

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JAN 09 2024

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

City Secretary's Office
City of Grand Prairie

2 Total pages filed:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

John

MI

J

NICKNAME

LAST

Lopez

SUFFIX

OFFICE USE ONLY

Date Received

01/09/2024
MKT

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted]

Grand Prairie, TX 75052

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

([Redacted]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mrs.

FIRST

Michele

MI

R

NICKNAME

LAST

Lopez

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted]

Grand Prairie, TX 75052

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

([Redacted]

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

Day

Year

07 / 01 / 23

THROUGH

Month

Day

Year

12 / 31 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 22

Primary

Runoff

ELECTION TYPE

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Grand Prairie City Council District 4

13 OFFICE SOUGHT (if known)

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

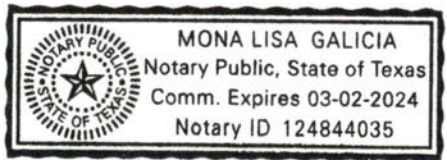
15 C/OH NAME John J Lopez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 300.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,393.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41,661.95
OUTSTANDING LOAN TOTALS	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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Lopez this the 9th day of January

2024 to certify which, witness my hand and seal of office.

[Signature] Mona Lisa Galicia City 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 **John J. 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	\$19,250.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,093.50
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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: 1-3
2 FILER NAME John J Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Rodriguez	7 Amount of contribution (\$) 2,500.00
6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75212		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose DelaRosa	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelica Huerta	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code [REDACTED] TX 75236		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Yarbrough	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code [REDACTED] Addison TX 75001		
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.		

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: **2-3**

2 FILER NAME
John J Lopez

3 Filer ID (Ethics Commission Filers)

4 Date
12/22/23

5 Full name of contributor out-of-state PAC (ID#: _____)

John Chong

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

Carrollton TX 75007

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/22/23

Full name of contributor out-of-state PAC (ID#: _____)

Kevin Cho

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

Carrollton TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/29/23

Full name of contributor out-of-state PAC (ID#: _____)

Lorenzo Aguirre

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

Dallas TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/29/23

Full name of contributor out-of-state PAC (ID#: _____)

Maria Salinas

Amount of contribution (\$)

2,000.00

Contributor address; City; State; Zip Code

Dallas TX 75249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 3-3
2 FILER NAME John J Lopez		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Amendariz	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75236		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Ross	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75220		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Darrin Gregory	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75220		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerri Sanders	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75220		
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.

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.

1 Total pages Schedule F1: 1-3	2 FILER NAME John J. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/23	5 Payee name LULAC Youth Council - GPHS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 101 Gopher Trail Grand Prairie TX 75050	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Event Expense	(b) Description National Convention Travel Donation
	(c) <input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held
Date 8/31/23	Payee name HACE	
Amount (\$) 500.00	Payee address; City; State; Zip Code 4536 Friars Lane Grand Prairie TX 75052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description National Hispanic Heritage Event
	<input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held
Date 9/21/23	Payee name LULAC Youth Council - GPHS	
Amount (\$) 100.00	Payee address; City; State; Zip Code 101 Gopher Trail Grand Prairie TX 75050	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Donation-Meeting Snacks
	<input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: 2-3	2 FILER NAME John J. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/23	5 Payee name UNIDOS-GPPD	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1525 Arkansa Lane Grand Prairie TX 75052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Event Expense	(b) Description Donation-Toy Drive
	(c) <input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held

Date 12/2/23	Payee name Santa Cop-GPPD	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1525 Arkansas Lane Grand Prairie TX 75052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	Description Donation-Toy Drive
	<input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held

Date 12/4/23	Payee name HACE	
Amount (\$) 500.00	Payee address; City; State; Zip Code 4536 Friars Lane Grand Prairie TX 75052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	Description Donation-Noche de Navidad-Food Distribution
	<input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: 3-3	2 FILER NAME John J. Lopez	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/23	5 Payee name La Tapatia Bakery	
6 Amount (\$) 193.50	7 Payee address; City; State; Zip Code 688 W. Pioneer PKW Suite 150 Grand Prairie TX 75051	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Christmas Event
	(c) <input type="checkbox"/> Check 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	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
	<input type="checkbox"/> Check 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	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
	<input type="checkbox"/> Check 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	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED