES Prep
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Date 04/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Cooms	Amount of contribution (\$) <b>10.00</b>
	Contributor address; City; State; Zip Code 9734 Philmont Dr Houston TX 77080	

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

Date 04/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Edmund Lee	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code 8719 Strongoak Ln Houston TX 77055	

Principal occupation / Job title (See Instructions) Trader	Employer (See Instructions) Engie
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 03/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Rosencranz	7 Amount of contribution (\$) <b>250.00</b>
	6 Contributor address; City; State; Zip Code 6 Sleepy Oaks Cir Houston TX 77024	

8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) retired
--	--

Date 04/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Barb Van Fossen Kennedy	Amount of contribution (\$) <b>10.00</b>
	Contributor address; City; State; Zip Code 2208 1/2 peppermill houston TX 77080	

Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) CyFair isd
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Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Susan Aronstein	Amount of contribution (\$) <b>25.00</b>
	Contributor address; City; State; Zip Code 9807 Moorberry Ln Houston TX 77080	

Principal occupation / Job title (See Instructions) Substitute Teacher	Employer (See Instructions) Spring Branch ISD
---	--

Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Noel Denison	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code 12110 Broken Arroe Houston TX 77024	

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME David Lopez	3 Filer ID (Ethics Commission Filers)
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4 Date 03/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) LEE Texas PAC	7 Amount of contribution (\$) <b>2,000.00</b>
6 Contributor address; City; State; Zip Code 24 Broadway, 12th Floor, New York, NY 10004		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>David Lopez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,041.99</b>	
5 Date <b>04/18/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Shaddix</b>	8 Amount of Contribution \$ <b>383.39</b>	9 In-kind contribution description <b>Road signs for campaign use</b>
7 Contributor address; City; State; Zip Code <b>11920 N Durette Dr. Houston, TX 77024</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>retired</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>retired</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>04/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diana Martinez Alexander</b>	Amount of Contribution \$ <b>607.78</b>	In-kind contribution description <b>Postage stamps for campaign postcards</b>
Contributor address; City; State; Zip Code <b>10238 Rothbury St. Houston, TX 77043</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>David Lopez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,041.99</b>	
5 Date <b>04/16/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ben Drews</b>	8 Amount of Contribution \$ <b>50.82</b>	9 In-kind contribution description <b>Drinks for event</b>
7 Contributor address; City; State; Zip Code <b>14522 Carolcrest Dr. Houston, TX 77079</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>David Lopez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/26/2025</b>	<b>5</b> Payee name <b>LEE</b>
------------------------------------	-----------------------------------

<b>6</b> Amount (\$) <b>500.00</b>	<b>7</b> Payee address; <b>25 Broadway 13th Floor New York, NY010004</b>	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Prepayment for Candidate Services</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/03/2025</b>	Payee name <b>FedEx Office</b>
---------------------------	-----------------------------------

Amount (\$) <b>48.70</b>	Payee address; <b>9762 Katy Fwy Suite 200, Houston, TX 77055</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Pushcards</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/04/2025</b>	Payee name <b>Squarespace</b>
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Amount (\$) <b>26.65</b>	Payee address; <b>225 Varick Street, 12th Floor New York, NY 10014</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Hosting Subscription</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>David Lopez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/08/2025</b>	<b>5</b> Payee name <b>Print N Sign</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>497.95</b>	<b>7</b> Payee address; City; State; Zip Code <b>7350 Harwin Drive #316-A Houston, TX 77036</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description Printing of campaign pushcards benefiting David Lopez (Spring Branch ISD Trustee P. 6), Diana Martinez Alexander (Spring Branch ISD Trustee P.5), and Patricia Cabrera (Spring Branch ISD Trustee P. 7)
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/11/2025</b>	Payee name <b>Print N Sign</b>
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Amount (\$) <b>503.36</b>	Payee address; City; State; Zip Code <b>7350 Harwin Drive #316-A Houston, TX 77036</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description Printing of campaign postcards benefiting David Lopez (Spring Branch ISD Trustee P. 6), Diana Martinez Alexander (Spring Branch ISD Trustee P.5), and Patricia Cabrera (Spring Branch ISD Trustee P. 7)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/16/2025</b>	Payee name <b>Namecheap</b>
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Amount (\$) <b>11.46</b>	Payee address; City; State; Zip Code <b>4600 East Washington Street., Suite 305 Phoenix, AZ 85034</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Domain Name Purchase</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>David Lopez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/23/2025</b>	<b>5</b> Payee name <b>Campaign Verify</b>
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<b>6</b> Amount (\$) <b>95.00</b>	<b>7</b> Payee address; <b>1215 31st Street NW PO Box 3554 Washington, DC 20007</b>	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Verification service for texting</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**