(512) 463-5800 (TD

(TDD 1-800-735-2989)

JUDICIAL CAMPAIGI	FORM JC/OH Cover Sheet pg 1			
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST LOPEZ	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-selliversid or Postmarked	
change of address	-		- Receipt # Amotifit	
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed	
6 CAMPAIGN TREASURER NAME	NICKNAME FIRST	Mi SUFFIX	Date Imaged	
	MCCAFFI	l		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO P	0.001 0.007		
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 (officeholderonly)	
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Atlach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 1/24 / 2014 THROUGH	Monih Day Z/LZ,	Year /2.014	
11 ELECTION	Month Day Year 3/4/2014 Primary	Runoff 🔚	General Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known JUSTICE	of the Peoce#3	
GO TO PAGE 2				

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

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT TH CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES				
COMMITTEE(S)		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ @		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &		
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ED \$ C		
	4. TOTAL POLITICAL EXPENDITURES		\$ 4346.57		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Costs. My Commission Expires September 16, 2017					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>Lenny Lopez</u> , this the					
24 ⁺⁴ day of <u>February</u> , 20 <u>14</u> , to certify which, witness my hand and seal of office. But more Brandon Moore Notary					
Bla more Brandon Moore Notary					

Print name of officer administering oath

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Signature of officer administering oath

Revised 04/19/2013

Title of officer administering oath

Γ

Austin, Texas 78711-2070

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POLITICAL EXPENDITURES SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Expense			
1 Total pages Schedule G:	2 FILER NAME LENNY Loper 3 ACCOUNT # (Ethics Commission Filers)			
4 Date 1/30/2014	5 Payee name POIKA Dot Printing			
6 Amount (\$) 4 346 : Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2140 E. Southlaine Blud, SL. Tr. 76092			
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) Mail orts		
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)		
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 Texes, complete Schedule T)		
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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Revised 04/19/2013