

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) 00011111	2 PAGE # 1 of 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Hector H.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Lopez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3800 N. Mesa St. Suite A-2 El Paso, TX 79902		
	MS / MRS / MR FIRST MI Belen		
5 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX Robles		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3336 Fillmore El Paso, TX 79930		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION (915) 562-4829		
7 CAMPAIGN TREASURER PHONE	REPORT TYPE <input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
8 REPORT TYPE	PERIOD COVERED Month Day Year Month Day Year 01/22/2013 THROUGH 04/01/2013		
9 PERIOD COVERED	ELECTION DATE Month Day Year 05/11/2013	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
10 ELECTION	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Mayor	
11 OFFICE			

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 CITY CLERK DEPT.

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Lopez, Hector H. (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00011111

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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2013 APR 11 PM 4:51

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 40.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,546.20

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4,529.40

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,505.60

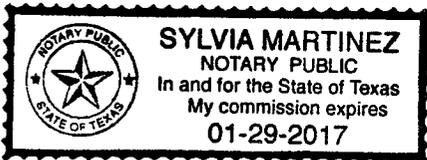
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hector Humberto Lopez this the 11th day of April, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature: Sylvia Martinez]

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/17 Report: 3/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguirre, Karina Lis Franco (Ms.) 6 Contributor address; City; State; Zip Code 10705 Tourmaline St. El Paso, TX 79924	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Peadritric Partners	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguirre, Octavio (Mr.) Contributor address; City; State; Zip Code 6973 Granero Dr. El Paso, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) International Trucking Service	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguirre, Veronica (Ms.) Contributor address; City; State; Zip Code 200 N. Mesa #1110 El Paso, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Store Manager		Employer (See Instructions) Swaroski	
Date 03/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allala, Stephanie Townsend (Ms.) Contributor address; City; State; Zip Code 300 East Main St. El Paso, TX 79901	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrio, Luis (Mr.) Contributor address; City; State; Zip Code 1990 Paseo Del Prado El Paso, TX 79936	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Referee		Employer (See Instructions) El Paso Assn. Center	

2013 APR 1 PM 4:52
 CITY CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/17 Report: 4/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernal, Andres (Mr.) 6 Contributor address; City; State; Zip Code 7906 North 2nd Lane McAllen, TX 78504	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) CITY CLERK DEPT 2013 APR 11 PM 4:05
9 Principal occupation / Job title (See Instructions) University of San Diego		10 Employer (See Instructions) Student	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanco, Abel (Mr.) Contributor address; City; State; Zip Code PO Box 2566 Fabens, TX 79838	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Border Cleaning Solutions	
Date 02/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camacho, Graciela (Mr.) Contributor address; City; State; Zip Code 1955 Trawood Unit 22 El Paso, TX 79935	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camacho, Isaac (Mr.) Contributor address; City; State; Zip Code 1955 Trawood Unit 22 El Paso, TX 79935	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castanon, Alfredo (Mr.) Contributor address; City; State; Zip Code 6951 N. Mesa El Paso, TX 79912	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/17 Report: 6/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 01/30/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cisneros, Enrique (Mr.) 6 Contributor address; City; State; Zip Code 1643 Gene Torres El Paso, TX 79936	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) CITY CLERK D 2013 APR 13 PM 1:02
9 Principal occupation / Job title (See Instructions) Agent		10 Employer (See Instructions) New York Life	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cobb, Zollie Ray (Mr.) Contributor address; City; State; Zip Code 12216 Rathmore Dr. El Paso, TX 79928	Amount of contribution (\$) \$12.50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mail Carrier		Employer (See Instructions) US Post Office	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De Leon, Carlos (Mr.) Contributor address; City; State; Zip Code El Paso, TX 79936	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diaz, Christopher (Mr.) Contributor address; City; State; Zip Code 3205 Destiny Point El Paso, TX 79938	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	
Date 03/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diaz, Roberto (Mr.) Contributor address; City; State; Zip Code 413 Northview Ln. Crestview, FL 32536	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) US Air Force		Employer (See Instructions) USAF	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/17 Report: 7/23	
2 FILER NAME Lopez, Hector H. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dipp, Mike (Mr.) 6 Contributor address; City; State; Zip Code 100 N. Ochoa El Paso, TX 79901	7 Amount of contribution (\$) \$55.18	8 In-kind contribution description (if applicable) Sodas and Waters <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Economy Cash & Carry		
Date 01/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duarte, Pete (Mr.) Contributor address; City; State; Zip Code 4229 O'keefe Dr. El Paso, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duenas, Jorge (Mr.) Contributor address; City; State; Zip Code 13509 Emerald Terrance Dr. El Paso, TX 79928	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Miscelc Properties		
Date 01/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engles, Jan (Ms.) Contributor address; City; State; Zip Code 2219 King James Place El Paso, TX 79903	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed		
Date 03/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engles, Jan (Ms.) Contributor address; City; State; Zip Code 2219 King James Place El Paso, TX 79903	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/17 Report: 8/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fendi, Teresa Cobb (Mrs.) 6 Contributor address; City; State; Zip Code 12216 Rathmore Dr. El Paso, TX 79928	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Retired	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fendi, Teresa Cobb (Mrs.) Contributor address; City; State; Zip Code 12216 Rathmore Dr. El Paso, TX 79928	Amount of contribution (\$) \$12.50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Jaime (Dr.) Contributor address; City; State; Zip Code 1397 Diamond Gate El Paso, TX 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Opitca 20/20	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franco, Bernabe (Mr.) Contributor address; City; State; Zip Code 11188 Shoreline El Paso, TX 79931	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Suncity Premium Developers	
Date 03/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friar, Adrian (Ms.) Contributor address; City; State; Zip Code 7146 Sumtor Canutillo, TX 79835	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	

2013 APR 1 PM 4:52
 CITY CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/17 Report: 9/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerardo, Jose (Mr.) 6 Contributor address; City; State; Zip Code 4794 Sol De Alma way El Paso, TX 79835	7 Amount of contribution (\$) \$425.00	8 In-kind contribution description (if applicable) Campaign Bumber Stickers <div style="text-align: right; font-size: small;">OFFICE CLERK 2011 APR 1 M 4:52 DEPT.</div>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Retired	
Date 03/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Analco (Mr.) Contributor address; City; State; Zip Code 11703 Bridge Hampton San Antonio, TX 78251	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Our Community, Inc	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guevera, Oscar (Mr.) Contributor address; City; State; Zip Code 3737 N. Mesa El Paso, TX 79902	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Math Store Tutoring Center		Employer (See Instructions) Self Employed	
Date 03/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hensly, David (Mr.) Contributor address; City; State; Zip Code 11749 Tony Tejada El Paso, TX 79936	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 03/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Hilario (Mr.) Contributor address; City; State; Zip Code 411 New York #10 El Paso, TX 79902	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/17 Report: 10/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/14/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lares, Adriel (Mr.) 6 Contributor address; City; State; Zip Code 301 Mission Ste 42D San Francisco, CA 94105	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lookout		10 Employer (See Instructions) CFO	
Date 01/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limon, Lily (Ms.) Contributor address; City; State; Zip Code 1301 Lonewood El Paso, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Hector (Mr.) Contributor address; City; State; Zip Code 1923 Gus Moran El Paso, TX 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ITS INC, Hola Transportation		Employer (See Instructions) COO	
Date 01/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lopez, Maria (Ms.) Contributor address; City; State; Zip Code 1925 Gus Moran El Paso, TX 79936	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maricio, Jose Luis (Mr.) Contributor address; City; State; Zip Code 6089 Los Pueblos Dr. El Paso, TX 79912	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions) CFO	

