

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

CITY CLERK DEPT.
07 JUL 16 PM 5:08

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

\$ 6

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

\$ 6000⁰⁰

EXPENDITURE TOTALS

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

\$ 127.94

4. TOTAL POLITICAL EXPENDITURES

\$ 127.94

CONTRIBUTION BALANCE

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

\$ 4,000-

OUTSTANDING LOAN TOTALS

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

\$ 4,000-

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 J. Alexandro Lozano, this the 16 day of July, 2007, to certify which, witness my hand and seal of office.

Laura Prine
Signature of officer administering oath

Laura Prine
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A
07 JUL 16 PM 5:08

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>4-20-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert L. Bowling IV</i>	7 Amount of contribution (\$) <i>12500</i>	8 In-kind contribution description (if applicable) <i>CK</i>
6 Contributor address; City; State; Zip Code <i>6705 Peak Ridge 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>4-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Bowling, Builder</i>	Amount of contribution (\$) <i>12500</i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>P.O. Box 4136 EL PASO TX 79914</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-27-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian S. Foster</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable) <i>CASH</i>
Contributor address; City; State; Zip Code <i>P.O. Box 542286 Dallas TX 75354-2286</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2-13-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Chaney</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>Assoc. of Builders EL PASO TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-10-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Hernandez - Pierre Hernandez</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable) <i>CK</i>
Contributor address; City; State; Zip Code <i>6854 Market me EL PASO TX 79915</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.

PLEGGED CONTRIBUTIONS

CITY CLERK DEPT. SCHEDULE B

07 JUL 16 PM 5:08

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

José A. Lorenzo

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<i>4-20-07</i>	<i>Gregory B. Bonby</i> 7 Pledgor address; City; State; Zip Code <i>7484 Plogn Redondo EL PASO TX 79912</i>	<i>12500</i>	<i>C/K</i>
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
<i>4-20-07</i>	<i>Randal Bonby</i> Pledgor address; City; State; Zip Code <i>4655 Cohen Ave EL PASO TX 79925</i>	<i>12500</i>	<i>C/K</i>
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
<i>9-6-07</i>	<i>Stanley P. Joe</i> Pledgor address; City; State; Zip Code <i>P.O. Box 3318 EL PASO TX 79923</i>	<i>10000</i>	<i>C/K</i>
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
<i>1-31-07</i>	<i>Ronald M. Paschich-Terry</i> Pledgor address; City; State; Zip Code <i>601 Rossmore Ln EL PASO TX 79922</i>	<i>10000</i>	<i>C/K</i>
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
<i>1-16-07</i>	<i>Jorge A. Valenzuela</i> Pledgor address; City; State; Zip Code <i>233 Pennsylvania El Paso TX 79903</i>	<i>5000</i>	<i>C/K</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.

A 6000

Revised 10/02/2006

POLITICAL EXPENDITURES

CITY CLERK DEPT SCHEDULE F
07 JUL 16 PM 5:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4-4-01</i>	5 Payee name <i>J. M. Prunty</i> 6 Payee address; City; State; Zip Code <i>1208 TEXAS Ave CE LAW TX 79901</i>	7 Amount (\$) <i>4 / 27.94</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Prunty of (m. + Cash)</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Key.# 3</i> 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

LOANS *Pd.* **SCHEDULE E**
 CITY CLERK DEPT.
 07 JUL 16 PM 5:08

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

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

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ **\$ 2,000 Pd**

5 Date of loan *1-1-05* **7** Name of lender *Jose A. Lozano* out-of-state PAC (ID#: _____) **9** Loan Amount (\$) *2,000-*

6 Is lender a financial institution? *Y* **8** Lender address; City; State; Zip Code *7404 Franklin Rd El Paso TX* **10** Interest rate *5*

11 Maturity date

12 Principal occupation / Job title (See Instructions) **13** Employer (See Instructions)

14 Description of Collateral none *Balace 4,000-*

15 GUARANTOR INFORMATION 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 out-of-state PAC (ID#: _____) Loan Amount (\$)
 Is lender a financial institution? Lender address; City; State; Zip Code Interest rate
Y N Maturity date

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

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$)
 Guarantor address; City; State; Zip Code

Principal Occupation Employer

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