## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			**************************************			
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	мі	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
		00111	160 160 160			
	LOZANO					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CI	ITY; STATE; ZIP CODE	31 PH			
Change of Address			STS 2:			
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Lozado	SUTTIN	Date imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	ITE#; CITY; STATE;	ZIP CODE			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment			
	July 15 Sth day before elect	tion Exceeded \$500 limit	(Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	9 /30 /2016	THROUGH /0 /	19 /2016			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	11 /08 /2016 A General	Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	•			
		TACRAUT CON	INTY COMMISSIONER			
		Precinc	that Commissioner			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Roy E. L	OZAND	15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL  COMMITTEE(S)  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	OSIMINI SE IVANE						
		COMMITTEE ADDRESS						
	SPECIFIC		2: 44 8 8 RMTOR					
		COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS						
		COMMITTEE CAMPAIGN THEASURER ADDRESS						
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ						
	2. TOTAL (OTHER	\$ 0						
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 10.83						
	4. TOTAL	\$ 3050. 18						
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 4087. 22						
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	* 3752 · **						
18 AFFIDAVIT								
J. S. P. P. C.	JEREMY BECERRA My Commission Exp June 10, 2018	true and correct and includes all info under Title 15 (ection Code	erjury, that the accompanying report is ormation required to be reported by me					
The Office		Signature of Can	didate or Officeholder					
AFFIX NOTARY STAMI		by the said Roy Edward Lorano	3/st					
Sworn to and subscr	11.		, this the					
day of Oct	, 20 <u></u>	o certify which, witness my hand and seal of office.	00					
40 Tem De	elena	Hremy Becera	<u>K</u> IS					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath					

### SUBTOTALS - C/OH

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

19 FILER NAME 20 Filer ID (Ethics Roy E-Lozhald	20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4. SCHEDULE E: LOANS	\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3039,38		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ly Gift/Awart al Committee Legal Ser	verage Expense rds/Memorials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Transportat Travel in Di Travel Out	/Fundraising Expertion Equipment & Richard Communication of District Communication acategory not list	islated Expense
1 Total pages Schedule F1:	2 FILER NAME	E. Loza	ANO		3 Filer I	D (Ethics Commi	esion Filers)
4 Date /0/03/2016	5 Payee name	K.tam				21.8	2:
6 Amount (\$) 201.17	7 Payee address;	City; State;	Zip Code	Ca 9402	8	ATOR	<b>₽</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Category	ngories listed at the top of the	iis schedule)			Complete Schedule T. Ider living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic H	ceholder name		Office sought		Office I	held
io/12/2016 Amount (\$) 44.97	Payee name  Goodle Payee address;  1600 Ampl	AD Word City; State; UHITHEATRE	Zip Code	DAY MOUNTA	in Vièn	.CA 94	643
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check it travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name;		Office sought		Office h	reld
Date 10/14/2016	Payee name	K. Eom					
Amount (\$) Payee address; City; State; Zip Code  500. 25 I HACKER WAY MENLE PARK, CA 94025							
PURPOSE OF EXPENDITURE		gories listed at the top of thi	is schedule)	<del></del> 1		omplete Schedule T. der living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	ceholder name		Office sought		Office i	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed shove)

Candidate/Officeholder/Politica Credit Card Payment	d Committee Le	gal Services	Salaries/W	ages/Contract Labor	Other (enter a	a category not lis	ods beta	(ev
Citta Cala Fayinon	Т.	The Instruction Guide	e explains how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	Roy E	LOZAN	60	3 Filer ID	(Ethics Comm	nission f	Filers)
4 Date /21/2014	5 Payee name	STEO						
6 Amount (\$)	7 Payee addre	ss; City; S	state; Zip Code					
92 96	2401	E. STATE	. Hwy 114	SOUTHLAN	KE, TX	760	92	_
8	(a) Category (Se	e Categories listed at the t	top of this schedule)	(b) Description				
PURPOSE		_		1 ==	utside of Texas. Con	•		
OF EXPENDITURE	EVEN	IT EXPENS	38	L Check If Austin	n, TX, officeholde	r living expense		
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name	)	Office sought		Office	held	
Date	Payee name		, .	•				
10/25/2014	KLTY-F			MEDIA, IN	ie.			
Amount (\$)	Payee addres		ate; Zip Code	_ `				
2200.00	6400 N	BELTHN	E Ro # 11	D IRVINCA	4, TX	750b	3	
Category (See Categories listed at the top of this schedule)  Description  Check it travel outside of Texas. Complete Schedule T.								
EXPENDITURE  ADVERTISING  Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought		Office	held	
expenditure to benefit C/OH	ł				cj		읍	*/-
	Payee name				<del></del>	<del>- 13</del>	-	
Date	rayeoname						8	
					Age on the control of		ري: دي:	
Amount (\$)	Payee addres	ss; City; S	ate; Zip Code			-1.11		c) TI
							_0	<b>⊖</b> ([:
					A principle	1300	3	
	Category (Se	e Categories listed at the to	op of this schedule)	Description		3	Ę	
PURPOSE				Check if travel out	ntside of Texas. Com			
OF EXPENDITURE				Check if Austin,	ı, TX, officeholder	living expense		
Complete Chilly if dispet	Candidate	/ Officeholder name		Office sought		Office	hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Oliobiologi 7,2	7	Onice sought		Omco	TICIU	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								