

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: 1256

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE: Mr FIRST: Jose MI: Alejandro
 NICKNAME: LAST: Lozano SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 7404 Franklin Dr
 EL PASO, TX 79915
 Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE: Mr FIRST: Jose MI: Alejandro
 NICKNAME: LAST: Lozano SUFFIX:

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

7 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (915) 779-6777

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
~~09~~ / 04 / 03 04 / 28 / 03

10 ELECTION
 ELECTION DATE: Month Day Year ELECTION TYPE:
 05 / 03 / 03 Primary Runoff General Special

11 OFFICE OFFICE HELD (if any) **12 OFFICE SOUGHT (if known)**
 Dist. Representative #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

OFFICE USE ONLY
 CITY CLERK DEPARTMENT
 Date Received: APR 24 PM 4 20
 Date Hand-delivered or Date Postmarked:
 Receipt # Amount
 Date Processed
 Date Imaged: 0

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 0

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

\$ 1200

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

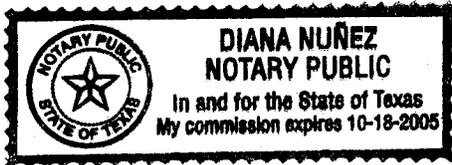
\$ 10,887.20

OUTSTANDING LOAN TOTALS

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

\$ 0

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 A. Lozano, this the 24th day of April, 2003, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Diana Nuñez
Printed name of officer administering oath

Notary
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:

215

2 FILER NAME

Jose Alejandro LOZANO

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-17-03

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

Sergio Montes

6 Contributor address; City; State; Zip Code

2929 McRae
El Paso, TX 79925

7 Amount of contribution (\$)

50-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Allstate INS.

Date

4-2-03

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

El Paso Assoc. of Bldg. PAC

Contributor address; City; State; Zip Code

6046 Surety Dr.
El Paso, TX 79905

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-10-03

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

GARY FARRAS

Contributor address; City; State; Zip Code

4606 Memphis
El Paso, TX 79903

Amount of contribution (\$)

300-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

self emp

Date

4-10-03

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

ALAN E. SIMPSON

Contributor address; City; State; Zip Code

1932 Preview Pl.
El Paso, TX 79936

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

self emp.

Date

4-10-03

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

El Paso Chapter Assoc. Gen. Contractors

Contributor address; City; State; Zip Code

4625 Ripley Dr
El Paso, TX 79922

Amount of contribution (\$)

250-

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

3 | 5

2 FILER NAME

Jose Alejandro Lozano

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4-16-03

The Home Depot

6 Payee address; City; State; Zip Code

11360 ROJAS. EL PASO, TX 79936

18,67

7 Purpose of expenditure (See instructions regarding type of information required.)

office misc

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2-7-03

Bowie High School

Payee address; City; State; Zip Code

30

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

DONATION

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-29-03

Comp USA

Payee address; City; State; Zip Code

9521 Viscount
EL PASO, TX 79925

37-

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

office supplies

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-26-03

Skechers

Payee address; City; State; Zip Code

MONTANA 79915

43.25

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

walking shoes

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-8-03

Office Depot

Payee address; City; State; Zip Code

1111 Geronimo Dr.
79925

14.86

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

CAMPAIGN supplies

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **4/5**

2 FILER NAME

Jose Alexandro LOZANO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4-5-03

Phillips -

6 Payee address: City, State, Zip Code

GERONIMO DR 79925

24.21

7 Purpose of expenditure (See instructions regarding type of information required.)

GAS

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-25-03

WALGREEN'S

Payee address: City, State, Zip Code

1100 GERONIMO 79925

7.98

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

developing CAMPAIGN PIC.

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-17-03

The Squeegie

Payee address: City, State, Zip Code

406 S. DURANGO 79901

\$198.13

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

CAMPAIGN t-shirts

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-13-03

No. EAST EASTER PARADE

Payee address: City, State, Zip Code

45-

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

DONATION

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-17-03

7-11

Payee address: City, State, Zip Code

7150 ALAMEDA 79915

21.86

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

GAS

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

5/5

2 FILER NAME

Jose Alexandro LOZANO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Big 8

8 Amount (\$)

4-17-03

6 Payee address; City; State; Zip Code

7044 ALAMEDA 79915

56.64

7 Purpose of expenditure (See instructions regarding type of information required.)

food for CAMPAIGN workers

Reimbursement from political contributions intended

Date

Payee name

Miguel A. TERAN

Amount (\$)

4-23-03

Payee address; City; State; Zip Code

500 SAN ANTONIO # 301 79901

50

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

DONATION

Reimbursement from political contributions intended

Date

Payee name

CARMEN AZUNA

Amount (\$)

4-10-03

Payee address; City; State; Zip Code

100

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

music for CAMPAIGN party

Reimbursement from political contributions intended

Date

Payee name

Refugio CHAVIRA

Amount (\$)

4-6-03

Payee address; City; State; Zip Code

240

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

driver

Reimbursement from political contributions intended

Date

Payee name

Refugio CHAVIRA

Amount (\$)

4-19-03

Payee address; City; State; Zip Code

200

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

driver

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED