

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Ray</i>	MI <i>E</i>	OFFICE USE ONLY Date Received: <i>2016 JAN 13 AM 11:11</i> FILED TARRANT COUNTY FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY: <i>[Signature]</i> Date Hand-delivered or Date Postmarked:	
	NICKNAME	LAST <i>Lozano</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE		
	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST <i>Ray</i>	MI <i>E</i>	Receipt #	Amount \$
	NICKNAME	LAST <i>Lozano</i>	SUFFIX	Date Processed	Date Imaged
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE		
	AREA CODE	PHONE NUMBER	EXTENSION		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)					
8 CAMPAIGN TREASURER PHONE					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year <i>11 / 30 / 2015</i>		THROUGH	Month Day Year <i>12 / 31 / 2015</i>	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year <i>03 / 01 / 2016</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>TARRANT COUNTY COMMISSIONER PRECINCT 1</i>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM COH
COVER SHEET PG 2

BY: _____
ELECTIONS ADMINISTRATION
2016 JAN 13 AM 11:11
TARRANT COUNTY

14 C/OH NAME Roy E. Lozano

15 Filer D (Ethics Commission Filer)

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
<input checked="" type="checkbox"/> GENERAL	<u>Roy E Lozano Campaign Committee</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>3620 TREETOP DR EULESS, TX. 76040</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Roy E. Lozano</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>3620 TREETOP DR. EULESS, TX. 76040</u>

Additional Pages

17 CONTRIBUTION
TOTALS

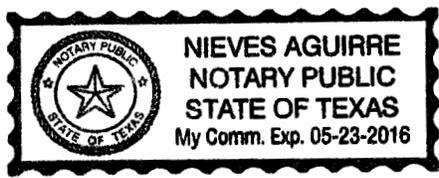
EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4322.73</u>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>1278.00</u>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4347.73</u>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1452.00</u>

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.

Roy E. Lozano

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy E Lozano, this the 13th day of January, 20 16, to certify which, witness my hand and seal of office.

Nieves Aguirre
Signature of officer administering oath

Nieves Aguirre
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Roy E. Lozano</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4172.73</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>150.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1452.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1277.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

FILED
 TARRANT COUNTY
 2016 JAN 13 AM 11:11
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>ROY E. LOZANO</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/15/15</u>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>CO05PS968</u>) <u>ROY E. LOZANO CAMPAIGN COMMITTEE</u>	7 Amount of contribution (\$) <u>4172.73</u>
6 Contributor address; City; State; Zip Code <u>3620 TREETOP DR. GULESS, TX. 76040</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 TARRANT COUNTY
 2016 JAN 13 AM 11:11
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: _____

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Roy E. LOZANO</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>12/15/15</u>	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00585968</u>) <u>ROY E. LOZANO CAMPAIGN COMMITTEE</u>	8 Amount of Contribution \$ <u>\$150.00</u>	9 In-kind contribution description <u>WIX.COM WEBSITE</u>
7 Contributor address; City; State; Zip Code <u>3620 TREETOP DR. EULESS, TX. 76040</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 TARRANT COUNTY
 JAN 13 AM 11:11
 2016
 BY: SANKI PHILLIPS
 ELECTIONS ADMINISTRATOR

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

LOANS

SCHEDULE E

FILED COUNTY
 2016 JUN 13 AM 11:11
 TARRANT COUNTY
 CLERK
 JAMES PHILLIPS
 ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages scheduled: _____

2 FILER NAME

Roy E. Lozano

3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

11/30/15

7 Name of lender out-of-state PAC (ID#: _____)

Roy E. Lozano

9 Loan Amount (\$)

52.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

3620 TREETOP DR EULESS, TX. 76040

10 Interest rate

0%

11 Maturity date

10/31/2014

12 Principal occupation / Job title (See Instructions)

SR. ACCOUNTING ANALYST

13 Employer (See Instructions)

PENNY MAC SERVICING, INC

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

12/2/15

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

Roy E. Lozano

Loan Amount (\$)

1400.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

3620 TREETOP DR. EULESS, TX. 76040

Interest rate

0%

Maturity date

10/31/2016

Principal occupation / Job title (See Instructions)

