

**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)

2 Total pages filed: **17**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR** FIRST **Jose** MI
NICKNAME **Lozano** LAST SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7404 Franklin Dr El Paso TX 79915

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE **(915)** PHONE NUMBER **779-6773** EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR** FIRST **Jose** MI
NICKNAME **Lozano** LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7404 Franklin Dr El Paso TX 79915

8 CAMPAIGN TREASURER PHONE

AREA CODE **(915)** PHONE NUMBER **920-6556** 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 \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
4 / 7 / 05 THROUGH 4 / 28 / 05

11 ELECTION

ELECTION DATE: Month Day Year **5 / 7 / 05**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) **Representative for Dist #3** 13 OFFICE SOUGHT (if known) **Same**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

05 APR 29 PM 04:04
FORM PC/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 5

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

\$ 4,350.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 859.37

4. TOTAL POLITICAL EXPENDITURES

\$ 11,932.40

CONTRIBUTION BALANCE

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

\$ 10,173.43

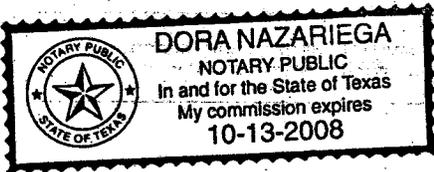
OUTSTANDING LOAN TOTALS

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

\$ 0

19 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose Alejandro Lozano this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

Dora Nazariaga
Signature of officer administering oath

Dora Nazariaga
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Joe A. Legano

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-4-04

5 Full name of contributor

out-of-state PAC (ID# _____)

Lineberger Grogan Blair

6 Contributor address; City; State; Zip Code

*P.O. Box 17428
Austin TX 78760*

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

CK # 101913

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-25-05

Full name of contributor

out-of-state PAC (ID# _____)

G + G Enterprise

Contributor address; City; State; Zip Code

*1525 Woodyear Dr.
El Paso TX 79936*

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

CK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-05

Full name of contributor

out-of-state PAC (ID# _____)

American Bail Bond

Contributor address; City; State; Zip Code

*301 S. Campbell St.
El Paso TX 79901*

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

CK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-05

Full name of contributor

out-of-state PAC (ID# _____)

Lineberger Grogan Blair

Contributor address; City; State; Zip Code

*P.O. Box 17428
Austin, TX 78760*

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

CK # 10885

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor

out-of-state PAC (ID# _____)

Wyatt & Underwood PLLC

Contributor address; City; State; Zip Code

*303 TEXAS AVE STE 600
EL PASO, TX 79901*

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

CK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A
05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Joe A. Legano

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-15-05

5 Full name of contributor

Ignacio Pratti Estrada

6 Contributor address; City; State; Zip Code

*501 N. Kansas #200
El Paso TX 79901*

7 Amount of contribution (\$)

*100-
CK*

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-15-05

Full name of contributor

Darren L. Legon + Marina

Contributor address; City; State; Zip Code

*1365 Pearl Gate
El Paso TX 79536*

Amount of contribution (\$)

*100-
CK*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-05

Full name of contributor

Randel O'Leary

Contributor address; City; State; Zip Code

*7910 Gateway E. #102
El Paso TX 79915*

Amount of contribution (\$)

*1,000-
CK*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-05

Full name of contributor

David R. Branch

Contributor address; City; State; Zip Code

*5203 Wumbledon Way
El Paso TX 79934*

Amount of contribution (\$)

*100-
CK*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-19-05

Full name of contributor

El Paso Build. Association

Contributor address; City; State; Zip Code

*6046 Surety Dr
El Paso TX 79908*

Amount of contribution (\$)

*1000-
CK*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A
05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Joe A. Lyons

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-14-05

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

Richard J. Amstutz

7 Amount of contribution (\$)

*100 -
CK*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*5000 Montana
El Paso TX 79922*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-25-05

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

Carmen A. Garcia

Amount of contribution (\$)

*100 -
CK*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5717 LAS BRISAS CIR
El Paso TX 79905*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25-05

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

Joe Angel or Alicia Vaquero

Amount of contribution (\$)

*200 -
CK*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5708 LAS BRISAS CIR
El Paso TX 79905*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

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

Hector Arredondo

Amount of contribution (\$)

*50.00
CASH*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

unknown

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

4350

POLITICAL EXPENDITURES

CITY CLERK DEPT. SCHEDULE F

05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lzano

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-31-05

5 Payee name

R. Guzman

7 Amount (\$)

100⁰⁰

6 Payee address; City; State; Zip Code

Unknown!

917

8 Purpose of payment (See instructions regarding type of information required.)

Postage for Campaign

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-31-05

Payee name

Ruby Diaz

Amount (\$)

325⁰⁰

Payee address; City; State; Zip Code

*5400 Carroll
El Paso TX 79912*

917

Purpose of payment (See instructions regarding type of information required.)

