

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:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
	Mr	Jose Alexandro		Date Received	CITY CLERK DEPT. 09 APR - 9 AM 10:55
	Lozano			Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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	PHONE NUMBER	EXTENSION
	(915)	633-5942	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	Mr	Jose A.	
	Lozano		

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
	(915)	633-5942	

9 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)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	2	27	109		4	16	109

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
	5	9	109				

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	None	

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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	

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)

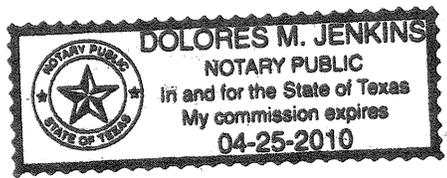
additional pages

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,620 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,087. ⁸⁵
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,499. ⁸¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,907. ⁶⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,820 ⁰⁰

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 April, 2009, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Dolores M. Jenkins Notary
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jose A. Lorenzo</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. M. Martinez</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>436 Elk Way EPTX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jan Aguilar</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7219 Kingston</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Holguin</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4005 Appalosa</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guadalupe L. Rodriguez</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>218 A-N. Glenwood</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American Energy Ind.</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7400 Franklin D.</i>		(If travel outside of Texas, complete Schedule T)	
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.

09 APR -9 AM 10:33

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A Legend</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American Energy for Ind.</i>	7 Amount of contribution (\$) <i>1000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7400 Franklin Dr</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Institute for Culture Learning</i>	Amount of contribution (\$) <i>1210</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7404 Franklin Dr</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Assisted Plumbing</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7316 N. Loop</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Macias</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1001 N. Campbell</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George E. Salom</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>807 S EU PASO ST</i>		(If travel outside of Texas, complete Schedule T)	
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.

CITY CLERK DEPT.

09 APR -9 AM 10:34

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jose A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Alariz</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>El Paso Dr 79915</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Arellano</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>On known</i>		<i>CASH</i> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bonita CoCo</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7240 N- Loop El Paso 79914</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Parras</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4719 Frank Ford</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Humberto Soto</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>248 Ben Swan</i>		(If travel outside of Texas, complete Schedule T)	
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.

CITY CLERK DEPT.

09 APR -9 AM 10:34

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

09 APR -9 AM 10:34

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American For Energy Ind.</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>J.M. Printing 52500 Printing Floor</i>
6 Contributor address; City; State; Zip Code <i>12628 Tierra Linda El Paso TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricky Olague</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>580 Printing Floor</i>
Contributor address; City; State; Zip Code <i>131 S Garbrough El Paso, TX 79915</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis / Miriam Rosenbaum</i>	Amount of contribution (\$) <i>10000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 E. Rim Rd EL PASO TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marvin Rosenbaum</i>	Amount of contribution (\$) <i>25000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1183 EL PASO TX 79947</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guadalupe Rodriguez</i>	Amount of contribution (\$) <i>60000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>210N Glenwood Dr #A El Paso TX 79905</i>		(If travel outside of Texas, complete Schedule T)	
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.

09 APR -9 AM 10:34

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-6-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alfonso D. Gomez</i>	7 Amount of contribution (\$) <i>30.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5525 N. Stanton #12-B El Paso TX 79912</i>		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bret J. Ruffert & Sardon</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>452 OMC ROEBB CT El Paso, TX 79938</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rickie J. Williamson</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>419 Stotts EL PASO TX 79932</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Salvo & Lydian</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>734 Dryden EL PASO TX 79907</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ronald S. Delgado & Yvonne</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11253 War Feathers Dr El Paso TX 79934</i>		(if travel outside of Texas, complete Schedule T)	
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.

09 APR -9 AM 10:34 SCHEDULE A

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-3</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Flora David Galvan</i> 6 Contributor address; City; State; Zip Code <i>420 Emerald Glen Ln El Paso TX 79928</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Javier / Becky Prado</i> Contributor address; City; State; Zip Code <i>5705 Santis Ct El Paso, TX 79932</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard A Schmitz Sr</i> Contributor address; City; State; Zip Code <i>1735 Ambra EL PASO TX 79906</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melanie K Wayne + George</i> Contributor address; City; State; Zip Code <i>5595 Westside Dr EL PASO TX 79932</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lorena Quezada</i> Contributor address; City; State; Zip Code <i>12337 Tierra Limpia El Paso TX 79934</i>	Amount of contribution (\$) <i>100⁰⁰</i>	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-2</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roxy I or Trina L. Bustow</i> 6 Contributor address; City; State; Zip Code <i>6432 Tarascon ST El Paso TX 79912</i>	7 Amount of contribution (\$) <i>* 500⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melvin & Michele Harris</i> Contributor address; City; State; Zip Code <i>8716 Edgemere El Paso, TX 79925</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lee Wilson</i> Contributor address; City; State; Zip Code <i>1317 Calle Lago EL PASO TX 79912</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Yolanda Rivera</i> Contributor address; City; State; Zip Code <i>1693 Billie Marie EL PASO TX 79938</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Virginia D + Armands Lopez</i> Contributor address; City; State; Zip Code <i>7049 Westwind Dr #1305 El Paso, TX 79912</i>	Amount of contribution (\$) <i>150⁰⁰</i>	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.

