



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Lozano, Jose M.

**15 ACCOUNT #** (Ethics Commission filers)  
00065802

**16 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**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION TOTALS**

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

\$

0.00

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

\$

46,550.00

**EXPENDITURE TOTALS**

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

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

5,200.00

**CONTRIBUTION BALANCE**

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

\$

93,987.00

**OUTSTANDING LOAN TOTALS**

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

\$

0.00

**18 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.

JOSE LOZANO

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/6	
2 FILER NAME Lozano, Jose M.		3 ACCOUNT # (Ethics Commission filers) 00065802	
4 Date  01/21/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ATKINSON, NEWEL  6 Contributor address; City; State; Zip Code ALICE, TX 78332	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPER/RANCHING		10 Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BEATO, MILTON (DR)  Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR- CARDIOLOGIST		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CANALES, GUS  Contributor address; City; State; Zip Code Premont, TX 78375	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EKANAYAKE, SURENRANATH (DR)  Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78404	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR- OBSTETRICS/GYN		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Mauro  Contributor address; City; State; Zip Code Falfurrias, TX 78355	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Self	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 4/6	
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802	
<b>4</b> Date  01/21/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia Jr., Alvaro  ..... <b>6</b> Contributor address; City; State; Zip Code Premont, TX 78375	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>10</b> Employer (See Instructions) Self	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GONZALES, SANTOS  ..... Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) PHARMACIST		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HORNSBY, CHARLES  ..... Contributor address; City; State; Zip Code KINGSVILLE, TX 78363	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) OIL AND GAS/ CHIROPRACTOR		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, JOSE (DR)  ..... Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	Amount of contribution (\$)  \$25,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR- FAMILY MEDICINE/GERIATRICS		Employer (See Instructions) SELF	
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, MARTHA  ..... Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	Amount of contribution (\$)  \$15,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) HEALTH CARE ADMINISTRATOR		Employer (See Instructions) FAMILY MEDICAL CENTER	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 3/3 Report: 5/6	
<b>2 FILER NAME</b> Lozano, Jose M.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00065802	
<b>4 Date</b>  01/21/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) UGARTE, JOSE (DR) ..... <b>6 Contributor address; City; State; Zip Code</b> KINGSVILLE, TX 78363	<b>7 Amount of contribution (\$)</b>  \$200.00	<b>8 In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> MEDICAL DOCTOR- INTERNAL MEDICINE		<b>10 Employer (See Instructions)</b> SELF	
<b>Date</b>  01/21/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) VASQUEZ, JANIE ..... <b>Contributor address; City; State; Zip Code</b> KINGSVILLE, TX 78363	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> HEALTH CARE ADMINISTRATOR		<b>Employer (See Instructions)</b> AMEDYSIS HOME HEALTH	

# POLITICAL EXPENDITURES

# SCHEDULE F

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

**1** PAGE #  
Schedule: 1/1 Report: 6/6

**2** FILER NAME Lozano, Jose M.

**3** ACCOUNT # (Ethics Commission filers)  
00065802

<b>4</b> Date	<b>5</b> Payee name LONE STAR PRINTING	<b>7</b> Amount (\$)
01/16/2010	<b>6</b> Payee address; City; State; Zip Code 242 HARRISION HARLINGEN, TX 78550	\$4,200.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MATERIALS  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name SIGN SHOP	Amount (\$)
01/20/2010	Payee address; City; State; Zip Code 901 S. CLOSNER EDINBURG, TX 78539	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MATERIALS  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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