

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: **18**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**7404 Franklin Dr.
EL PASO TX 79915**

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT.
05 MAY 27 PM 4:42

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 779-6773

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

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 PHONE NUMBER 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 5 / 27 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
6 / 4 / 05

12 OFFICE

OFFICE HELD (if any)
City Representative Dist 3

13 OFFICE SOUGHT (if known)
City Rep. Distric #3

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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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

\$ 0

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

\$ 6,800

EXPENDITURE TOTALS

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

\$ 668.09

4. TOTAL POLITICAL EXPENDITURES

\$ 12,852.89

CONTRIBUTION BALANCE

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

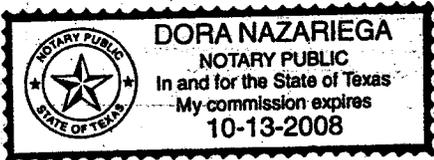
\$ 3,444.50

OUTSTANDING LOAN TOTALS

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

\$ 6,000

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 9th day of May, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

**CITY CLERK DEPT.
05 MAY 27 PM 4:42**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME

Jose A. Lorenzo

3 ACCOUNT # (Ethics Commission filers)

4 Date

04-05

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

Carlos Ahumada

6 Contributor address; City; State; Zip Code

2005 MCCLUTT Rd
Anthony NM 88021

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04-27-05

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

Robert F. Foster

Contributor address; City; State; Zip Code

1790 Lee Trevino, Suite #601
EL PASO TX 79936-4900

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-30

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

Coronado Meats

Contributor address; City; State; Zip Code

7288 Mameda Ave
El Paso TX 79915

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05-29

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

Enrique Escobar

Contributor address; City; State; Zip Code

4145 River Bend Dr
El Paso TX 79922

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-05

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

Scott M. Schwartz

Contributor address; City; State; Zip Code

619 Camino Real
El Paso TX 79922

Amount of contribution (\$)

1,000⁰⁰

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**

SCHEDULE A

CITY CLERK DEPT.
05 MAY 27 PM 4:42

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A:

2 FILER NAME <i>Joe A. Lyman</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>4-27-</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Douglas A. Schwartz</i>	7 Amount of contribution (\$) <i>750⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 13611 El Paso TX 79913</i>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date <i>4-29</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Tokopn</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 12 Santa Teresa NM 88008</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>4-27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy O. Foster</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1790 Lee Trevino #601 El Paso TX 79936</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>5-2-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr or Mrs Robert H. Hoy Sr.</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1122 Airway Blvd. El Paso TX 79925</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>4-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARC C. Schwartz</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12251 Eagle Heart Dr EL PASO TX 79936</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CITY CLERK DEPT.
05 MAY 27 PM 4:42

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1. This form has pages this Schedule A1:

2 FILER NAME <i>Joe A. Logano</i>	3 ACCOUNT # (Ethics Commission filers)
--------------------------------------	--

4 Date <i>5-16-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. Clinton Dean</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6006 Balcones Ct # 32 EL PASO TX 79912</i>			

9 Principal occupation (Optional)	10 Employer (Optional)
-----------------------------------	------------------------

Date <i>5-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Beto Soto</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>248 Ben Swain Dr EL PASO TX 79915</i>			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date <i>5-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gordone E. Welch</i>	Amount of contribution (\$) <i>350</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 220927 EL PASO TX 79913</i>			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

\$ 6,800⁰⁵

POLITICAL EXPENDITURES **SCHEDULE F**

*CITY CLERK DEPT.
05 MAY 27 PM 4:42*

The INSTRUCTION GUIDE explains how to complete this form: 1 Total pages Schedule F:

2 FILER NAME *Joe A Legans* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-30-09</i>	5 Payee name <i>Esteban Sanabria</i>	7 Amount (\$) <i>250⁰⁰</i>
6 Payee address; City; State; Zip Code <i>Ben Swain El Paso TX 79905</i>		<i># 955</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Worker 1wk</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4-30</i>	Payee name <i>Baldwin Optimal Club</i>	Amount (\$) <i>50⁰⁰</i>
Payee address; City; State; Zip Code <i>Ranchaland El Paso TX 79915</i>		