09 APR -9 AM 10:34

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-4</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>First Light</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 24201 El Paso TX 79914</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / 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.

99,020⁰⁰

CITY CLERK DEPT.
09 APR -9 AM 10:34

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan <i>2-1-09</i>	7 Name of lender <i>Joe A. Lozano</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>46,800.00</i>	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <i>7404 Franklin Dr G PASS TX 74915</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 APR -9 AM 10:34

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-18</i>	5 Payee name <i>Art Center</i>	7 Amount (\$) <i>14.88</i>
6 Payee address; City; State; Zip Code <i>3101 E Yendell El Paso Texas 79905</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>office material</i> (If travel outside of Texas, complete Schedule T) <i>1 NK</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/19</i>	Payee name <i>Office Dept</i>	Amount (\$) <i>67.05</i>
Payee address; City; State; Zip Code <i>Barnett Center El Paso TX 79925</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Office Material</i> (If travel outside of Texas, complete Schedule T) <i>Printer</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/20</i>	Payee name <i>Cash</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>7404 Frankton Dr El Paso TX 79915</i>		
Purpose of payment (See instructions regarding type of information required.) <i>for Material & GRS to Built Signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/22</i>	Payee name <i>Home Dept.</i>	Amount (\$) <i>46.48</i>
Payee address; City; State; Zip Code <i>11360 Royce Dr El Paso, TX 79930</i>		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Completa 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

09 APR -9 AM 10:34

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A Lyons</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/14</i>	5 Payee name <i>Refugio Charities</i>	7 Amount (\$) <i>80.00</i> <i>CK # 1078</i>
6 Payee address; City; State; Zip Code <i>7915 Veroz St # 62 El Paso TX 79925</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Worship</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/23</i>	Payee name <i>Regal Products</i>	Amount (\$) <i>\$880.00</i> <i>CK # 1083</i>
Payee address; City; State; Zip Code <i>10871 Pellicano El Paso TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>200 4x8 Shats for Porton</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/23</i>	Payee name <i>Alex Carter - Quality Signs</i>	Amount (\$) <i>80.00</i> <i>CK # 1084</i>
Payee address; City; State; Zip Code <i>7423 Alameda El Paso, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Lettering for Signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/24</i>	Payee name <i>Art Center</i>	Amount (\$) <i>84.14</i> <i>CK # 1085</i>
Payee address; City; State; Zip Code <i>3101 E Yendell El Paso TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Ink for Signs</i> (If travel outside of Texas, complete Schedule T)		** 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

09 APR -9 AM 10:34

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/24</i>	5 Payee name <i>Smart Copy</i> 6 Payee address; City; State; Zip Code <i>1501 E. Missouri El Paso TX</i>	7 Amount (\$) <i>36.81</i> <i># 1086</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Copy</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/24</i>	Payee name <i>Sumr</i> Payee address; City; State; Zip Code <i>1-10 @ Hankam (cont. Victor) El Paso tx</i>	Amount (\$) <i>94.54</i> <i>#1087</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food for Event - Anouncement</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/27</i>	Payee name <i>City of El Paso</i> Payee address; City; State; Zip Code <i>El Paso TX</i>	Amount (\$) <i>250.00</i> <i>227.93</i>
Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-29 to 3/23</i>	Payee name <i>Senjo Anelland Jr</i> Payee address; City; State; Zip Code <i>7404 B. Franklin Rd. El Paso TX 79915</i>	Amount (\$) <i>1,233.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>for Banner, Poster + Printing</i> (If travel outside of Texas, complete Schedule T)		** 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

09 APR -9 AM 10:34 SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A. Leguano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-23</i>	5 Payee name <i>Kinkoi</i>	7 Amount (\$) <i>99.63</i> <i>CASH</i>
6 Payee address; City; State; Zip Code <i>6600 montano El Paso TX</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Copier</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-24</i>	Payee name <i>Waldgram</i>	Amount (\$) <i>7.84</i> <i>CASH</i>
Payee address; City; State; Zip Code <i>1100 Germino El Paso TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Photos</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-27</i>	Payee name <i>El Paso Meats</i>	Amount (\$) <i>13.50</i> <i>CASH</i>
Payee address; City; State; Zip Code <i>1523 myrtle ave El Paso, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food for Winkers</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/27</i>	Payee name <i>J.M. Printing</i>	Amount (\$) <i>50.00</i> <i>CASH</i>
Payee address; City; State; Zip Code <i>1207 Texas St El Paso TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Material for Hanger</i> (If travel outside of Texas, complete Schedule T)		** 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

