

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 <i>Mr Jose Alexandro</i> NICKNAME LAST SUFFIX <i>Lozano</i>	OFFICE USE ONLY CITY CLERK DEPT. 15 MAY - 1 PM 12:51	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7404 Franklin Dr El Paso TX 79915</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 633-5942</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr Jose A.</i> NICKNAME LAST SUFFIX <i>Lozano</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7404 Franklin Dr El Paso TX 79915</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 633-5942</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <i>4 / 6 / 09 5 / 8 / 09</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 9 / 09</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>City Representative Dist #3</i>	
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)

** 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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18 CONTRIBUTION TOTALS

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

\$

2

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

\$

950.00

EXPENDITURE TOTALS

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

\$

853.41

4. TOTAL POLITICAL EXPENDITURES

\$

4,303.91

CONTRIBUTION BALANCE

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

\$

538.54

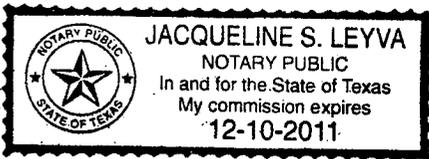
OUTSTANDING LOAN TOTALS

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

\$

8,530.00

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose Alejandro Lozano, this the 1st day of May, 20 09 to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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

5 Payee name

7 Amount (\$)

4-17-

Oliver Legans Jr

6 Payee address; City; State; Zip Code

*218 W. Glenwood # C
El Paso TX 79905*

60⁰⁰

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

(If travel outside of Texas, complete Schedule T)

Work 1 day

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

Date

Payee name

Amount (\$)

4-21

Hono Regent

Payee address; City; State; Zip Code

*11360 Rogers Av
El Paso TX 79937 # 522*

106.09

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

(If travel outside of Texas, complete Schedule T)

Office Supplies

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

Date

Payee name

Amount (\$)

4-18

Aurora Pontillo

Payee address; City; State; Zip Code

*404 Guadalupe # 214
El Paso TX 79912*

60⁰⁰

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

(If travel outside of Texas, complete Schedule T)

Work 1 day

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

Date

Payee name

Amount (\$)

4/18

Rene Legans

Payee address; City; State; Zip Code

*218 W. Glenwood # B
El Paso TX 79905*

168⁰⁰

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

(If travel outside of Texas, complete Schedule T)

11 wk work

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Gene A. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-23

5 Payee name

Guadalupe Rodriguez

7 Amount (\$)

78.00

6 Payee address; City; State; Zip Code

*218 N. Glenwood # A
El Paso TX 79905*

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

Victims on office

(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

4-24

Payee name

Alex Evans TV

Amount (\$)

150.00

Payee address; City; State; Zip Code

*218 N. Glenwood #C
El Paso TX 79905*

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

work

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4/31

Payee name

Rene Lynn

Amount (\$)

180.00

Payee address; City; State; Zip Code

*218 N. Glenwood #B
El Paso TX 79905*

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

work

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4/22

Payee name

H & H. Mailing Service

Amount (\$)

592.57

Payee address; City; State; Zip Code

*9820 Marlowe Ave
El Paso TX 79926*

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

Mail

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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>4/23</i>	5 Payee name <i>H.H. Marilyn Samuel</i> 6 Payee address; City; State; Zip Code <i>9020 Marysok Ave El Paso TX 79925</i>	7 Amount (\$) <i>1,615.22</i>
8 Purpose of payment (See instructions regarding type of information required.) (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>4/23</i>	Payee name <i>El Paso, Turner</i> Payee address; City; State; Zip Code <i>El Paso TX 79901</i>	Amount (\$) <i>8270</i>
Purpose of payment (See instructions regarding type of information required.) <i>IX 5 ad</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>4/23</i>	Payee name <i>El Paso Turner</i> Payee address; City; State; Zip Code <i>El Paso TX 79901</i>	Amount (\$) <i>165.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>IX 10 ad</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>4/23</i>	Payee name <i>El Paso Turner</i> Payee address; City; State; Zip Code <i>El Paso, TX 79901</i>	Amount (\$) <i>165.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>IX 10 ap</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>The Alvarez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4-22</i>	5 Payee name <i>J. M. Prunty</i>	7 Amount (\$) <i>157.55</i>
6 Payee address; City; State; Zip Code <i>1208 TEXAS ST EL PASO TX 79901</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Market</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>4-23</i>	Payee name <i>J. M. Prunty</i>	Amount (\$) <i>246.81</i>
Payee address; City; State; Zip Code <i>1208 TEXAS ST EL PASO TX 79901</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Cash</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>4-28</i>	Payee name <i>El Paso Produce</i>	Amount (\$) <i>94.80</i>
Payee address; City; State; Zip Code <i>3701 Alameda # C EL PASO TX 79905</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Senior Center gift</i> (If travel outside of Texas, complete Schedule T) <i>Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4-29</i>	Payee name <i>El Paso Produce</i>	Amount (\$) <i>60.00</i>
Payee address; City; State; Zip Code <i>3701 Alameda # C EL PASO TX 79905</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Senior Center fruits</i> (If travel outside of Texas, complete Schedule T) <i>Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Dore A. Logan* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-6</i>	5 Payee name <i>J. M. Purity</i>	7 Amount (\$) <i>94.18</i>
6 Payee address; City; State; Zip Code <i>1208 Texas St El Paso TX 79901</i>		

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

Date <i>4-3-</i>	Payee name <i>J. M. Purity</i>	Amount (\$) <i>151.55</i>
Payee address; City; State; Zip Code <i>1208 Texas St El Paso TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Don Hayman</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4-12</i>	Payee name <i>El Paso Food Service</i>	Amount (\$) <i>81.92</i>
Payee address; City; State; Zip Code <i>6845 El Paso Dr El Paso TX 79908</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for Employees Trust</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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4,303.91

09
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Jore A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jore A. Lozano</i>		9 Loan Amount (\$) <i>1,710⁰⁰</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>7404 Franklin Dr El Paso TX 74911</i> <i>6820 1210 8030</i>		10 Interest rate
12 Principal occupation / Job title (See Instructions)			11 Maturity date
13 Employer (See Instructions)			
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
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
Principal occupation / Job title (See Instructions)			Maturity date
13 Employer (See Instructions)			
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	

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If lender 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

Joe A. Lozano

3 ACCOUNT# (Ethics Commission filers)

4 Date

4-24

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

El Paso Separatist Assoc.

6 Contributor address; City; State; Zip Code

*5730 E Pasadena
El Paso TX 79925*

7 Amount of contribution (\$)

750⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-27

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

Steven F. Schen

Contributor address; City; State; Zip Code

*109 N. Oregon #800
El Paso, TX 79901*

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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\$ 750⁰⁰