Ě	hild Yes	earned" income, transactions, or liabilities of a spouse or dependent child ess you have first consulted with the Committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
N _N	Yes	mittee on Ethics and certain other "excepted trusts" need not be sfiting you, your spouse, or a dependent child?	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
ls L	SE QUESTION	ST INFORMATION — ANSWER EACH OF THESI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	₃s" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Each question in this part must be answer
S _S	ves 🗹	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
₹	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes If yes, complete and attach Schedule II.
<u>s</u>	Yes V	No IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I. Ves
		EACH OF THESE QUESTIONS	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH
assessed who files	A <i>\$200 penalty</i> shall be a against any individual we more than 30 days late.	Date of June 10th 20th Amendment A \$200 p Amendment against a more tha	Filer Candidate for the State: VIRCINIA House of Representatives District: - E15 w/s Status New officer or Employing Office:
	(Office Use Only)	U.	
ENTATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S.I	Name: Alfonso H. Lopez
Page 1 of Second Rice CENTER	Page 1 of	FORM B For use by candidates and new employees	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2019
7	APR 08 2014		

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Alfonso Hoffmun Lapez

Page Z o A

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Excude: willially pay (such as National Guard of Reserve pay), lederal retirement programs, and		benefits received under the Social Security Act	unt
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
Т	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
VIRGINIA GENERAL ASSEMBLY, Richmand, UA	Sodary and other Expenses	15,741.06	J, 962,50
MAXIMUS, INC. Roston VA	Consultant Salary	18,000	33,000
E Call Health care/Cotimus Steveling UA	Commitmet Fee	o du a	8,000
NATTECH ARCINOTION UA	Salary-Consultud	0	12,000
IT Serve / Alliance, DALLAS, TX	Consultant Fee	2,500	٥
U.S. Department of Education, Washington, DC.	Spouse Salary	NA	~ A
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Page 3 or S

59 WBUS FARES Mutuality	-SMALLAP world Fund	- This location of the sure	-(APITOLIDELE CRONTESTARME	- Allaince Brawlein PORT APPLICA	Walls FARGO mutual Fund	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
	X	×	*	×		×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Cver \$50,000,000 Spouse/DC Asset over \$1,000,000*	A SP CO D III Ti GO III X	BLOCK B Value of Asset ate value of asset at close of ting year. If you use a valuation od other than fair market value, se specify the method used. asset was sold during the report asset was sold during the should lone." column is for assets solely held our spouse or dependent child.
	X	*	*	X		×	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	×	X	×	*		X		X	None	Current Year Preceding Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name Allerso Holtman hopez

Page 6 of 5

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report *revolving charge accounts (i.e., credit cards)* only if the balance at the close of the previous calendar year exceeded \$10,000.

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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Member, 49th Distant	House of Delegates, Virginia General Assembly
Consultant	MAXIMUS, Inc.
Conon I hand	E Cell Healthaux / Optimus
(DNOW) - traffer	National Technology Business Armicratus (Nat Tect)
PARTNER	Alcalde PFag LTO

Use additional sheets if more space is required.

(consultant

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Schedule IV - POSITIONS

Page 7 of \$

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SCHEDULE V — AGREEMENTS

Iama Alteuso Haffman Lopez

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efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employr	
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Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Alcalder For, LTO, ARLINGTON, VIRGINIA Federal Advocacy Services	Federal Advocacy Services
	V

GPO: 2013

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