09 APR -9 AM 10:35

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Jro A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-29-10</i> <i>4-4</i>	5 Payee name <i>Refugio Charino</i> 6 Payee address; City; State; Zip Code <i>7915 Vero St. #62</i> <i>El Paso TX 79925</i>	7 Amount (\$) <i>\$1,010⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Worker, Driver + Installer of Sign</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-27-10</i> <i>4-4</i>	Payee name <i>Alex. Lozano Jr.</i> Payee address; City; State; Zip Code <i>218 N. Glenwood Apt B</i> <i>El Paso TX 79905</i>	Amount (\$) <i>\$750⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Worker in Campaign</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-27-10</i> <i>3-18</i>	Payee name <i>Esteban Sanson</i> Payee address; City; State; Zip Code <i>6843 El Paso Drive @ Pasam</i> <i>El Paso TX 79905</i>	Amount (\$) <i>\$390⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Worker in Office - letter</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-28</i>	Payee name <i>Home Dept</i> Payee address; City; State; Zip Code <i>11360 Rogan</i> <i>El Paso TX 79930</i>	Amount (\$) <i>\$52.62</i>
Purpose of payment (See instructions regarding type of information required.) <i>material</i> (If travel outside of Texas, complete Schedule T)		** 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

09 APR -9 AM 10:35

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Tro A. Lujan</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3-1</i>	5 Payee name <i>Home Depot</i> 6 Payee address; City; State; Zip Code <i>12271 Montwood El Paso TX</i>	7 Amount (\$) <i>33.94</i> <i>com</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Material</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-24</i>	Payee name <i>The Hush Club</i> Payee address; City; State; Zip Code <i>504 N. Stanton El Paso TX 79901</i>	Amount (\$) <i>9160.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Announcement Event</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-4</i>	Payee name <i>Reese Supplier</i> Payee address; City; State; Zip Code <i>1530 Woodglen W El Paso TX</i>	Amount (\$) <i>220.81</i> <i>CH 1088</i>
Purpose of payment (See instructions regarding type of information required.) <i>Ink for Paterson</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-5</i>	Payee name <i>Home Depot</i> Payee address; City; State; Zip Code <i>11368 Royce El Paso TX 79935</i>	Amount (\$) <i>68.14</i> <i># 1090</i>
Purpose of payment (See instructions regarding type of information required.) <i>Material</i> (If travel outside of Texas, complete Schedule T)		** 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.
09 APR -9 AM 10:35

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-24 10 4-4</i>	5 Payee name <i>Rene M. Lozano</i>	7 Amount (\$) <i>550.00</i>
6 Payee address; City; State; Zip Code <i>218 N. Glenwood Apt C El Paso TX</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Works on Campaign</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-9</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>93.67</i>
Payee address; City; State; Zip Code <i>11360 Rogar St El Paso, TX</i>		<i>#1099</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplier & Material</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-9</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>93.05</i>
Payee address; City; State; Zip Code <i>Barnett Center El Paso TX</i>		<i>1095</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplier for Office</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-9</i>	Payee name <i>Wholesale Build. Materials</i>	Amount (\$) <i>29.00</i>
Payee address; City; State; Zip Code <i>1701 Masopu El Paso TX</i>		<i># 3610</i>
Purpose of payment (See instructions regarding type of information required.) <i>Material</i> (If travel outside of Texas, complete Schedule T)		** 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.
09 APR -9 AM 10:35

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-9</i>	5 Payee name <i>El Paso Meats</i>	7 Amount (\$) <i>22.24</i> <i>\$ 3657</i>	
6 Payee address; City; State; Zip Code <i>1523 myrtle ave El Paso TX</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Food for Worker</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date <i>3-6</i>	Payee name <i>Ant Center</i>	Amount (\$) <i>17.30</i> <i>cash</i>	
6 Payee address; City; State; Zip Code <i>3107 E. Verdell El Paso TX</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Ant Supplier</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3-6</i> <i>to</i>	Payee name <i>Mussalena under 202</i>	Amount (\$) <i>122.63</i>	
6 Payee address; City; State; Zip Code <i>El Paso TX</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>for Material + other</i> (If travel outside of Texas, complete Schedule T) <i>under 202</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3-10</i> <i>to</i> <i>4-4</i>	Payee name <i>J. M. Printing</i>	Amount (\$) <i>1,309.34</i>	
6 Payee address; City; State; Zip Code <i>1205 TEXAS ST El Paso TEXAS</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Printing</i> (If travel outside of Texas, complete Schedule T)		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 CITY CLERK DEPT. SCHEDULE F
09 APR -9 AM 10:35

