

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2003 APR 3 PM 4 SU
 CITY CLERK DEPARTMENT

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr. Jose Alejandro
 NICKNAME LAST SUFFIX
Lozano

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7404 Franklin EL PASO TX 79915
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Jose A
 NICKNAME LAST SUFFIX
Lozano

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 799-6773

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
01 / 01 / 03 04 / 03 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
5 / 3 / 03

11 OFFICE

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)
District Rept #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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$

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

\$ 4020⁰⁰

EXPENDITURE TOTALS

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

\$ 556.89

4. TOTAL POLITICAL EXPENDITURES

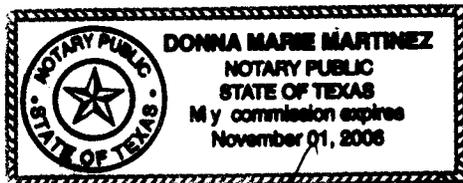
\$ 7,175.79

OUTSTANDING LOAN TOTALS

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

\$ 5,120⁰⁰

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 Alvaro Lopez, this the 2nd day of February, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE 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: 6	
2 FILER NAME Jose A. Lozano		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-8-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Bowen	7 Amount of contribution (\$) 200.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1150 S. View Dr. EL PASO TX 79928			

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

Date 1-9-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Ariola	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5711 E. Gardell EL PASO TX 79925			

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

Date 1-9-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Wallace	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 804 El Parque Dr EL PASO TX			

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

Date 1-9-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIRA RIVERA	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5516 Bandy Ct. EL PASO 79925			

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

Date 1-9-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEO Haddad	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6036 Camino Alegre EL PASO TX			

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 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 FILER NAME

Jose A. Lozano

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-9-09
A-

5 Full name of contributor

Arturo Fierro

6 Contributor address; City; State; Zip Code

1308 Montana EL PASO TX
6036 Co

7 Amount of contribution (\$)

50⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-9-09

Full name of contributor

John Herron

Contributor address; City; State; Zip Code

1031 Esplanada EL PASO TX

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-9-09

Full name of contributor

Jan Engles

Contributor address; City; State; Zip Code

2219 King James EL PASO TX

Amount of contribution (\$)

20⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-9-09

Full name of contributor

Robert Bowling

Contributor address; City; State; Zip Code

6705 Pearl Ridge EL PASO TX

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-9-09

Full name of contributor

Sergio Arellano

Contributor address; City; State; Zip Code

7404 B Franklin Dr EL PASO TX

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**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 FILER NAME <i>Jose A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-9-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Flores</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3305 Pierce, EL PASO TX</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>1-9-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Spstein</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1609 Joe Porter, EL PASO TX</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-9-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Montes</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6107 Tejas EL PASO TX</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-9-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dock Hoover</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>910 Sunset EL PASO TX</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-9-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catalina Hernandez</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1675</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**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 FILER NAME *Jose A. Lozano* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1-9-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lupe + Andy Gillerpie</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6041 Camino Menre EL PASO TX</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <i>1-9-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria + Lorezo Gomez</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4749 Debeers EL PASO TX</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1-9-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Robledo</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3100 E. Yandell EL PASO TX</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1-9-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Bowling</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 4136</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>1-9-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesus Rivera</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5516 Bondy Ct. EL PASO TX</i>			

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 FILER NAME <i>Jose A. Lozano</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-13-02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Kleas</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1303 Randolph Dr. El Paso TX</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2-18-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRYTON D. RENEKO</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10920 MADISON LN.</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DOUGLAS A. SCHWARTZ</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 13611</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3-6-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT SCHWARTZ</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>619 CAMINO REAL</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3-11-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN L. FERRELL</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7723 CIERO VISTAS 79925</i>			
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 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 FILER NAME

JOSE ALEXANDRO LOZANO

3 ACCOUNT # (Ethics Commission files)

4 Date

2/16/03

5 Full name of contributor

FRANCISCO BIZZOYOS III

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

12469 ROBERT S. DAVID

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-26-03

Full name of contributor

ANTHONY B. DUNCAN

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

10732 ALTA LOMA 79435

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-26-03

Full name of contributor

JOHN C. KORSOUHEN + GILKEEN

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

717 DULCE TERRA 79912

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3-18-03

Full name of contributor

ROSALIES HAW FIRM

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1400 MONTANA 79902

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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)

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 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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2. FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 2-28	5 Payee name <i>Gail L. Martindal</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 332</i>	8 Amount (\$) <i>75.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
4 Date 2-4	5 Payee name <i>Joe Wardy</i> 6 Payee address; City; State; Zip Code <i>Fundraiser</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Fundraiser</i>	8 Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
4 Date 1-13	5 Payee name <i>Bissett Stone</i> 6 Payee address; City; State; Zip Code <i>Office Depot</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Prints for Copies</i>	8 Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
4 Date 1-13	5 Payee name <i>Alexander Cuellar</i> 6 Payee address; City; State; Zip Code <i>Quality Sign</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Banner</i>	8 Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
4 Date 2-4	5 Payee name <i>Fox Plaza</i> 6 Payee address; City; State; Zip Code <i>Food City</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Food for Worker</i>	8 Amount (\$) <i>57.82</i> <input type="checkbox"/> Reimbursement from political contributions intended

