





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/21	
2 FILER NAME Lozano, Jose M.		3 ACCOUNT # (Ethics Commission filers) 00065802	
4 Date  09/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARRERA, GUS  6 Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) REAL ESTATE		10 Employer (See Instructions) SELF	
Date  10/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRASHEAR, SABRINA  Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) ST. JOSEPH	
Date  09/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BUTTS, DAVID  Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF	
Date  10/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GARZA, HENRY  Contributor address; City; State; Zip Code HEBRONVILLE, TX 78361	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) COUNTY ATTORNEY		Employer (See Instructions) JIM HOGG COUNTY	
Date  09/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORENA, MICHAEL (DR)  Contributor address; City; State; Zip Code MCALLEN, TX 78501	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		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: 2/5 Report: 4/21	
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802	
<b>4</b> Date 10/01/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORENA, MICHAEL (DR)  <b>6</b> Contributor address; City; State; Zip Code MCALLEN, TX 78501	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		<b>10</b> Employer (See Instructions) SELF	
<b>4</b> Date 11/01/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORENA, MICHAEL (DR)  <b>6</b> Contributor address; City; State; Zip Code MCALLEN, TX 78501	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		<b>10</b> Employer (See Instructions) SELF	
<b>4</b> Date 12/01/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORENA, MICHAEL (DR)  <b>6</b> Contributor address; City; State; Zip Code MCALLEN, TX 78501	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		<b>10</b> Employer (See Instructions) SELF	
<b>4</b> Date 12/01/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GROSSMAN, ALEX  <b>6</b> Contributor address; City; State; Zip Code SOUTH PADRE ISLAND, TX 78586	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ADVERTISING		<b>10</b> Employer (See Instructions) SELF	
<b>4</b> Date 12/01/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HORNSBY IV, CHARLES  <b>6</b> Contributor address; City; State; Zip Code PREMONT, TX 78375	<b>7</b> Amount of contribution (\$) \$300.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OIL AND GAS		<b>10</b> Employer (See Instructions) SELF	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/21	
2 FILER NAME Lozano, Jose M.		3 ACCOUNT # (Ethics Commission filers) 00065802	
4 Date  07/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, J.M.  6 Contributor address; City; State; Zip Code KINGSVILLE, TX 78363	7 Amount of contribution (\$)  \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) WINGSTOP RESTAURANTS FRANCHISEE		10 Employer (See Instructions) SELF	
Date  09/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, J.M.  Contributor address; City; State; Zip Code KINGSVILLE, TX 78363	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) WINGSTOP RESTAURANTS FRANCHISEE		Employer (See Instructions) SELF	
Date  08/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, JOSE (DR)  Contributor address; City; State; Zip Code SOUTH PADRE ISLAND, TX 78597	Amount of contribution (\$)  \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		Employer (See Instructions) SELF	
Date  09/01/2009	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)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		Employer (See Instructions) SELF	
Date  10/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOZANO, JOSE (DR)  Contributor address; City; State; Zip Code SOUTH PADRE ISLAND, TX 78597	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		Employer (See Instructions) SELF	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/21	
2 FILER NAME Lozano, Jose M.		3 ACCOUNT # (Ethics Commission filers) 00065802	
4 Date  10/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TORRES, FRANK  6 Contributor address; City; State; Zip Code RAYMONDVILLE, TX 78580	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) DIRECTOR		10 Employer (See Instructions) WILLACY COUNTY E.M.S.	