Campaign Worker (1 wks)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-22-05

Payee name

Rubon Ramon - Montano Montano

Amount (\$)

~~*\$ 750⁰⁰*~~
500⁰⁰
909

Payee address; City; State; Zip Code

*Alameda @ Asanilla
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

Trailer for Sign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

3-12-05

Payee name

Miguel Rodriguez

Amount (\$)

100⁰⁰

Payee address; City; State; Zip Code

El Paso TX

905

Purpose of payment (See instructions regarding type of information required.)

Working on Street 2 days

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F DEPT.

05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Jarama

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-13-06

5 Payee name

George OMB

7 Amount (\$)

75.00

6 Payee address; City; State; Zip Code

*5450 Coronel
El Paso TX 79935*

8 Purpose of payment (See instructions regarding type of information required.)

1/2 day on Capani

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-13-06

Payee name

Sam Club

Amount (\$)

84.23

Payee address; City; State; Zip Code

*Cielo Vista Mall
El Paso, TX 79925*

Purpose of payment (See instructions regarding type of information required.)

San Juan Ct. Food

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-14-06

Payee name

Reyna Sanchez

Amount (\$)

*60.00
4891*

Payee address; City; State; Zip Code

*Dist # 3 PC 85 Conf
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

*Campaign literature
Sam Club*

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2-14-06

Payee name

Sam Club

Amount (\$)

60.74

Payee address; City; State; Zip Code

*Cielo Vista
El Paso TX 79925*

Purpose of payment (See instructions regarding type of information required.)

Senill Ct. Food

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F
05 APR 29 PM 4:03

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lyons

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-15-05

5 Payee name

Rubber Duck Printing

7 Amount (\$)

405⁰⁰

6 Payee address; City, State; Zip Code

*8610 N. Loop
 El Paso TX 79907*

CK # 954

8 Purpose of payment (See instructions regarding type of information required.)

T-Shirts

9 ** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

4-1-05

Payee name

Office Depot

Amount (\$)

107.52

Payee address; City, State; Zip Code

*Barnett Center
 El Paso TX 79925*

921

Purpose of payment (See instructions regarding type of information required.)

Paper for Flyers

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

5-2-05

Payee name

Goodwill Industries

Amount (\$)

69⁰⁰

Payee address; City, State; Zip Code

*Alanada @ Hidden Valley
 El Paso TX 79905*

CK # 923

Purpose of payment (See instructions regarding type of information required.)

Donation for Camp Assistance

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

Date

4-4-05

Payee name

NCA TEXAS

Amount (\$)

64.80

Payee address; City, State; Zip Code

*Trawbrida + Clark
 El Paso TX 79925*

Purpose of payment (See instructions regarding type of information required.)

*Auto gas on 2 cars
 for Camp. travel*

** Complete if direct expenditure to benefit C/OH **
 Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT. SCHEDULE F

05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Joel A. Lujan

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2-17-05

Ruby Diaz

6 Payee address; City; State; Zip Code

*5450 Canumel
El Paso TX 79935*

100.00

8 Purpose of payment (See instructions regarding type of information required.)

2 day @ 50⁰⁰ camp

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-14-05

Post Mante

Payee address; City; State; Zip Code

City of El Paso

*148.00
898*

Purpose of payment (See instructions regarding type of information required.)

Partage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7-7-05

Profesional Tima

Payee address; City; State; Zip Code

Unknown

90.00

4865

Purpose of payment (See instructions regarding type of information required.)

Helps a Campaign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-6-05

Border Boxing Association

Payee address; City; State; Zip Code

*40 Johnny Llovera
858-3395*

65.00

CASH!

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

05 APR 29 1 PM 4 04
Printed on Schedule F:

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Joe A. Lanza

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-1-04

5 Payee name

Ministerio Nuevo

6 Payee address; City; State; Zip Code

El Paso TX

7 Amount (\$)

*113.05
478*

8 Purpose of payment (See instructions regarding type of information required.)

Adv. on Flynn

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-20-04

Payee name

Costco Wholesale

Payee address; City; State; Zip Code

*Barnett Center
El Paso TX 79925*

Amount (\$)

132.67

Purpose of payment (See instructions regarding type of information required.)

Food for Sewell Center

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-13-04

Payee name

United State Postal Service

Payee address; City; State; Zip Code

*Ranchland Station
El Paso TX 79915*

Amount (\$)

37.00

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-17-04

Payee name

Carter

Payee address; City; State; Zip Code

*Barnett Ct
El Paso TX*

Amount (\$)

87.42

Purpose of payment (See instructions regarding type of information required.)

Food for Carolina Ct.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F DEPT.
05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

One D. Lyand

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-15-05

J. M. Printing Co

6 Payee address; City; State; Zip Code

*1208 TEXAS AVE
 EL PASO TX 79901*

626.77

8 Purpose of payment (See instructions regarding type of information required.)

New letter

9 **** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-13-05

El Paso Times

Payee address; City; State; Zip Code

El Paso TX

\$480.00

Purpose of payment (See instructions regarding type of information required.)

*Campaign
 2 - 2x4 ads*

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-13-05

El Paso Times

Payee address; City; State; Zip Code

El Paso TX.

1,108.00

Purpose of payment (See instructions regarding type of information required.)