2013 APR 11 PM 4:32
 CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/17 Report: 11/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/16/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxsom, Joseph (Mr.)	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) CITY CLERK 2013 APR 12 PM 4:00
6 Contributor address; City; State; Zip Code 533 La Cantera Dr. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Dir. of Aviation		10 Employer (See Instructions) Hunt Companies	
Date 03/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxsom, Sheryl (Ms.)	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 533 La Cantera Dr. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Canutillo ISD	
Date 03/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonald, Rosa (Ms.)	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10940 Bywood El Paso, TX 79936		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medina, Othon (Mr.)	Amount of contribution (\$) \$800.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2705 Doug Ford Dr. El Paso, TX 79935		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 01/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moreno, Analinda (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 510 E. University Ave. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Valero del Sur Pueblo	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/17 Report: 12/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 01/28/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moreno, Enrique (Mr.) 6 Contributor address; City; State; Zip Code 701 Magoffin El Paso, TX 79901	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self-Employed	
Date 02/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Humberto (Mr.) Contributor address; City; State; Zip Code 5698 Flager El Paso, TX 79938	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed	
Date 03/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Najera, Laura (Ms.) Contributor address; City; State; Zip Code 15921 Horizon Clint, TX 79928	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Clint School District	
Date 03/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Najera, Lorenzo (Mr.) Contributor address; City; State; Zip Code 15921 Horizon Blvd Clint, TX 79928	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self-Employed	
Date 03/07/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nieto, Ernesto (Mr.) Contributor address; City; State; Zip Code 861 Arroyo Ranch Rd. Kyle, TX 78640	Amount of contribution (\$) \$396.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) National Hispanic Institute	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/17 Report: 15/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 02/14/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortega, Manuel (Mr.)	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) CITY CLERK DEPT. 2013 APR 4:52
6 Contributor address; City; State; Zip Code 6713 Moningside Cir El Paso, TX 79904		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Office Manager		10 Employer (See Instructions) Sealrite Corporation Circle	
Date 01/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Padilla, Nacho & Graciela	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4330 Wyoming El Paos, TX 79903		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 03/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Padilla, Nacho & Graciela	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4330 Wyoming El Paos, TX 79903		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 01/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmarini, Natalia (Ms.)	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W 43rd Street Apt 2Q New York, NY 10036		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Villanova University		Employer (See Instructions) Student	
Date 03/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Payan, Salvador (Mr.)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1909 Canutillo, TX 79835		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 12/17 Report: 14/23	
2 FILER NAME Lopez, Hector H. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 01/30/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Anna (Dr.) 6 Contributor address; City; State; Zip Code 12249 Warhol Dr. El Paso, TX 79936	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) Retired	
4 Date 02/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Razo, Danny (Mr.) 6 Contributor address; City; State; Zip Code 701 Magnolia St. El Paso, TX 79903	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Attorney			10 Employer (See Instructions) Self Employed	
4 Date 02/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Jay (Mr.) 6 Contributor address; City; State; Zip Code 476 Timber Oaks El Paso, TX 79932	7 Amount of contribution (\$) \$1,675.00	8 In-kind contribution description (if applicable) Office Space for the month of March 2013	
9 Principal occupation / Job title (See Instructions) Accountant			10 Employer (See Instructions) Self-Employed	
4 Date 01/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Rebecca (Ms.) 6 Contributor address; City; State; Zip Code 3117 Isla Verde Circle El Paso, TX 79925	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Planner			10 Employer (See Instructions) Texas Dep. Of Transportation	
4 Date 01/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robles, Belen (Mr.) 6 Contributor address; City; State; Zip Code 336 Fillmore Ave. El Paso, TX 79930	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions) Retired			10 Employer (See Instructions) Retired	