Date  09/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRUAN, CARLOS (SEN.)  Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED LEGISLATOR/INSURANCE SALES		Employer (See Instructions) SELF	
Date  11/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRUAN, CARLOS (SEN.)  Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED LEGISLATOR/INSURANCE SALES		Employer (See Instructions) SELF	
Date  12/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WEBB, CHARLES  Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date  10/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) YBARRA, RICHARD JOE (DR)  Contributor address; City; State; Zip Code SOUTH PADRE ISLAND, TX 78597	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR		Employer (See Instructions) SELF	

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/14 Report: 8/21
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802
<b>4</b> Date  07/27/2009	<b>5</b> Payee name BARRERA, SANDRA  <b>6</b> Payee address; City; State; Zip Code 118 W Travis St FALFURRIAS, TX 78355	<b>7</b> Amount (\$)  \$300.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  09/11/2009	Payee name BURGER KING  Payee address; City; State; Zip Code 236 N Ih 35 NEW BRAUNFELS, TX 78666	Amount (\$)  \$1.08
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN LUNCH MEETING  (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:
Date  09/11/2009	Payee name BURGER KING  Payee address; City; State; Zip Code 236 N Ih 35 NEW BRAUNFELS, TX 78666	Amount (\$)  \$5.07
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN LUNCH MEETING  (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:
Date  09/09/2009	Payee name BUTTS, DAVID  Payee address; City; State; Zip Code 1914 Patton Ln AUSTIN, TX 78723	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) CONSULTING  (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:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 2/14 Report: 9/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date	<b>5</b> Payee name CAPITOL PROMOTIONS	<b>7</b> Amount (\$)
11/01/2009	<b>6</b> Payee address;                      City; State; Zip Code ..... P.O. BOX 231 GLENSIDE, PA 19038	\$11,242.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) POLITICAL MATERIALS PRODUCTION  (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:
Date	Payee name CASA BLANCA	Amount (\$)
07/21/2009	Payee address;                      City; State; Zip Code ..... 1695 South 7th Street RAYMONDVILLE, TX 78580	\$22.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF LUNCH  (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:
Date	Payee name CHRIST UNITED METHODIST CHURCH	Amount (\$)
07/23/2009	Payee address;                      City; State; Zip Code ..... PO BOX 1833 KINGSVILLE, TX 78363	\$100.00
Purpose of payment (See instructions regarding type of information required.) DONATION  (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:
Date	Payee name COOPER OUTDOOR	Amount (\$)
07/27/2009	Payee address;                      City; State; Zip Code ..... 115 Waco Street Corpus Christi, TX 78401	\$1,032.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING  (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:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/14 Report: 10/21
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802
<b>4</b> Date  12/15/2009	<b>5</b> Payee name COOPER OUTDOOR ADVERTISING  <b>6</b> Payee address; City; State; Zip Code 115 Waco CORPUS CHRISTI, TX 78401	<b>7</b> Amount (\$)  \$8,250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ADVERTISING  (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:
Date  07/20/2009	Payee name CRICKET COMMUNICATIOS  Payee address; City; State; Zip Code 307 South 14th St KINGSVILLE, TX 78363	Amount (\$)  \$43.37
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CELL PHONE  (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:
Date  09/28/2009	Payee name DAIRY QUEEN  Payee address; City; State; Zip Code 402 N Smith Ave HEBRONVILLE, TX 78361	Amount (\$)  \$7.22
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN LUNCH MEETING  (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:
Date  08/04/2009	Payee name EL TAPATIO  Payee address; City; State; Zip Code 630 W Santa Gertrudis St KINGSVILLE, TX 78363	Amount (\$)  \$11.34
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF BREAKFAST  (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:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 4/14 Report: 11/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  08/04/2009	<b>5</b> Payee name EMBASSY SUITES  ..... <b>6</b> Payee address;            City; State; Zip Code 1800 South Second Street MCALLEN, TX 78503	<b>7</b> Amount (\$)  \$15.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF LUNCH  (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:
Date  08/01/2009	Payee name FRIZZEL, SANDRA  ..... Payee address;            City; State; Zip Code 1518 Ranch Road 12 SAN MARCOS, TX 78666	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) CONSULTING  (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:
Date  08/10/2009	Payee name FRIZZEL, SANDRA  ..... Payee address;            City; State; Zip Code 1518 Ranch Road 12 SAN MARCOS, TX 78666	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) CONSULTING  (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:
Date  10/27/2009	Payee name GALLEGOS, MIGUEL  ..... Payee address;            City; State; Zip Code 4200 Las Palmas Circle BROWNSVILLE, TX 78521	Amount (\$)  \$980.00