SR. ACCOUNTING ANALYST

Employer (See Instructions)

PENNY MAC SERVICING, INC

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

FILED
 TARRANT COUNTY
 JAN 13 AM 11:11
 CLERK
 REGISTRAR

1 Total pages Schedule F1: 2 FILER NAME **Roy E. LOZANO** 3 Filer ID (Ethics Commission Filer)

4 Date **12/09/15** 5 Payee name **FROST BANK**

6 Amount (\$) **27.00** 7 Payee address; City; State; Zip Code
P.O. BOX 16509 FORT WORTH, TX. 76162

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date **12/02/15** Payee name **TC GOP**

Amount (\$) **1250.00** Payee address; City; State; Zip Code
7524 Mossier View Ct. #230 FORT WORTH, TX. 76118

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fee - FILING Fee** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY 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 EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/15/15	5 Payee name TARRANT COUNTY VOTER REGISTRATION
---------------------------	--

6 Amount (\$) 1.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2700 PREMIER ST FORT WORTH, TX. 76111
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:11
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY:

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Roy E Lozano Campaign Committee

ADDRESS (number and street)

3620 Treetop Dr

(Check if address is changed)

Eules

CITY ▲

TX

STATE ▲

76040

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

lozanoforcongress24@gmail.com

Optional Second E-Mail Address

royelozano@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.votelozano.com

2. DATE

09 / 04 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00585968

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY:

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Roy E Lozano

Signature of Treasurer

Roy E Lozano

[Electronically Filed]

Date

09 / 20 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

BY:

Page
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2015 JAN 13 AM 11:12

TARRANT COUNTY
FILED

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete candidate information below.)

Name of Candidate Roy E Lozano

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 24

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

FEC Form 1 (Revised 02/2009)

FILED
TARRANT COUNTY
2015 JAN 13 PM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____

Write or Type Committee Name

Roy E Lozano Campaign Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Roy E Lozano

Mailing Address 3620 Treetop Dr

Eules TX 76040 - _____

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 817 - 301 - 2718

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Roy E Lozano

Mailing Address 3620 Treetop Dr

Eules TX 76040 - _____

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 817 - 301 - 2718

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Frost Bank

Mailing Address

350 Westpark Way

Suite 202

Eules

TX

76040

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

PayPal

Mailing Address

2211 N 1st St

San Jose

CA

95131

CITY

STATE

ZIP CODE

BY: _____

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A
Transaction ID :

I cannot open a committee checking account with Frost Bank until I provide the committee paper work filed with the FEC. The required amount to open an account is \$50.00. I will be making that my 1st contribution towards my campaign. I have not officially announced my candidacy at this time. Thank you, Roy E Lozano

Form/Schedule:
Transaction ID:

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____



Roy Lozano <roylozano56@gmail.com>

FEC Electronic Filing Results

FEC Filing Server <noreply-efiling@fec.gov>
To: roylozano56@gmail.com

Fri, Sep 4, 2015 at 1:17 AM

DISCLOSE – FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of your electronic filing via the DISCLOSE protocol.

Your filing was received and accepted by our system at 09/04/2015 - 02:08:18, and was assigned the Filing ID of: FEC-1024058

Please make a note of this, as it will be necessary to refer to this information in the future.

Thank you for using DISCLOSE.

Do not reply to this notice. It is sent from an unattended account that cannot receive email.

For your reference, the output of the validation check was as follows:

FEC File Validator Version 8.1

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC
Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____

==== Identification Section =====

Committee ID: C00585968
Committee Name: Roy E Lozano Campaign Committee
Filing Type: F1N
Filing Date: 20150904

Software/Ver#: FEC Webforms / Ver# 8.1.0.0

==== Results Section =====

>>>—> FEC data file PASSED validation! <—<<<<

Alert: 00001 warnings and/or potential missing information encountered

==== Errors & Warnings Section =====

Validation Errors & Warnings

ERROR Messages...

No Errors

WARNING Messages...

Form{Item}: F1N

Field Name: #023 5. FEC Candidate ID Number

Warning Conditionally Required field is Empty

MD5 checksum:

5ce9612e2edce19df2aee92551cd5aad

FILED
TARRANT COUNTY
2016 JAN 13 AM 11:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____