-		E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	ME	OFFICE USE ONLY
NAME	NICKNAME	Lonzez	SUFFIX	Date Receives SA County
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT ASUITE # C	LIS LULL TY-785	FEB 2 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Enriger	МІ	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		lipez		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE#; CITY:	STATE: ZIP CODE
(Residence or Business)	15065 RO	deo Jt	Lythe	TA 78052
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month \dot{C}	Day Year	THROUGH 2	Day Year
11 ELECTION	ELECTION DA	TE Primary	ELECTION TYP	E
:	Month Day	Year General	Description	
		<u> </u>		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	wn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	'S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
		GO TO	PAGE 2	

6 4

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
F.	nrique Lopez		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POL	LITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR ELECTRONICALLY)	AN \$
	2. TOTAL POLITICAL CO! (OTHER THAN PLEDGES,	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOAN	(S) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE,	\$
, ,	4. TOTAL POLITICAL EXF	PENDITURES	\$ 0,00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS AS ORTING PERIOD	S OF THE \$
18 SIGNATURE IS	swear, or affirm, under penalty of peri	fury, that the accompanying report is	true and correct and includes all informati
	quired to be reported by me under Title		
		Signature of	Candidate or Officeholder
		2.3/.2.2.0	
	Please co	omplete either option bel	ow:
	, , , , , , , , , , , , , , , , , , , ,		
(1) Affidavit			
(1) Children			
NOTARY STAMP/SEA	L		
Commence of the second	l bafana ma bir	الماستانية	tho down
Sworn to and subscribed			the day of
20, to certify	y which, witness my hand and seal of of	fice.	
Signature of officer administ	ering cath Printed name	e of officer administering oath	Title of officer administering oa
		OR	
(2) Unsworn Declarat	ion		
My name isEnr		, and my date of birth	
My address is	5 Rodeo st	<u>Lytbe</u>	Tx 78052. USA
Δ,	(street)	(city)	(state) (zip code) (country)
Executed in Hasi	County, State of TX_	(city) , on the 1-16 th day of 16 (miles	onth) , 20:2 (year)
		Signature of Ca	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Comm		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FL	INDS	\$ 0,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)				2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST		Mì	OFFICE USE ONLY
NAME	NICKNAME	LAST LOPE Z		SUFFIX	Date Record COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY;	STATE; ZIP CODE	AFR FEB 0 2 JOSE 2
Change of Address	· · · · · · · · · · · · · · · · · · ·	udeust li	yH4	TX 78052 EXTENSION	T SI Engle
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Date Ham College Postmarked Receipt # Amount \$
6 CAMPAIGN	MS/MRS/MR	FIRST	-	MI	
TREASURER NAME	NICKNAME	Enrique	,	SUFFIX	Date Processed Date Imaged
		1 voce	.	<u> </u>	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE): APT /	SUITE #;	CITY;	STATE; ZIP CODE
(Residence or Business)	15015 R	ndeo St		lytle_	TX - 78052
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month \mathcal{O}	Day Year / 2024	тні	ROUGH 01	h Day Year / 25 / 2024
11 ELECTION	ELECTION DAY Month Day 3	Year Primate		ELECTION TY Runoff Other Descriptio	
42 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if kn	iown)
12 OFFICE	Of Field Field (in daily)			Constable P	Y(T)2
14 NOTICE FROM POLITICAL				OR POLITICAL EXPENDITURE	S MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN 1	REASURER I	NAME	
		COMMITTEE CAMPAIGN	TREASURER	ADDRESS	
GO TO PAGE 2					

	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2
5 C/OH NAME	rique lopez	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 40.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S \$
,,	quired to be reported by me under Title 15, Election Code.	Candidate or Officeholder
	Please complete either option belo	ow:
(1) Affidavit		
NOTARY STAMP/SE	AL. d before me by this the	neday of
	y which, witness my hand and seal of office.	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declara	tion	
My name is <u>Enriq</u>		
My address is15())	(street) (city)	TX, 76452, USA (state) (zip code) (country)
Executed in Atas	(Street) (USA County, State of Texas, on the 5th day of from the first text of the county of the co	· · · · · · · · · · · · · · · · · · ·
	Signature of Ca	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FU	NDS	\$40.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholden/Polític Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin cal Committee Legal Services Salarie	Fees Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense	
TOTAL PAGES SELECT	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
0-7-1 0-7-1	5 Payee name Enrique Lopez	City;	State; Zip Code
Reimbursement from political contributions intended	15005 Ruden St (a) Category (See Categories listed at the top of this schedule)	Lytlu (b) Description	Tr 78052
PURPOSE OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder living expense
3 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought (unstable)	Office held PCT 2
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Category (see categories later at the opportunities)	,	
	Check if iravel outside of Texas. Complete Schedule		stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name	-	
Amount (\$)	Payee address;	Cíty;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule	e) Description	
EXPENDITURE		T. Check if Au	ustin, TX, officeholder living expense
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	" L	Office held

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Enrique NAME SUFFIX LAST NICKNAME Lover STATE; ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; 4 CANDIDATE/ **OFFICEHOLDER** AN 1 6 2024 MAILING **ADDRESS** 78052 Change of Address **EXTENSION** PHONE NUMBER 5 CANDIDATE/ AREA CODE OFFICEHOLDER PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed Enrique. NAME LAST SUFFIX NICKNAME Date Imaged 7

		1,000 2				
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE); APT / SL	ЛТЕ #; C	CITY;	STATE;	ZIP CODE
(Residence or Business)	15045 B	loder st	ly,	he	Tx	78052
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	ENSION		
REPORT TYPE	January 15	30th day before e	lection	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	oction	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
0 PERIOD	Month	Day Year		Month	Day Yea	
COVERED	_7 /	1 /2023	THROUGH		/31/20	23
11 ELECTION	ELECTION DAT	Year Primary General	Runoff	Other Description	:	
2 OFFICE	OFFICE HELD (If any)		(0^	Stuble P	ct 2	
4 NOTICE FROM POLITICAL		E OF POLITICAL CONTRIBUTIONS EHOLDER, <i>THESE EXPENDITURE</i> AND OFFICEHOLDERS ARE REQU				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				<u> </u>
Additional Pages	GENERAL.	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		_	
		COMMITTEE CAMPAIGN TR	REASURER ADDRE	SS		
	<u> </u>	GO TO	PAGE 2			
Forms provided by Texas E	Ethics Commission	www.ethi	cs.state.tx.us			Revised 11/15/202

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
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 FU	NDS \$ 800.00
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	TIONS RETURNED \$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5 C/OH NAME		er ID (Ethics Commission Filers)
Znadni	(crez	
7 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 800.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I s re	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	
•	Signature of Candida	te or Officeholder
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SE		
Sworn to and subscribe	before me by this the	day of,
20, to certif	y which, witness my hand and seal of office.	
Signature of officer adminis		Title of officer administering oath
	OR	
(2) Unsworn Declara		2 2 1664
My name is		78052 USB
My address is15((city) (state	(country)
Executed in	County, State of Texas, on the Just day of January (month)	(year) .
	Signature of Candidate	Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEG	iORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica	ical Committee Legal Services Salaries/Wages/Contra		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gulde explain	s how to complete this form.	
Total pages Schedule G:	2 FILER NAME FROM LOCAL		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name Enrique lurer		
9-2023 Amount (\$) 800,00	Enrique lopez		7-0-1-
Amount (\$) PU C, PO	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	15065 Rodec 37	lytte	Tx 78052
PURPOSE OF	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austir	n, 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
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete S	chedule T. Check If Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	·		
PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	
		ing state by up	Revised 11/15