Purpose of payment (See instructions regarding type of information required.) PRODUCTION 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:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/14 Report: 12/21

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

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

<b>4</b> Date	<b>5</b> Payee name GALLEGOS, MIGUEL	<b>7</b> Amount (\$)
12/01/2009	<b>6</b> Payee address; City; State; Zip Code 4200 Las Palmas Circle BROWNSVILLE, TX 78521	\$800.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) PRODUCTION OF 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 GONZALES, MARICELLA	Amount (\$)
09/28/2009	Payee address; City; State; Zip Code P.O. BOX 733 HEBRONVILLE, TX 78361	\$140.00

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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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Date	Payee name	Amount (\$)
12/08/2009	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)  (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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**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 6/14 Report: 13/21
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802
<b>4</b> Date  09/05/2009	<b>5</b> Payee name HEBRONVILLE CHAMBER OF COMMERCE  <b>6</b> Payee address; City; State; Zip Code 210 N SMITH AVE HEBRONVILLE, TX 78361	<b>7</b> Amount (\$)  \$500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) DONATION  (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:
Date  07/31/2009	Payee name HUERTA, ADOLFO  Payee address; City; State; Zip Code P.O. BOX 1262 EDINBURG, TX 78539	Amount (\$)  \$800.00
Purpose of payment (See instructions regarding type of information required.) PRODUCTION OF 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:
Date  10/23/2009	Payee name JAMES, JESSE  Payee address; City; State; Zip Code 806 E Washington Ave HARLINGEN, TX 78550	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  10/28/2009	Payee name JAMES, JESSE  Payee address; City; State; Zip Code 806 E Washington Ave HARLINGEN, TX 78550	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 7/14 Report: 14/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  10/30/2009	<b>5</b> Payee name JAMES, JESSE  ..... <b>6</b> Payee address;            City; State; Zip Code 806 E Washington Ave HARLINGEN, TX 78550	<b>7</b> Amount (\$)  \$140.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  10/30/2009	Payee name JAMES, JESSE  ..... Payee address;            City; State; Zip Code 806 E Washington Ave HARLINGEN, TX 78550	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  11/13/2009	Payee name JAMES, JESSE  ..... Payee address;            City; State; Zip Code 806 E Washington Ave HARLINGEN, TX 78550	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  07/27/2009	Payee name LAMAR OUTDOOR ADVERTISING  ..... Payee address;            City; State; Zip Code 2001 Industrial Way SAN BENITO, TX 78586	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING  (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:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 8/14 Report: 15/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  10/01/2009	<b>5</b> Payee name LAMAR OUTDOOR ADVERTISING ..... <b>6</b> Payee address;            City; State; Zip Code 2001 Industrial Way SAN BENITO, TX 78586	<b>7</b> Amount (\$)  \$1,315.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) ADVERTISING  (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:
Date  12/30/2009	Payee name LAMAR OUTDOOR ADVERTISING ..... Payee address;            City; State; Zip Code 2001 Industrial Way SAN BENITO, TX 78586	Amount (\$)  \$3,945.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING  (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:
Date  11/10/2009	Payee name LONGHORN BBQ ..... Payee address;            City; State; Zip Code 701 N. Smith Ave. HEBRONVILLE, TX 78361	Amount (\$)  \$1,025.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN DINNER  (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:
Date  10/30/2009	Payee name MACARENO SIGNS AND GRAPHICS ..... Payee address;            City; State; Zip Code 209 East Nettie Ave. KINGSVILLE, TX 78363	Amount (\$)  \$708.76
Purpose of payment (See instructions regarding type of information required.) PRODUCTION 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:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 9/14 Report: 16/21
<b>2</b> FILER NAME Lozano, Jose M.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00065802
<b>4</b> Date  12/07/2009	<b>5</b> Payee name MACARENO SIGNS AND GRAPHICS  <b>6</b> Payee address; City; State; Zip Code 209 East Nettie Ave KINGSVILLE, TX 78363	<b>7</b> Amount (\$)  \$259.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) PRODUCTION OF 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:
Date  08/03/2009	Payee name MOONLIGHT CAFE  Payee address; City; State; Zip Code 3911 S US Highway 281 EDINBURG, TX 78539	Amount (\$)  \$91.64
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF LUNCH  (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:
Date  09/19/2009	Payee name PIZZA HUT  Payee address; City; State; Zip Code 501 E Hidalgo Ave RAYMONDVILLE, TX 78561	Amount (\$)  \$30.00
Purpose of payment (See instructions regarding type of information required.) DINNER MEETING WITH VOLUNTEERS  (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:
