

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: <u>Roy</u> MI: <u>E</u> NICKNAME: _____ LAST: <u>LOZANO</u> SUFFIX: _____	OFFICE USE ONLY Date Received BY: <u>SGA</u> FILED TARRANT COUNTY 2016 OCT 11 PM 4:55 FRANK PHILLIPS ELECTIONS ADMINISTRATOR Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Roy</u> MI: <u>E</u> NICKNAME: _____ LAST: <u>LOZANO</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Month Day Year <u>07 / 01 / 2016</u> THROUGH <u>09 / 29 / 2016</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 08 / 2016</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>TARRANT COUNTY COMMISSIONER</u> <u>PRECINCT 1</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 45.00

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

\$ 7325.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4154.72

CONTRIBUTION
BALANCE

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

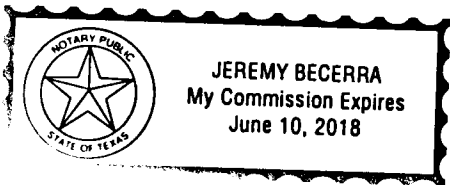
\$ 7137.40

OUTSTANDING
LOAN TOTALS

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

\$ 3752.00

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy Edward Lozano, this the 11/12 day of October, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

[Handwritten Name]

Printed name of officer administering oath

[Handwritten Title]

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	\$ 7280.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4154.72
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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
 WARRANT CODE 11
 2016 OCT 11 PM 1:48
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date 7/2/2014
 5 Full name of contributor out-of-state PAC (ID#: _____)
JAMES ASHBY
 6 Contributor address; City; State; Zip Code
604 W HARDWOOD RD EULESS, TX 76039

7 Amount of contribution (\$)
\$ 45.00

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
RETIRED

Date 7/10/2014
 Full name of contributor out-of-state PAC (ID#: _____)
ROBERT K. LAS
 Contributor address; City; State; Zip Code
1820 WHITE FEATHER LN FT. WORTH, TX 76131

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)
ACCOUNTANT

Employer (See Instructions)
PENNY MAC SERVICING

Date 7/10/2014
 Full name of contributor out-of-state PAC (ID#: _____)
CLIFFORD HAYES
 Contributor address; City; State; Zip Code
370 CAGLE CROW RD MANSFIELD, TX 76063

Amount of contribution (\$)
\$ 90.00

Principal occupation / Job title (See Instructions)
JUDGE, JP 7

Employer (See Instructions)
TARRANT COUNTY JUSTICE OF THE PEACE

Date 7/11/2014
 Full name of contributor out-of-state PAC (ID#: _____)
DABNEY BASSEL
 Contributor address; City; State; Zip Code
5804 FOREST BEND FT. WORTH, TX 76102

Amount of contribution (\$)
\$ 40.00

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
LAW OFFICE OF DABNEY BASSEL

FILED
 TARRANT COUNTY
 2016 OCT 11 PM 1:48
 FRANK PHILLIPS
 ELECTION 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/11/2016

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

RAUDY KING

6 Contributor address; City; State; Zip Code

501 ARBOR CREEK DR. #207 EULESS, TX. 76039

7 Amount of contribution (\$)

\$40.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

7/12/2016

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

FRAN RHODES

Contributor address; City; State; Zip Code

10613 ELMHURST LN FT. WORTH, TX 76244

Amount of contribution (\$)

\$45.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

7/18/2016

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

METROPLEX REPUBLICAN WOMEN

Contributor address; City; State; Zip Code

205 HURSTVIEW DR HURST, TX 76053

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/2016

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

RUSS BRUCKS

Contributor address; City; State; Zip Code

6800 DIAMOND ROSE CT BURLESON, TX. 76028

Amount of contribution (\$)

\$45.00

Principal occupation / Job title (See Instructions)

PRESIDENT / ENGINEER

Employer (See Instructions)