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 <i>3-7</i>	5 Payee name <i>Handyman Co</i>	7 Amount (\$) <i>26.00</i>
6 Payee address; City; State; Zip Code <i>8800 Viscount El Paso TX 79905</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>ONS</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>3-10</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>34.51</i>
Payee address; City; State; Zip Code <i>1111 Gwinno El Paso TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <i>3-12</i>	Payee name <i>H + H Mailing</i>	Amount (\$) <i>1,476.09</i>
Payee address; City; State; Zip Code <i>9000 Maffey El Paso TX</i>		<i>4107</i>

Purpose of payment (See instructions regarding type of information required.) <i>Mailing + Labeling</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>3-13</i>	Payee name <i>Joe Rodriguez</i>	Amount (\$) <i>400.00</i>
Payee address; City; State; Zip Code <i>218 N. Glenwood Apt A. El Paso TX 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Rent + Utilities for Office</i> (If travel outside of Texas, complete Schedule T)	** 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

09 APR -9 AM 10:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Joe A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3-13</i>	5 Payee name <i>U.S. Postal Service</i>	7 Amount (\$) <i>84.00</i>
6 Payee address; City; State; Zip Code <i>200 miles El Paso TX. 79901</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-13</i>	Payee name <i>Hono Dept.</i>	Amount (\$) <i>109.18</i>
Payee address; City; State; Zip Code <i>218 Lee Trevino El Paso TX</i>		<i># 1099</i>
Purpose of payment (See instructions regarding type of information required.) <i>Material</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-12</i>	Payee name <i>Ranch Market</i>	Amount (\$) <i>135.10</i>
Payee address; City; State; Zip Code <i>703 W Zaragoza El Paso TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food for Workman</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-14</i>	Payee name <i>El Paso Foods</i>	Amount (\$) <i>75.53</i>
Payee address; City; State; Zip Code <i>6848 El Paso Dr El Paso TX</i>		<i># 3654</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food for Pomresal</i> (If travel outside of Texas, complete Schedule T)		** 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. 09 APR -9 AM 10:35	SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Joe A Izaro</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-16</i>	5 Payee name <i>Parrott Production</i>	7 Amount (\$) <i>701.46</i> <i>112</i>	
6 Payee address; City; State; Zip Code <i>409 Carolina El Paso TX 79918</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>140 T-Shirts</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3-14</i>	Payee name <i>Super Center - Walmart</i>	Amount (\$) <i>158.90</i>	
Payee address; City; State; Zip Code <i>Store #2201 El Paso TX</i>			
Purpose of payment (See instructions regarding type of information required.) <i>for Furniture Event</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3-16</i> <i>so</i> <i>4-1</i>	Payee name <i>Quality Sign - Alex Carter</i>	Amount (\$) <i>1260.00</i>	
Payee address; City; State; Zip Code <i>7424 Alameda El Paso TX</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Company lettering for Signs Truck</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/11</i>	Payee name <i>7-11</i>	Amount (\$) <i>26.45</i>	
Payee address; City; State; Zip Code <i>6108 Tranbridge El Paso</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Gas</i> (If travel outside of Texas, complete Schedule T)		** 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**
 09 APR -9 AM 10:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Jane A. Byard</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
<i>3-11</i> <i>3/28</i>	<i>Office Dept</i> 6 Payee address; City; State; Zip Code <i>1111 Howard St</i> <i>El Paso TX</i>	<i>200.73</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Prints - Office Material</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
<i>3/14</i>	<i>Home Dept</i> Payee address; City; State; Zip Code <i>11348 Rogan</i> <i>El Paso TX</i>	<i>54.84</i>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
<i>3/20</i>	<i>Super Stop</i> Payee address; City; State; Zip Code <i>11368 Rogan</i> <i>El Paso TX</i>	<i>30.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>GAS</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
<i>3/24</i>	<i>Circle K Store</i> Payee address; City; State; Zip Code <i>Store # 2700020</i> <i>El Paso TX</i>	<i>25.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>GAS</i> (If travel outside of Texas, complete Schedule T)		** 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

09 APR -9 AM 10:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/27	5 Payee name <i>H + H. Marla</i> 6 Payee address; City; State; Zip Code <i>9020 Mayflower El Paso TX</i>	7 Amount (\$) 9944.66
8 Purpose of payment (See instructions regarding type of information required.) <i>Mail + Label letter</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED