

3/2/03

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:

1-14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Jose MI: MI
NICKNAME: LAST: Lozano SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Jose MI: MI
NICKNAME: LAST: Lozano SUFFIX:

Receipt #

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5655 Gateway West.
EL PASO TX. 79925

Date Processed

Date Imaged

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
915) 779-6773

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
05 / 23 / 03 THROUGH 07 / 14 / 03

10 ELECTION

ELECTION DATE: Month Day Year: 5 / 31 / 03
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Dist. Rep # 3

13 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

**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 Total pages this Schedule A1: **2-14**

2 FILER NAME **Jose Alejandro Lozano** 3 ACCOUNT # (Ethics Commission filers)

4 Date 6-11-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Buld. Assocation	7 Amount of contribution (\$) 450⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6046 Surety Dr. 79905			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 5-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo or Margarita Licin	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5604 Eagle Pt. 55 79912			

Principal occupation (Optional) Employer (Optional)

Date 6-17-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Felix III + Marina	Amount of contribution (\$) 750⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11534 Jocquelin Ct. 79939			

Principal occupation (Optional) Employer (Optional)

Date 6-30-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jobe Political Action (PAC)	Amount of contribution (\$) 4,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Irene Eppersm - Treasurer #1 McKellorn Cy. 79930			

Principal occupation (Optional) Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3-14
2 FILER NAME Jose Alejandro Lorenzo		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-13-03	5 Payee name K-Mart 6 Payee address; City; State; Zip Code 6375 Montana	7 Amount (\$) \$ 93.37
8 Purpose of payment (See instructions regarding type of information required.) Supplier for Employee Campaign		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7-12-03	Payee name Albertsons Payee address; City; State; Zip Code El Paso - Montana St	Amount (\$) 37.93
Purpose of payment (See instructions regarding type of information required.) Phobos/Flowers for Center		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7-8	Payee name BJ's Payee address; City; State; Zip Code Store #4070 El Paso	Amount (\$) 54.11
Purpose of payment (See instructions regarding type of information required.) Office Supply		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-31	Payee name Bruno Avila Payee address; City; State; Zip Code El Paso TX	Amount (\$) 150⁰⁰
Purpose of payment (See instructions regarding type of information required.) MUSIC for Event		** 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: **4-14**

2 FILER NAME **Jose Alejandro Lozano** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5-31	5 Payee name Part Time	7 Amount (\$) 85⁰⁰
6 Payee address; City; State; Zip Code 5118 E. PABANO 79925		

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

Date 6-21	Payee name Sam Club	Amount (\$) 72.59
Payee address; City; State; Zip Code El Paso - Ciudad Juarez		

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

Date 6-16	Payee name Act Field / Paper Chase	Amount (\$) 590.76
Payee address; City; State; Zip Code Party Invitation 1308 Montana		

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

Date 5-28	Payee name El Paso Times	Amount (\$) 78.58
Payee address; City; State; Zip Code Compan Adv.		

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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5-14

2 FILER NAME

Joe Alexandro Lozano

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-30

5 Payee name

PDX # 37201

7 Amount (\$)

549.49

6 Payee address; City; State; Zip Code

El Paso

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

Mail Out

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

Candidate / Officeholder name Office sought Office held

Date

5-30

Payee name

El Paso Produce

Amount (\$)

80⁰⁰

Payee address; City; State; Zip Code

Alameda St + Copia

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

Printer + Orange for Employees

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

Candidate / Officeholder name Office sought Office held

Date

5-30

Payee name

Sams Club

Amount (\$)

232.56

Payee address; City; State; Zip Code

El Paso

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

Food for Events

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

Candidate / Officeholder name Office sought Office held

Date

6-3

Payee name

Refugio Charita

Amount (\$)

500⁰⁰

Payee address; City; State; Zip Code

El Paso

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

Driver Payment for 3 mo. + 1/2c. extra

-- 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:

6-14

2 FILER NAME

Jose Alejandro Lozano

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

6-4

Refugio Chavira
EL PASO TX

200⁰⁰

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

Driver

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

6-4

Alexandra Reuter
5055 Gateway W.

235⁰⁰

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

Cater for Event in Campaign

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

6-4

Esteban Sanson
EL PASO TX

40⁰⁰

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

Helper on Campaign

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7-14**

2 FILER NAME **Joe Alexander Lozano**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-30

5 Payee name
Post Office
6 Payee address; City; State; Zip Code
El Paso

7 Amount (\$)
37.00

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

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

Date
6-5

Payee name
San Martin de Porras
Payee address; City; State; Zip Code
El Paso TX

Amount (\$)
200.00

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

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

Date
6-5

Payee name
Post Office
Payee address; City; State; Zip Code
El Paso TX

Amount (\$)
37.00

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

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

Date
5-22

Payee name
Walgreen
Payee address; City; State; Zip Code
El Paso

Amount (\$)
97.37

Purpose of payment (See instructions regarding type of information required.)
Company photos Camera (10)

** 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: **8-14**

2 FILER NAME **Joe Alexander Legend** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5-28	5 Payee name H + H	7 Amount (\$) 553.35
6 Payee address; City; State; Zip Code El Paso		

8 Purpose of payment (See instructions regarding type of information required.) Mail Out	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5-28	Payee name Gorge Morning J.M. Printing	Amount (\$) 300⁰⁰
Payee address; City; State; Zip Code TEXAS ST. El Paso		

Purpose of payment (See instructions regarding type of information required.) Printing for Mail out	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 3-27	Payee name H + H Mail	Amount (\$) 326.78
Payee address; City; State; Zip Code El Paso		

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

Date 5-27	Payee name El Pastiner	Amount (\$) 360⁰⁰
Payee address; City; State; Zip Code El Paso		

Purpose of payment (See instructions regarding type of information required.) MPC Ad on Campaign	9 ** 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: **9-14**

2 FILER NAME **Joe Alexander Logans**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-27

5 Payee name
U.S. Post Office
6 Payee address; City; State; Zip Code
El Paso

7 Amount (\$)
296.00

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

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

Date
5-26

Payee name
Bette Flores
Payee address; City; State; Zip Code
El Paso TX

Amount (\$)
1,230.00

Purpose of payment (See instructions regarding type of information required.)
Postage for 4,000 mailers

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

Date
5-24

Payee name
Bette Flores
Payee address; City; State; Zip Code
El Paso

Amount (\$)
326.39

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

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

Date
5-24

Payee name
Office Depot
Payee address; City; State; Zip Code
El Paso

Amount (\$)
61.50

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

**** 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: **10-14**

2 FILER NAME **Jorge Alejandro Legana**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-28

5 Payee name
Jorge Montury J.M. Pruty
6 Payee address; City; State; Zip Code
El Paso

7 Amount (\$)
150⁰²

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

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

Date
5-26

Payee name
Swim Club
Payee address; City; State; Zip Code
El Paso

Amount (\$)
46.32

Purpose of payment (See instructions regarding type of information required.)
Pruty + Office Supplies

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

Date
5-26

Payee name
Prudy's Cleaners
Payee address; City; State; Zip Code
El Paso

Amount (\$)
100⁰²

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

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

Date
5-23

Payee name
Refugio Chavis
Payee address; City; State; Zip Code
Canyon Dr El Paso

Amount (\$)
200⁰²

Purpose of payment (See instructions regarding type of information required.)
Driver 1 week

** 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: **11-14**

2 FILER NAME **Jose Alejandro Lozano**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-23

5 Payee name
Diner Shirock

7 Amount (\$)
63.41

6 Payee address; City; State; Zip Code
El Paso

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

Gas for Austin on Canyon trail

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

Date
5-23

Payee name
Auto Zone

Amount (\$)
92.82

Payee address; City; State; Zip Code
El Paso

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

Part for Canyon Auto

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

Date
5-30

Payee name
El Paso Terrain

Amount (\$)
61.68

Payee address; City; State; Zip Code
El Paso

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

Adv. for Canyon

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

Date
6-6

Payee name
George Martiny

Amount (\$)
40.00

Payee address; City; State; Zip Code
El Paso TX

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

Martiny

**** 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:

12-14

2 FILER NAME

Dr. Alexander Logan

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6-9

Mamuel de la Cruz

6 Payee address; City; State; Zip Code

El Paso

65.03

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

PR on Campaign

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6-9

Refugio Clewson

Payee address; City; State; Zip Code

El Paso TX

200.00

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

Driver 1 wk.

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7-8

Esteban Sanson

Payee address; City; State; Zip Code

El Paso

100.00

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

Campaign Worker

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7-8

Esteban Sanson

Payee address; City; State; Zip Code

El Paso TX

300.00

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

1 wk Office Work

** 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:

13-14

2 FILER NAME

Bobo Alexander Logan

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6-4

6 Payee address; City; State; Zip Code

Refugio Chmisa
El Paso TX

200

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

Driver + Worker

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

Date

Payee name

Amount (\$)

8-9

Payee address; City; State; Zip Code

Ruby Diaz
El Paso

100

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

Carpenter Worker

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

Date

Payee name

Amount (\$)

7-10

Payee address; City; State; Zip Code

El Paso Turner
El Paso

78.8

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

Ad

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

Date

Payee name

Amount (\$)

7-12

Payee address; City; State; Zip Code

Alexander Park
El Paso

50⁰⁰

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

Flowers for Reyna de San Juan

** 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

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **14-14**

2 FILER NAME **Joe Alexander Lyman** 3 ACCOUNT # (Ethics Commission filers)

4 Date 7-11	5 Payee name Florencia Trorro 6 Payee address; City; State; Zip Code El Paso	7 Amount (\$) 102.00
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8 Purpose of payment (See instructions regarding type of information required.) flower for Court on San Juan	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7-11	Payee name Alexandra Park Payee address; City; State; Zip Code El Paso	Amount (\$) 145.89
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Purpose of payment (See instructions regarding type of information required.) Reimburse for all workers a thank you!	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6-11	Payee name Roberto Gonzalez Payee address; City; State; Zip Code El Paso	Amount (\$) 175.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Work 1 wk	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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
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12,155-119