NEW SOVEREIGN CORP

FILED
TARRANT COUNTY
2016 OCT 11 PM 1:48
FRANK 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>ROY E. LOZANO</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/18/2016</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MITCHELL RYAN</u> 6 Contributor address; City; State; Zip Code <u>2023 SANTA FE TRAIL GRAPEVINE, TX. 76051</u>	7 Amount of contribution (\$) <u>\$45.00</u>
8 Principal occupation / Job title (See Instructions) <u>WATER PLANT OPERATOR</u>		9 Employer (See Instructions) <u>TRINITY RIVER AUTHORITY</u>
Date <u>7/19/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RYAN BENTON</u> Contributor address; City; State; Zip Code <u>980 MALLOY DR. WAXAHACHIE, TX. 75167</u>	Amount of contribution (\$) <u>\$180.00</u>
Principal occupation / Job title (See Instructions) <u>IT MANAGER</u>		Employer (See Instructions) <u>CITI GROUP, INC.</u>
Date <u>7/20/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JULIE McCARTY</u> Contributor address; City; State; Zip Code <u>703 PEACH CT. GRAPEVINE, TX. 76051</u>	Amount of contribution (\$) <u>\$90.00</u>
Principal occupation / Job title (See Instructions) <u>NONE</u>		Employer (See Instructions) <u>SELF-EMPLOYED</u>
Date <u>7/22/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUSAN WALLACK</u> Contributor address; City; State; Zip Code <u>3951 SPRING GARDENS DR. COLLEYVILLE, TX. 76034</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions) <u>OFFICE MANAGER</u>		Employer (See Instructions) <u>WALLACK & ANDREWS, P.C.</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		FILED TARRANT COUNTY 2016 OCT 11 PM 1:49 FRANK PHILLIPS ELECTRONIC ADMINISTRATOR BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/22/2016

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

RON FORD

7 Amount of contribution (\$)

\$45.00

6 Contributor address; City; State; Zip Code

3913 SPRING HOLLOW ST. COLLEYSVILLE, TX 76034

8 Principal occupation / Job title (See Instructions)

VP

9 Employer (See Instructions)

POINT OF VIEW RADIO TALK SHOW

Date

7/24/2016

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

ANDY PORTER

Amount of contribution (\$)

\$45.00

Contributor address; City; State; Zip Code

P.O. Box 470821 FT. WORTH, TX. 76147

Principal occupation / Job title (See Instructions)

PROSECUTOR

Employer (See Instructions)

TARRANT COUNTY DISTRICT ATTY. OFFICE

Date

7/25/2016

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

TERRY MUMFORD

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

5759 BLUERIDGE DR. FT. WORTH, TX 76112

Principal occupation / Job title (See Instructions)

SUPPLY CHAIN

Employer (See Instructions)

LOCKHEED MARTIN

Date

7/25/2016

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

DANIEL LOPEZ

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

8164 TIMBER FALL TRL FT. WORTH, TX. 76131

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

BBVA COMPASS BANK

FILED
TARRANT COUNTY
2016 OCT 11 PM 1:49
FRANK PHILLIPS
ELECTRICAL ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/25/2016

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

RALPH SOBEL

6 Contributor address; City; State; Zip Code

1418 PORTO BELLO CT ARLINGTON, TX. 76012

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

7/25/2016

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

JEFF KATZNER

Contributor address; City; State; Zip Code

5005 RAINBOWVIEW RD FT. WORTH, TX. 76109

Amount of contribution (\$)

\$45.00

Principal occupation / Job title (See Instructions)

ATTORNEY / PARTNER

Employer (See Instructions)

P.C. LOE, WARREN, ROSENFELD, KATZNER HAYES, WINDER

Date

7/25/2016

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

TOM WASHINGTON

Contributor address; City; State; Zip Code

1805 COUNTRYSIDE CARROLLTON, TX. 75007

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2016

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

DAN TULLY

Contributor address; City; State; Zip Code

10153 LOCKLEY DR. BENBROOK, TX 76126

Amount of contribution (\$)

\$45.00

Principal occupation / Job title (See Instructions)

PROJECT CONTROLS MANAGER

Employer (See Instructions)

POWER ENGINEERS, INC.

FILED
 FRANK PHILLIPS
 ETHICS ADMINISTRATOR
 OCT 11 PM 1:49

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/25/2016

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

DAVID McLELLAND

7 Amount of contribution (\$)

*60.00

6 Contributor address; City; State; Zip Code

1541 BOWEN Rd ARLINGTON, TX. 76015

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

THE McLELLAND LAW FIRM

Date

7/25/2016

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

CHRIS GARCIA

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8134 CAMP BOWIE WEST BLD FT. WORTH, TX 76116

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

NORTH AMERICAN MTR. CO.