18 - 2x1 ad camp

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-6-04

J. M. Printing Co

Payee address; City; State; Zip Code

*1208 TEXAS AVE
 EL PASO TX 79901*

\$638.77

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
 Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT SCHEDULE F

05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Joe A. Igauo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-4-05

J M Printing Co

162.38

6 Payee address; City; State; Zip Code

*1208 Texas ST
El Paso TX 79901*

8 Purpose of payment (See instructions regarding type of information required.)

Flyer

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-20-05

Rancher Grill

*50.23
credit*

Payee address; City; State; Zip Code

*9530 Vermont
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

Food for Broken Pden

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-20

Rene Igauo

100.00

Payee address; City; State; Zip Code

*420 Durango av
El Paso TX 79901*

Purpose of payment (See instructions regarding type of information required.)

Worker

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-22-05

Editorial del Norte

168.00

Payee address; City; State; Zip Code

*425 N. Kansan ST
El Paso TX 79901*

Purpose of payment (See instructions regarding type of information required.)

1/4 pg ad El Diario

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F DEPT.

05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lynn

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-27th

El Paso Times

6 Payee address; City; State; Zip Code

El Paso TX

360⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

2x6 ad (2)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-26

J M Printing Co

Payee address; City; State; Zip Code

*1208 TEXAS ST
El Paso TX 79901*

376.71

Purpose of payment (See instructions regarding type of information required.)

3 Prod Flyers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-29

Alexander Peck

Payee address; City; State; Zip Code

*5655 Gateway
El Paso TX 79925*

*300⁰⁰
CK H 952*

Purpose of payment (See instructions regarding type of information required.)

Food for 28 of April Event

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-29th

Refugio Chovina

Payee address; City; State; Zip Code

El Paso TX 79902

250⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Wmks on Campaign

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form.

05 APR 29 PM 4:04

2 FILER NAME

Joe A. Lyons

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-11-05

5 Payee name

Jose Eduardo Mejia

7 Amount (\$)

300.00

6 Payee address; City; State; Zip Code

*917 Zedden
El Paso TX 79907 - 872-894*

8 Purpose of payment (See instructions regarding type of information required.)

Work on Camp. 6 days

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4-15

Payee name

Reno Lyons

Amount (\$)

250.00

Payee address; City; State; Zip Code

*420 Durango
El Paso TX 79901*

Purpose of payment (See instructions regarding type of information required.)

5 days work

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4-15-05

Payee name

H + H Senner

Amount (\$)

766.75

Payee address; City; State; Zip Code

*Mayflower + Matamoros
El Paso TX 79925*

Purpose of payment (See instructions regarding type of information required.)

Portage + Mail

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4-15-05

Payee name

H + H Senner

Amount (\$)

148.21

Payee address; City; State; Zip Code

*Mayflower + Matamoros
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

Portage + Mail

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT. F
05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Brown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-15

Ernesto Campor

6500

6 Payee address; City; State; Zip Code

*7322 N. Loop
El Paso TX*

8 Purpose of payment (See instructions regarding type of information required.)

Helper

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-15-05

Joe A. Brown

2,000⁰⁰

Payee address; City; State; Zip Code

*7404 Franklin St
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

Re Payment on Loan

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-16-9

El Paso County Democrats

100⁰⁰

Payee address; City; State; Zip Code

El Paso TX

Purpose of payment (See instructions regarding type of information required.)

Camp Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-24

Refugio Charra

100⁰⁰

Payee address; City; State; Zip Code

El Paso TX

Purpose of payment (See instructions regarding type of information required.)

Helper at Camp

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

J. D. Lyons

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-24

5 Payee name

Alexander Ratach

7 Amount (\$)

100⁰⁰

6 Payee address; City; State; Zip Code

*5655 Gateway
El Paso TX*

8 Purpose of payment (See instructions regarding type of information required.)

Hidden Valley Event Trip

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-24

Payee name

Alexander Ratach

Amount (\$)

80⁰⁰

Payee address; City; State; Zip Code

*5655 Gateway
El Paso TX*

Purpose of payment (See instructions regarding type of information required.)

Trip for Rankin

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

*4-25
01*

Payee name

Esteban Suroso

Amount (\$)

100⁰⁰

Payee address; City; State; Zip Code

*Sprong St
El Paso TX 79905*

Purpose of payment (See instructions regarding type of information required.)

2 day work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-26

Payee name

Kene Lyons

Amount (\$)

200⁰⁰

Payee address; City; State; Zip Code

El Paso TX 79901

Purpose of payment (See instructions regarding type of information required.)

4 day work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT. SCHEDULE F

05 APR 29 PM 4:04

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lyman

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-25-05

5 Payee name

H & H

7 Amount (\$)

\$ 951.05

6 Payee address; City; State; Zip Code

*Mayflower & Mudge
El Paso TX*

8 Purpose of payment (See instructions regarding type of information required.)

3rd Mail -

9 **** Complete 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 payment (See instructions regarding type of information required.)

**** Complete 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 payment (See instructions regarding type of information required.)

**** Complete 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 payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

\$ 11,932.40