2013 APR 11 PM 4:52
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/17 Report: 17/23	
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111	
4 Date 03/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TDP VAN System 6 Contributor address; City; State; Zip Code 4818 Ben White Blvd Suite 104 Austin, TX 78741	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable) Database Software and Tech Support <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tejano Democrats Paso Del Norte Chapter Contributor address; City; State; Zip Code 300 E. Yandell El Paso, TX 79903	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaidiviez, Michelle (Ms.) Contributor address; City; State; Zip Code 1521 Bud Allin Pl. El Paso, TX 79935	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Norma (Ms.) Contributor address; City; State; Zip Code 1783 Victor Lopez El Paso, TX 79936	Amount of contribution (\$) \$5.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valenzuela, Alejandra (Ms.) Contributor address; City; State; Zip Code 1467 Shelby Dr. El Paso, TX 79934	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 203 APR 4:52 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/17 Report: 19/23
2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00011111
4 Date 03/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zollie, Ray Cobb Jr (Mr.) 6 Contributor address; City; State; Zip Code 12216 Rathmore Dr El Paso, TX 79928	7 Amount of contribution (\$) \$50.00 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Mail Carrier		10 Employer (See Instructions) US Post Office

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2013 APR 11 PM 4:52

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
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 PAGE # Schedule: 1/4 Report: 20/23		2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (TEC filers) 00011111	
4 Date 01/29/2013	5 Payee name All Print				
6 Amount (\$) \$286.85	7 Payee address City; State; Zip Code 7230 D Gateway East El Paso, TX 79915				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing- Campaign Supplies		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/28/2013	Payee name All Print				
Amount (\$) \$411.34	Payee address City; State; Zip Code 7230 D Gateway East El Paso, TX 79915				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing- Campaign Supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/28/2013	Payee name All Print				
Amount (\$) \$876.81	Payee address City; State; Zip Code 7230 D Gateway East El Paso, TX 79915				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing- Campaign Supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/15/2013	Payee name Blue Star				
Amount (\$) \$537.13	Payee address City; State; Zip Code 4302 Alameda El Paso, TX 79905				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Signs		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:	

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 2013 APR 11 AM 4:52

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
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 PAGE # Schedule: 2/4 Report: 21/23	2 FILER NAME Lopez, Hector H. (Mr.)	3 ACCOUNT # (TEC filers) 00011111
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4 Date 02/27/2013	5 Payee name City of El Paso
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 2 Civic Center Plz El Paso, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign File Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2013	Payee name Diario
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Amount (\$) \$252.00	Payee address City; State; Zip Code 1801 Texas El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2013	Payee name El Paso Electric
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Amount (\$) \$329.94	Payee address City; State; Zip Code PO Box 982 El Paso, TX 79960
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Electric Bill
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2013	Payee name Fusion Magazine
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Amount (\$) \$350.00	Payee address City; State; Zip Code 501 Texas Ave El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
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Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
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 PAGE # Schedule: 3/4 Report: 22/23		2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (TEC filers) 00011111	
4 Date 01/24/2013	5 Payee name Pay Pal				
6 Amount (\$) \$0.21	7 Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/04/2013	Payee name Pay Pal				
Amount (\$) \$5.71	Payee address City; State; Zip Code PO Box 45950 Omaha, NE 68145				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/29/2013	Payee name Pay Pal				
Amount (\$) \$103.11	Payee address City; State; Zip Code PO Box 45950 Omaha, TX 68145				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Processing fees		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/26/2013	Payee name Texas Democratic Party				
Amount (\$) \$500.00	Payee address City; State; Zip Code 4818 E. Ben White Blvd, Suite 104 Austin, TX 78741				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Voter Database		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Voter File Data		
	Candidate / Officeholder name		Office sought:	Office held:	

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 2013 APR 11 PM 4:59

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
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 PAGE # Schedule: 4/4 Report: 23/23		2 FILER NAME Lopez, Hector H. (Mr.)		3 ACCOUNT # (TEC filers) 00011111	
4 Date 01/30/2013		5 Payee name The Network			
6 Amount (\$) \$300.00		7 Payee address City; State; Zip Code 317 E. Mill Ave. El Paso, TX 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Kick Off	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/30/2013		Payee name TMO Foundation			
Amount (\$) \$45.00		Payee address City; State; Zip Code 5813 Bagdad El Paso, TX 79924			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Easter Parade Entrance fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/12/2013		Payee name United Bank of El Paso			
Amount (\$) \$31.30		Payee address City; State; Zip Code 125 N Mesa Hills Dr El Paso, TX			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

2013 APR 11 PM 4:53
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