Date

7/25/2016

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

SUSAN PEABODY

Amount of contribution (\$)

*10.00

Contributor address; City; State; Zip Code

613 OAK LN GRAPEVINE, TX 76051

Principal occupation / Job title (See Instructions)

CHRISTIAN SCIENCE PRACTITIONER

Employer (See Instructions)

SELF-EMPLOYED

Date

7/25/2016

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

BILL RAY

Amount of contribution (\$)

*50.00

Contributor address; City; State; Zip Code

512 MAIN ST. FT. WORTH, TX. 76102

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF-EMPLOYED

FILED
TARRANT COUNTY
2016 OCT 11 PM 1:49
FRANK PHILLIPS
ELECTORAL ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/25/2016

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

ANDRA BEATTY

7 Amount of contribution (\$)

\$ 45.00

6 Contributor address; City; State; Zip Code

4500 MERCANTILE PLAZA # 351 FT. WORTH, TX 76137

8 Principal occupation / Job title (See Instructions)

BROKER

9 Employer (See Instructions)

ANDRA BEATTY REAL ESTATE

Date

7/25/2016

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

DAN FERNANDEZ

Amount of contribution (\$)

\$ 45.00

Contributor address; City; State; Zip Code

2823 QUAIL LN ARLINGTON, TX. 76016

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

7/25/2016

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

VANESSA MASON

Amount of contribution (\$)

45.00

Contributor address; City; State; Zip Code

1718 CASTLE CT ARLINGTON, TX 76014

Principal occupation / Job title (See Instructions)

FINANCIAL PLANNER

Employer (See Instructions)

GOLDEN FINANCIAL

Date

7/28/2016

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

PEARY THOMAS

Amount of contribution (\$)

\$ 75.00

Contributor address; City; State; Zip Code

5005 COCKRELL AVE FT. WORTH, TX. 76133

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

FILED
 TARRANT COUNTY
 2016 OCT 11 PM 1:49
 FRANK 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2*

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

7/30/2016

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

RICHARD PELL

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3703 DUSTIN TR ARLINGTON, TX 76016

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

8/6/2016

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

COLG J. JOSEPH R. TRODA

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

421 QUINCE CIR. McALLEN, TX. 76501

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

8/15/2016

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

DARL EASTON

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

1805 FAYETTE DR EULESS, TX. 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/2016

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

REPUBLICAN PARTY OF TEXAS CRC

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

P.O. Box 2206 AUSTIN, TX. 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FILED
 HARRIS COUNTY
 2016 OCT 11 PM 1:49
 FRANK 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Roy E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/2016

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

FORT WORTH REPUBLICAN WOMEN

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

P.O. Box 101613 FT. WORTH, TX 76185

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/25/2016

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

ARLINGTON REPUBLICAN CLUB

Amount of contribution (\$)

\$750.00

Contributor address; City; State; Zip Code

P.O. Box 14095 ARLINGTON, TX 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/2016

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

RUBEN SIMENZ

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

4636 BONNELL AVE. FT. WORTH, TX 76107

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY:

FILED
INFRANTO
2016 OCT 11 PM 1:49
ANNA PHILLIPS
ELECTORAL ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *10*

2 FILER NAME

ROY E. LOZANO

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/2016

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

REPUBLICAN WOMEN OF ARLINGTON PAC

6 Contributor address; City; State; Zip Code

P.O. Box 14317 ARLINGTON, TX. 76014

7 Amount of contribution (\$)

\$ 2000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

FILED
 TARRANT COUNTY
 2016 OCT 11 PM 1:49
 CLERK OF COUNTY CLERK
 FANK PHILLIPS
 CLERK OF COUNTY CLERK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:	
2 FILER NAME <i>Roy E. Lozano</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>250.00</i>	
5 Date <i>7/25/2016</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Kim</i>	8 Amount of Contribution \$ <i>250.00</i>	9 In-kind contribution description <i>BBQ *5/PLATE</i>
7 Contributor address; City; State; Zip Code <i>3005 E. BELKNAP ST FT. WORTH, TX. 76111</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>ATTORNEY</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>SELF-EMPLOYED</i>	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)			
BY: _____ TRACY PHILLIPS CLERK, ETHICS COMMISSION ADMINISTRATOR 2016 OCT 11 PM 1:49 FILED TARRANT COUNTY			
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Roy E. Lozano</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1500.00</u>
5 Date of loan <u>9/1/2014</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roy E. Lozano</u>	9 Loan Amount (\$) <u>1500.00</u>
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	8 Lender address; City; State; Zip Code <u>3620 TREETOP DR. EULESS, TX. 76040</u>	10 Interest rate <u>0%</u>
		11 Maturity date <u>11/30/2016</u>
12 Principal occupation / Job title (See Instructions) <u>SR. ACCOUNTING ANALYST</u>		13 Employer (See Instructions) <u>PENNY MAE SERVICES, INC.</u>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 OCT 11 PM 1:49 FILED TARRANT COUNTY
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <u>Y</u> <u>N</u>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>145</i>	2 FILER NAME <i>Roy E. LOZANO</i>	3 Filer ID (Ethics Commission filers)
4 Date <i>7/1/2016</i>	5 Payee name <i>FACEBOOK.COM</i>	
6 Amount (\$) <i>\$ 55.00</i>	7 Payee address; City; State; Zip Code <i>1 HACKER WAY MENLO PARK, CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/11/2016</i>	Payee name <i>DAVID ESPINOZA</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>6016 PRICE DR NORTH RICHLAND HILLS, TX 76180</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/25/2016</i>	Payee name <i>COSTO</i>	
Amount (\$) <i>61.38</i>	Payee address; City; State; Zip Code <i>2601 E. STATE HWY 114 SOUTH LAKE, TX 76092</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 PFS</i>	2 FILER NAME <i>Roy E. Lozano</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/26/2016</i>	5 Payee name <i>FAMILY DOLLOR</i>	
6 Amount (\$) <i>12.45</i>	7 Payee address; City; State; Zip Code <i>2908 W EULESS BLVD EULESS, TX. 76040</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/28/2016</i>	Payee name <i>ANEDOT</i>
Amount (\$) <i>0.69</i>	Payee address; City; State; Zip Code <i>P.O. Box 84314 BATON ROUGE, LA 70884</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/1/2016</i>	Payee name <i>PROMO PLANET</i>
Amount (\$) <i>349.11</i>	Payee address; City; State; Zip Code <i>1124 W. FULLER AVE FT. WORTH, TX 76115</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE (SHIRTS)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Roy E. LOZANO	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2016	5 Payee name EVENT BEE	
6 Amount (\$) \$134.00	7 Payee address; City; State; Zip Code 350 BATTERY ST # 1019 SAN FRANCISCO, CA 94111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/30/2016	Payee name ANEDOT	
Amount (\$) 1.27	Payee address; City; State; Zip Code P.O. BOX 84314 BATON ROUGE, LA 70884	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/1/2016	Payee name FACEBOOK.COM	
Amount (\$) 167.94	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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.

BY: [Signature]
 2016 OCT 11 11:49 AM
 TEXAS ETHICS COMMISSION
 REGISTRAR

1 Total pages Schedule F1: <i>4 of 5</i>	2 FILER NAME <i>ROY E. LOZANO</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/1/2016</i>	5 Payee name <i>PROMO PLANET</i>
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6 Amount (\$) <i>2365.31</i>	7 Payee address; City; State; Zip Code <i>1124 W. FULLER AVE FT. WORTH, TX. 76115</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINT EXPENSE (SIGNS)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/6/2016</i>	Payee name <i>WIX.COM</i>
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Amount (\$) <i>206.85</i>	Payee address; City; State; Zip Code <i>P.O. BOX 40190 SAN FRANCISCO, CA 94140</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEE (RENEWAL)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/12/2016</i>	Payee name <i>GOCAL E AS WORDS</i>
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Amount (\$) <i>*.50.68</i>	Payee address; City; State; Zip Code <i>1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: <i>545</i>	2 FILER NAME <i>ROY E. LOZANO</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>9/27/2014</i>	5 Payee name <i>FACEBOOK.COM</i>	
6 Amount (\$) <i>250.04</i>	7 Payee address; City; State; Zip Code <i>1 HACKER WAY MENLO PARK, CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED