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: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Richard MI —	**OFFICE USE ONLY**
	NICKNAME Rick LAST LOZANO SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 614 N. Barnett Ave Dallas Tx. 75211	Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 354-9295	Receipt # Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Richard MI	Date Processed
	NICKNAME Rick LAST Lozano SUFFIX	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 614 N. Barnett Ave Dallas TX 75211

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 354-9295

9 REPORT TYPE

☐ January 15
☐ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
11 / 17 / 25 THROUGH 1 / 5 / 2026

11 ELECTION

ELECTION DATE
Month Day Year
3 / 3 / 26

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE — OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Justice of the Peace PCT 5 PL 2

14 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
☐ Additional Pages ☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE   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.

_____

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

_____

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

OR

(2) Unsworn Declaration

My name is _Richard Lozano_, and my date of birth is _7/23/1954_.

My address is _614. N. Barnett Ave_, _Dallas_, _TX_, _75211_, _USA_.
        (street)   (city)   (state)   (zip code)   (country)

Executed in _Dallas_ County, State of _Texas_, on the _17_ day of _November_ 20 _25_.
                                                          (month)   (year)

_____
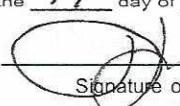
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Richard LOZAND	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4. ☑ SCHEDULE E: LOANS	$ 1,000.00
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E: 1

2 FILER NAME

Richard Lozano

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 1,000.00

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
11/17/25	Richard Lozano	1,000.00

6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code 614 N. Barnett Ave TX Dallas 75211	**10** Interest rate 0 **11** Maturity date 12-8-25

12 Principal occupation / Job title (See Instructions) Retired Richard Lozano	**13** Employer (See Instructions)

14 Description of Collateral ☑ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor Richard Lozano **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($) 1,000.00

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)

Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

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**

If the requested information is not applicable, **DO NOT include this page in the report.**

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 F1:	2 FILER NAME Richard Lozano	3 Filer ID (Ethics Commission Filers)

4 Date 1-5-26	5 Payee name Richard Lozano

6 Amount ($)	7 Payee address; 614 N. Barnett Ave	City; Dallas	State; TX	Zip Code 75211

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Filing Fee

(b) Description
Filing Fee Paid to the Democratic Party

(c) ☐ 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	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

☐ Check if individual's residence address.

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

☐ Check if individual's residence address.

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

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