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:

2 FILER NAME

J. ALEXANDRO RODRIGO

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-26-03

5 Payee name

BST SCREEN PRINTING

7 Amount (\$)

1986.92

6 Payee address; City; State; Zip Code

8374 OLAMEDA 79907

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

SIGNS

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

Candidate / Officeholder name Office sought Office held

Date

3/05/03

Payee name

PBX PRINTING

Amount (\$)

889.49

Payee address; City; State; Zip Code

100 P2F1210 BLDG 79902

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

PRINTING

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

Candidate / Officeholder name Office sought Office held

Date

1-24-03

Payee name

OFFICE DEPOT

Amount (\$)

56.29

Payee address; City; State; Zip Code

1111 GERONIMO DRIVE 79925

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

COPIES

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

Candidate / Officeholder name Office sought Office held

Date

1-22-03

Payee name

OFFICE DEPOT

Amount (\$)

52.09

Payee address; City; State; Zip Code

1111 GERONIMO DRIVE

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

SUPPLIES

** 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: _____

2 FILER NAME

Jose A. Lozano

3 ACCOUNT # (Ethics Commission files) _____

4 Date

5 Payee name

7 Amount (\$)

2-17-03

CITY OF EL PASO / CITY CLERK

250.00

6 Payee address, City, State, Zip Code

2 CIVIC CENTER PLAZA

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

CITY REP. FILING FEE

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

Date

Payee name

Amount (\$)

3-6-03

H & H MAILING SERVICES

938.00

Payee address, City, State, Zip Code

9020 MAYFLOWER 79925

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

MAIL OUT SERVICE

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

Date

F SEM'S

Amount (\$)

2-8-03

Payee address, City, State, Zip Code
RIO VISTA - GATEWAY WEST

194.11

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

Payee name THE SQUEGEE

Amount (\$)

3-17-03

Payee address, City, State, Zip Code
406 S. DURANGO 79909

193.75

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

SINK SCREEN

-- 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:

2 FILER NAME

Jose A. Lozano

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

11-16-02

SAM'S

6 Payee address, City, State, Zip Code

CIENO VISTA - GATEWAY WEST

205.14

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

FUNDRAISER PARTY

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

Date

Payee name

Amount (\$)

1-10-03

WOMEN'S AUXILIARY CLUB

Payee address, City, State, Zip Code

EH PASO, TX

60.00

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

CONTRIBUTION

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

Date

ALEXANDER'S REST

Amount (\$)

1-10-03

Payee address, City, State, Zip Code

555

204.94

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

CAMPAIGN KICK-OFF

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

Date

Payee name

Amount (\$)

1-21-03

EH PASO REST ASSN.

Payee address, City, State, Zip Code

EH PASO, TX

200.00

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

POLITICAL DONATION

-- 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:

2 FILER NAME

Jose A. Lozano

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1-23-03

RONALD SILK SCREEN

750.00

6 Payee address, City, State, Zip Code

7407 BLUMEDS

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

POSTERS

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

Date

Payee name

Amount (\$)

1-23-03

ABELSIR OPTIMIST CLUB

75.00

Payee address, City, State, Zip Code

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

Payee name

Amount (\$)

1-24-03

AUTO ZONE

98.24

Payee address, City, State, Zip Code

BLUMEDS STREET

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

SUPPLIES
CAMPAIGN CAR

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

Date

Payee name

Amount (\$)

2-26-03

ESTEBAN SANCHEZ

150.00

Payee address, City, State, Zip Code

7051 SPARROW DR.

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

CAMPAIGN HELPER

-- 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:

2 FILER NAME

Jose A. Lozano

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1-26-03

SHREX MONTRES

100.00

6 Payee address; City, State; Zip Code

MONTRES E.P. TX

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

PICTURES FOR CAMPAIGN

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

Date

Payee name

Amount (\$)

1-29-03

QUALITY SIGNS

160.00

Payee address; City, State; Zip Code

SHREX

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

CAR SIGNS

-- 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

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

Payee name

Amount (\$)

Payee address; City, State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan
3-20-03

7 Name of lender out-of-state PAC (ID#: _____)
Joe A. Lozano

9 Loan Amount (\$)
1,295⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
5655 Gateway West
EL PASO TX 79925

10 Interest rate
←

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor
.....
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan
Is lender a financial institution?
Y N

Name of lender out-of-state PAC (ID#: _____)
.....
Lender address; City; State; Zip Code

Loan Amount (\$)
Interest rate
Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

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

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

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