Purpose of payment (See instructions regarding type of information required.) <i>food for Camp Worker</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <i>5-20-09</i>	Payee name <i>El Paso Times</i>	Amount (\$) <i>900⁰⁰</i>
Payee address; City; State; Zip Code <i>El Paso TX 79901</i>		

Purpose of payment (See instructions regarding type of information required.) <i>3x10 ad</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>5-20-09</i>	Payee name <i>El Diario de Guerra</i>	Amount (\$) <i>168⁰⁰</i>
Payee address; City; State; Zip Code <i>TEXAS ST El Paso TX 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>3x10 News Ad</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 MAY 27 PM 4:42

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

2 FILER NAME <i>Joe A. Lyons</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>5-2-05</i>	5 Payee name <i>H & H. Service</i>	7 Amount (\$) <i>167.70</i>
6 Payee address; City, State; Zip Code <i>9020 Mayflower ave El Paso TX 79925</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Service for Mailings</i>	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
--	--

Date <i>5-3</i>	Payee name <i>J. Martinez - J M Party</i>	Amount (\$) <i>260</i>
Payee address; City, State; Zip Code <i>1208 TEXAS ST EL PASO TX 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Flyer</i>	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
---	--

Date <i>5-3</i>	Payee name <i>Refugio Chovera</i>	Amount (\$) <i>100</i>
Payee address; City, State; Zip Code <i>420 Durango ST El Paso TX 79901</i>		

Purpose of payment (See instructions regarding type of information required.) <i>2 day @ 50¢ each</i>	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
--	--

Date <i>5-5</i>	Payee name <i>NCN TEXAS</i>	Amount (\$) <i>42.08</i>
Payee address; City, State; Zip Code <i>Trombridge & Clark ST El Paso TX 79925</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Repay for Auto GPS for Camp</i>	9 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 MAY 27 PM 4:42

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

5-5

5 Payee name

Rep Boyz

7 Amount (\$)

74.07

6 Payee address; City; State; Zip Code

*Fox Plaza / Alameda St
El Paso TX 7990X*

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

Comps Shells for truck company sign

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

Date

5-6-05

Payee name

El Paso Produce

Amount (\$)

127.50

Payee address; City; State; Zip Code

*3701 Alameda @ Corner
El Paso TX 79905*

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

orange & fruit for sign

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

Date

5-6-05

Payee name

El Paso Produce

Amount (\$)

60.25

Payee address; City; State; Zip Code

*3701 Alameda St
El Paso TX 79905*

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

Fruit

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

Date

5-6-05

Payee name

El Paso Produce

Amount (\$)

41.50

Payee address; City; State; Zip Code

*3701 Alameda St
El Paso TX 79905*

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

Fruit

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURE SCHEDULE F

CLERK DEPT.
05 MAY 27 PM 4:42

The INSTRUCTION GUIDE explains how to complete this form: 1 Total pages Schedule F:

2 FILER NAME *Jose A. Izama* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5-7-05</i>	5 Payee name <i>Alexander Renteria</i>	7 Amount (\$) <i>137.62</i>
6 Payee address; City; State; Zip Code <i>3055 Galena Ct. El Paso TX 79925</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Food for Worker</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>5-6-05</i>	Payee name <i>Refugio Chavez</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>420 Durango St El Paso TX 79901</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Worker / wk</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>5-7-05</i>	Payee name <i>Rene Izama</i>	Amount (\$) <i>210.00</i>
Payee address; City; State; Zip Code <i>420 Durango El Paso TX 79901</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Worker in Camp</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <i>5-6-05</i>	Payee name <i>Sams</i>	Amount (\$) <i>59.57</i>
Payee address; City; State; Zip Code <i>Samith Center Cody Auto Wash El Paso TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for Drinks</i>	9 ** 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**

CLERK DEPT.
05 MAY 27 PM 4:42

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

The A Lyman

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-6

5 Payee name

Samm

7 Amount (\$)

148.76

6 Payee address; City; State; Zip Code

*Cielo Vista Ct
El Paso TX 79905*

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

Drinks & Food for Election

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

Date

5-10-05

Payee name

Alex Lyman Jr

Amount (\$)

400.00

Payee address; City; State; Zip Code

*5655 Galway Court
El Paso TX 79925*

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

2nd wk work on Camp

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

Date

5-10-05

Payee name

J A Lyman

Amount (\$)

600.00

Payee address; City; State; Zip Code

*7404 Winkler
El Paso TX 79905*

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

CASH to Pay out all pts help

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

Date

5-10

Payee name

Alex Lyman Katarak

Amount (\$)

380.00

Payee address; City; State; Zip Code

*5655 Galway Court
El Paso TX 79925*

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

Arriving Great Dinner

**** 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 MAY 27 PM 4:43

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lyano

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-14-05

5 Payee name

CASH

7

Amount (\$)

100.00

6 Payee address; City; State; Zip Code

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

for food to 21 pts helper
Soda - water - etc

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

Date

5-14

Payee name

Refugio Chavez

Payee address; City; State; Zip Code

420 Durango
El Paso TX 79915

Amount (\$)

250.00

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

1 cake for Walking in Conf

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

Date

5-14

Payee name

Lupe Torres

Payee address; City; State; Zip Code

El Paso TX 799

Amount (\$)

50.00

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

Paper Work on List.

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

Date

5-14

Payee name

Eileen Suroso

Payee address; City; State; Zip Code

2000 Ben Suen St
El Paso TX 79905

Amount (\$)

200.00

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

4 dg work

** 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.
MAY 27 PM 4:43

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Ford

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-14

5 Payee name

Jaime O. Perry

7 Amount (\$)

500.00

6 Payee address; City; State; Zip Code

7600 Franklen Dr
El Paso TX 79925

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

Writing Material

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

Date

5-14

Payee name

Neon Mung

Amount (\$)

700.00

Payee address; City; State; Zip Code

El Paso TX

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

Program for Phone Bank

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

Date

5-16

Payee name

Alexandra Ral

Amount (\$)

40.21

Payee address; City; State; Zip Code

5655 Colby Ct
El Paso TX

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

Food for Camp Workers

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

Date

5-16

Payee name

Camp USA

Amount (\$)

129.87

Payee address; City; State; Zip Code

Houston @ #10
El Paso TX

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

ink Material + Paper

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

SCHEDULE F

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

5-16

5 Payee name

Reno Lyons

6 Payee address; City; State; Zip Code

*420 Durango
El Paso TX*

7 Amount (\$)

100⁰⁰

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

2 days WK a Cop

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

Candidate / Officeholder name Office sought Office held

Date

5-16

Payee name

Best Deal Computer

Payee address; City; State; Zip Code

*Durango & Copin
El Paso TX 79908*

Amount (\$)

465.44

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

Computer For Phone Bank

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

Candidate / Officeholder name Office sought Office held

Date

5-12

Payee name

Robby Duhay

Payee address; City; State; Zip Code

*601 Dryden
El Paso TX 79905*

Amount (\$)

507.69

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

T-Shirts

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

Candidate / Officeholder name Office sought Office held

Date

5-18

Payee name

Printing Plus

Payee address; City; State; Zip Code

*8203 Alameda
El Paso TX 79907*

Amount (\$)

175⁰⁰

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

Door Hanger (Down)

** 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

CLERK DEPT.
05 MAY 27 PM 4:43

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule F:

2 FILER NAME

Joe A. Igua

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-19

5 Payee name

Jaime Perry

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

2600 Franklin St
El Paso TX 79925

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

letter writing

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

Date

5-19

Payee name

Rene Igua

Amount (\$)

250.00

Payee address; City; State; Zip Code

420 Durango
El Paso TX

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

take work on cap

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

Date

5-20

Payee name

Office Dept

Amount (\$)

34.79

Payee address; City; State; Zip Code

Barnett Ct

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

Opener

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

Date

5-28

Payee name

H & H

Amount (\$)

1,083.48

Payee address; City; State; Zip Code

9020 Mayflower
El Paso TX 79905

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

Mailly of letter & Survey

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Joe A. Iganso

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-24

Refugio Chovina

6 Payee address; City; State; Zip Code

420 Durgus
El Paso TX 79901

100⁰⁰

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

2 days WK

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

Date

Payee name

Amount (\$)

5-20

Refugio Chovina

Payee address; City; State; Zip Code

420 Durgus
El Paso TX 79901

250⁰⁰

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

1 wk work

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

Date

Payee name

Amount (\$)

5-20

Alexandra Rat

Payee address; City; State; Zip Code

5655 Gallego W
El Paso TX 79905

40⁰⁰

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

Food for Worker

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

Date

Payee name

Amount (\$)

5-21

Alexandra Rat

Payee address; City; State; Zip Code

5655 Gallego W
El Paso TX 79905

50⁰⁰

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

Food for Worker

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

SCHEDULE F

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 <i>5-22</i>	5 Payee name <i>Alexandra Rait</i>	7 Amount (\$) <i>270.05</i>
6 Payee address; City; State; Zip Code <i>5655 Gateway Cir El Paso TX 79925</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Lunch Food for all Volunteers</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <i>5-21</i>	Payee name <i>Refugio Church</i>	Amount (\$) <i>55.00</i>
Payee address; City; State; Zip Code <i>420 Domingo El Paso TX 79901</i>		

Purpose of payment (See instructions regarding type of information required.) <i>1 Day WK extra</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>5-22</i>	Payee name <i>Office Dept</i>	Amount (\$) <i>44.08</i>
Payee address; City; State; Zip Code <i>Bryant Ct El Paso TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>7 days extras</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <i>5-23</i>	Payee name <i>J. M. Prutz</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code <i>2400 EAS Ave El Paso TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>7 days letter</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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CITY CLERK DEPT.
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *J.A. Izum* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<i>5-27</i>	<i>H & H. Severin</i>	<i>951.85</i>
	6 Payee address; City; State; Zip Code	
	<i>9020 Myflor El Paso TX 79905</i>	

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<i>Maily & Severin</i>	

Date	Payee name	Amount (\$)
<i>5-27</i>	<i>Hector Sign / Printy Plan</i>	<i>175⁰⁰</i>
	Payee address; City; State; Zip Code	
	<i>8203 Alameda El Paso TX 79907</i>	

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
<i>Don Haysen total</i>	

Date	Payee name	Amount (\$)
<i>5-23</i>	<i>Alexander Pak</i>	<i>175⁰⁰</i>
	Payee address; City; State; Zip Code	
	<i>5655 Gallegos El Paso TX 79915</i>	

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
<i>Sign Rent</i>	

Date	Payee name	Amount (\$)
<i>5-24</i>	<i>Hector Sign</i>	<i>175⁰⁰</i>
	Payee address; City; State; Zip Code	
	<i>8203 Alameda El Paso TX 79907</i>	

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
<i>Mrs Haysen</i>	

CITY CLERK DEPT.
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Joe A. Izard

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-23

Esteban Serrano

6 Payee address; City; State; Zip Code

7200 Ben Sweeney
El Paso TX 79915

200.00

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

Edy WK Cup

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

Date

Payee name

Amount (\$)

9-24

Refugio Chavarin

Payee address; City; State; Zip Code

420 Durango
El Paso TX 79901

40.00

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

for bus expense

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

Date

Payee name

Amount (\$)

5-20

Office Park

Payee address; City; State; Zip Code

Burdett Ct
El Paso TX 79925

81.58

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

tokens for Flyers

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

Date

Payee name

Amount (\$)

5-19

Beck Deal Computer

Payee address; City; State; Zip Code

3700 Durango
El Paso TX 79905

96.37

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

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CITY CLERK DEPT. SCHEDULE F
05 MAY 27 PM 4:43

POLITICAL EXPENDITURES

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Joe A. Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-29

5 Payee name

El Diario Nuevo

6 Payee address; City; State; Zip Code

425 N. Konner St
El Paso TX 79901

7 Amount (\$)

168.00
cash

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

newspaper ad

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

Date

5-6-09

Payee name

Alvanda Kerk

Payee address; City; State; Zip Code

PO Box 1000
El Paso TX

Amount (\$)

140.87

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

Food for All Volunteers

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

Date

5-20

Payee name

Jaine Perry

Payee address; City; State; Zip Code

7600 Franklin Dr
El Paso TX 79925

Amount (\$)

414.00

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

Writing & Copying

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

Date

5-18-09

Payee name

Rancheria Grill

Payee address; City; State; Zip Code

9570 VBCourt Rd
El Paso TX 79915

Amount (\$)

58.92
cash

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

Food for Employees a Day

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

12,882.89