Date  07/20/2009	Payee name SHELL OIL  Payee address; City; State; Zip Code 300 South Saint Marys Street FALFURRIAS, TX 78355	Amount (\$)  \$20.00
Purpose of payment (See instructions regarding type of information required.) FUEL  (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:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 10/14 Report: 17/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  07/22/2009	<b>5</b> Payee name SHELL OIL  ..... <b>6</b> Payee address;            City; State; Zip Code SHELL OIL SAN BENITO, TX 78355	<b>7</b> Amount (\$)  \$30.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) FUEL  (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:
Date  07/31/2009	Payee name SHELL OIL  ..... Payee address;            City; State; Zip Code 1250 North 77 HARLINGEN, TX 78550	Amount (\$)  \$74.73
Purpose of payment (See instructions regarding type of information required.) FUEL  (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:
Date  09/14/2009	Payee name SILVER SPUR  ..... Payee address;            City; State; Zip Code 233 N. HWY 77 KINGSVILLE, TX 78363	Amount (\$)  \$6.25
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MEETING  (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:
Date  09/14/2009	Payee name SILVER SPUR  ..... Payee address;            City; State; Zip Code 233 N. HWY 77 KINGSVILLE, TX 78363	Amount (\$)  \$25.95
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MEETING  (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:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 11/14 Report: 18/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  12/07/2009	<b>5</b> Payee name SNAPPY FOODS  <b>6</b> Payee address;                      City; State; Zip Code ..... 1419 S Us Highway 281 FALFURRIS, TX 78355	<b>7</b> Amount (\$)  \$20.24
<b>8</b> Purpose of payment (See instructions regarding type of information required.) FUEL  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/22/2009	Payee name SPENCE, JAMES  Payee address;                      City; State; Zip Code ..... P.O. BOX 412 RAYMONDVILLE, TX 78580	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/10/2009	Payee name SPENCE, JAMES  Payee address;                      City; State; Zip Code ..... P.O. BOX 412 RAYMONDVILLE, TX 78580	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/07/2009	Payee name STRIPES  Payee address;                      City; State; Zip Code ..... 930 Morgan Blvd HARLINGEN, TX 78550	Amount (\$)  \$59.00
Purpose of payment (See instructions regarding type of information required.) FUEL  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 12/14 Report: 19/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  09/25/2009	<b>5</b> Payee name SUPER 8 MOTEL  <b>6</b> Payee address;                      City; State; Zip Code ..... 8128 N I-35 AUSTIN, TX 78753	<b>7</b> Amount (\$)  \$80.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.) LODGING  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/29/2009	Payee name TAQUERIA JALISCO #5  Payee address;                      City; State; Zip Code ..... 909 S 14th St KINGSVILLE, TX 78363	Amount (\$)  \$15.76
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF MEAL  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/14/2009	Payee name TEXAS DEMOCRATIC PARTY  Payee address;                      City; State; Zip Code ..... 505 West 12th Street. Suite 200 AUSTIN, TX 78701	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) DATA FEES  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/14/2009	Payee name VALERO  Payee address;                      City; State; Zip Code ..... 1560 N US-77 Bus HARLINGEN, TX 78550	Amount (\$)  \$68.99
Purpose of payment (See instructions regarding type of information required.) FUEL  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 13/14 Report: 20/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  09/28/2009	<b>5</b> Payee name VALERO  ..... <b>6</b> Payee address;            City; State; Zip Code 525 S 14th St Kingsville KINGSVILLE, TX 78363	<b>7</b> Amount (\$)  \$47.92
<b>8</b> Purpose of payment (See instructions regarding type of information required.) FUEL  (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:
Date  09/01/2009	Payee name VELA, CELINA  ..... Payee address;            City; State; Zip Code 307 E Nellie St Falfurrias, TX 78355	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF  (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:
Date  08/06/2009	Payee name WALMART  ..... Payee address;            City; State; Zip Code 1126 West 7 Sunshine Strip SAN BENITO, TX 78586	Amount (\$)  \$24.91
Purpose of payment (See instructions regarding type of information required.) PRINTER INK  (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:
Date  07/27/2009	Payee name WHATABURGER  ..... Payee address;            City; State; Zip Code 101 U.S. 281 FALFURRIAS, TX 78355	Amount (\$)  \$4.63
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORKER MEAL  (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:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 14/14 Report: 21/21
<b>2</b> FILER NAME    Lozano, Jose M.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00065802
<b>4</b> Date  12/01/2009	<b>5</b> Payee name WHATABURGER  ..... <b>6</b> Payee address;                      City;    State;    Zip Code 1007 E Hidalgo Ave RAYMONDVILLE, TX 78580	<b>7</b> Amount (\$)  \$11.32
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CAMPAIGN LUNCH MEETING  (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: