Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 13

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: JOSEPH | MI: D.

NICKNAME | LAST: WARDY | SUFFIX: JR.

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 5601 CORTINA EL PASO TX 79912

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: RENE | MI

NICKNAME | LAST: PENA | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4171 N. MESA B-100 EL PASO, TX. 79902

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 542-1733 EXTENSION:

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 6 / 30 / 2003 THROUGH Month Day Year: 12 / 31 / 2003

10 ELECTION

ELECTION DATE Month Day Year: 5 / 30 / 2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (If any): MAYOR

12 OFFICE SOUGHT (If known):

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: JOSEPH D. WARDY

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

2004 JAN 8 PM 3 40

CITY CLERK DEPARTMENT

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$46,450.00
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
4.	**TOTAL POLITICAL EXPENDITURES**	$9,620.00
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

19 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.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

FILER NAME: Joseph D. Wardy, Jr.

Total pages this Schedule A1: 4

DATE	Full Name of Contributor	Out of State PAC	In Kind Contribution	Contribution Amount $
7/2/2003	Ashley Bowling 6453 Calle Vista Dr. El Paso, TX 79912			1250.00
7/2/2003	Randall Bowling 6453 Calle Vista Dr. El Paso, TX 79912			1250.00
7/2/2003	Salene Vega 1274-5th Street Fabens, TX 79838			1000.00
7/2/2003	Tony Dill 2711 Federal El Paso, TX 79930			250.00
7/2/2003	Robert Bowling 6705 Pearl Ridge El Paso, TX 79912			1250.00
7/2/2003	Joanne Bowling 6705 Pearl Ridge El Paso, TX 79912			1250.00
7/2/2003	Paulette Bowling P.O. Box 4136 El Paso, TX 79914			1250.00
7/2/2003	Bob Bowling P.O. Box 4136 El Paso, TX 79914			1250.00
7/2/2003	Jobe PAC #1 McKelligon Canyon El Paso, TX 79930			10000.00
7/2/2003	Gregory Bowling 7484 Plaza Redonda El Paso, TX 79912			1250.00
7/2/2003	Jill Bowling 7484 Plaza Redonda El Paso, TX 79912			1250.00
7/30/2003	Robert Brown 6949 Market St. El Paso, TX 79915			1000.00
7/30/2003	Sherry Brown 6949 Market St. El Paso, TX 79915			1000.00
7/30/2003	Raul Carillo, Jr. 3915 Powers Dr. Las Cruces, NM 88012			500.00

2003 JUN 8 PM 3 40 CITY CLERK'S DEPARTMENT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

FILER NAME: Joseph D. Wardy, Jr.

Total pages this Schedule A1: 4

DATE	Full Name of Contributor	Out of State PAC	In Kind Contribution	Contribution Amount $
7/30/2003	Raul Bates, Jr. 5418 Soledead Ln. El Paso, TX 79932			500.00
7/30/2003	Leanne Hendrick 608 Willow Glen El Paso, TX 79922			500.00
7/30/2003	Walter Demond P.O. Box 1148 Austin, TX 78767			1000.00
7/30/2003	Terry Bassham 714 Westlake Ct. El Paso, TX 79912			500.00
7/30/2003	Gary Hendrick 608 Willow Glen El Paso, TX 79922			500.00
7/30/2003	George Edwards 79 West View Way Eatonton, GA. 31024			1000.00
7/30/2003	Charlene Edwards 79 West View Way Eatonton, GA. 31024			1000.00
7/30/2003	Charles Yamarone 10414 Sylvia Ave. Northridge, CA. 91326			500.00
7/30/2003	Sara Yamarone 10414 Sylvia Ave. Northridge, CA. 91326			500.00
7/30/2003	Charles Winner 708 N. Beverly Dr. Beverly Hills, CA. 90210			500.00
7/30/2003	Annie Winner 708 N. Beverly Dr. Beverly Hills, CA. 90210			500.00
7/30/2003	Peter Feliz III 11534 Jacquelin Ct. El Paso, TX 79936			500.00
7/30/2003	Marina Felix 11534 Jacquelin Ct. El Paso, TX 79936			500.00
7/30/2003	Humberto Sambrano 1201 N. Mesa St. El Paso, TX 79902			250.00

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

FILER NAME: Joseph D. Wardy, Jr.

Total pages this Schedule A1: 4

DATE	Full Name of Contributor	Out of State PAC	In Kind Contribution	Contribution Amount $
7/30/2003	Ramiro Guzman 10216 Buckwood El Paso, TX 79925			500.00
7/30/2003	Jessica Ellison 1625 Vista Real El Paso, TX 79935			250.00
8/1/2003	Gary Borsch 5852 Burning Tree El Paso, TX 79912			500.00
8/1/2003	Harry Stone, Jr. 4516 Willow West El Paso, TX 79922			500.00
8/11/2003	Joseph Ayoub P.O.Box 3368 El Paso, TX 79923			500.00
8/14/2003	Time Warner Cable 8400 W. Tidwell Houston, TX 77040			1000.00
8/14/2003	Mirell & Manella 1800 Ave of the Stars#900 Los Angeles, CA. 90067			1000.00
8/14/2003	Delgado,Acosta,Braden & Jones 221 N. Kansas #2000 El Paso, TX 79901			1000.00
9/12/2003	El Paso Municipal Police Officers Assn. 747 E. San Antonio, Ste. 103 El Paso, TX 79901			5000.00
9/10/2003	Delgado,Acosta,Spencer, Linebarger, Heard, & PerezLLP 215 N. Stanton, 2nd Flr. El Paso, TX 79901			1000.00
10/8/2003	W. J. and Jane Q. Tomberlin 10924 Gary Player El Paso, TX 79935			200.00
11/10/2003	Robert Wingo El Paso, TX 79912			500.00
11/13/2003	Christopher & Diana Felix 12193 Dos Rios El Paso, TX 79936			500.00
11/13/2003	Danielle Lopez 2505 E. Missouri El Paso, TX 79903			500.00

2001 JAN 8 PM 3 41 CITY CLERK DEPARTMENT

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

FILER NAME: Joseph D. Wardy, Jr.

Total pages this Schedule A1: 4

DATE	Full Name of Contributor	Out of State PAC	In Kind Contribution	Contribution Amount $
11/13/2003	Michael G. White 913 Las Palmas Way El Paso, TX 79912			500.00
11/13/2003	Barry & Michelle Cromer 3015 Florence El Paso, TX 79902			1000.00
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2004 JAN 8 PM 3 41
CITY SECRETARY'S DEPARTMENT

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME
Joseph Wardy

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address City State Zip Code	7 Amount
7/2/2003	SAMS 7970 N. MESA ,EL PASO, TEXAS 79912	$102.05

8 Purpose of payment (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

DATE	Payee name / Payee address City State Zip Code	Amount
7/14/2003	BORDER JANITORIAL 2047 OCEANSIDE,EL PASO, TEXAS 79936	$514.19

Purpose of payment (See instructions regarding type of information required.)
ELECTION NIGHT CLEANUP

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

DATE	Payee name / Payee address City State Zip Code	Amount
7/14/2003	CHARLOTTE JOHNSON 6100 VIA AVENTURA, EL PASO, TEXAS 79912	$41.42

Purpose of payment (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

DATE	Payee name / Payee address City State Zip Code	Amount
7/14/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$236.11

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
7/16/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$19.01

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME
Joseph Wardy

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address City State Zip Code	7 Amount
7/30/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$5000.00

8 Purpose of payment (See instructions regarding type of information required.)
REIMBERSEMENT

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

DATE	Payee name / Payee address City State Zip Code	Amount
7/30/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$20.47

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
8/14/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$81.56

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
8/26/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$20.46

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
9/13/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$2300.35

Purpose of payment (See instructions regarding type of information required.)
REIMBERSEMENT

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME
Joseph Wardy

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address City State Zip Code	7 Amount
9/13/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$81.56

8 Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
9/16/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$162.35

Purpose of payment (See instructions regarding type of information required.)
Reimburse / Printing

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

DATE	Payee name / Payee address City State Zip Code	Amount
9/24/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$20.46

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
10/22/2003	UNITED BANK P. O. BOX 246, EL PASO, TX 79943	$20.25

Purpose of payment (See instructions regarding type of information required.)
CHECK CHARGE

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

DATE	Payee name / Payee address City State Zip Code	Amount
10/22/2003	U.S. POSTMASTER 8401 Boeing, El Paso, TX 79910	$37.00

Purpose of payment (See instructions regarding type of information required.)
STAMPS

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME
Joseph Wardy

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address / City / State / Zip Code	7 Amount
10/22/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$101.98

8 Purpose of payment (See instructions regarding type of information required.)
FAX/PHONE SERVICE

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

DATE	Payee name / Payee address / City / State / Zip Code	Amount
10/22/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$41.30

Purpose of payment (See instructions regarding type of information required.)
REIMBURSE / Offc. Supplies

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

DATE	Payee name / Payee address / City / State / Zip Code	Amount
11/10/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$525.00

Purpose of payment (See instructions regarding type of information required.)
REIMBURSE / Los Viejos

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

DATE	Payee name / Payee address / City / State / Zip Code	Amount
11/10/2003	JOE WARDY 5601 CORTINA DR. EL PASO, TEXAS 79912	$55.99

Purpose of payment (See instructions regarding type of information required.)
Reimburse / Ofc. Supplies

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

DATE	Payee name / Payee address / City / State / Zip Code	Amount
11/10/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	81.54

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

CITY CLERK DEPARTMENT 2003 JAN 8 PM 3:41

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: 5

2 FILER NAME
Joseph Wardy

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address City State Zip Code	7 Amount
11/26/2003	SAMS 7970 N. MESA ,EL PASO, TEXAS 79912	$28.59

8 Purpose of payment (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

DATE	Payee name / Payee address City State Zip Code	Amount
11/26/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$20.82

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
12/16/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$86.84

Purpose of payment (See instructions regarding type of information required.)
PHONE SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount
12/29/2003	SBC P.O. BOX 4844, HOUSTON, TEXAS 77097	$20.70

Purpose of payment (See instructions regarding type of information required.)
FAX SERVICE

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

DATE	Payee name / Payee address City State Zip Code	Amount

Purpose of payment (See instructions regarding type of information required.)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule G: 2 4

2 FILER NAME
Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE	5 Payee name / 6 Payee address (City, State, Zip Code)	7 Purpose of expenditure (See instruction regarding type of information required.)	8 Amount	Reimbursement from political contribution intended
9/16/2003	OFFICE DEPOT 801 Sunland Park Dr., El Paso, TX 79912	Printing	$ $162.35	X
10/22/2003	OFFICE DEPOT 801 Sunland Park Dr., El Paso, TX 79912	Office Supplies	$ $41.30	X
7/2/2003	DELIA CORTINAS 1662 JANET COLES LN.,EL PASO, TEXAS 79936	Cashier's Check fee	$ $3.00	X
8/5/2003	CITY OF EL PASO #2 CIVIC CTR. PLAZA, EL PASO TEXAS 79901	Campaign Report	$ $4.90	X
11/9/2003	OFFICE DEPOT 801 Sunland Park Dr., El Paso, TX 79912	Office Supplies / Printer Cartridge	$ $48.09	X

Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule G: 2

2 FILER NAME
Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE
11/10/2003

5 Payee name
LOS VIEJOS

6 Payee address City State Zip Code

7 Purpose of expenditure (See instruction regarding type of information required.)
Donation
221 N. Kansas, El Paso, TX 79902

8 Amount
$ $525.00

[X] Reimbursement from political contribution intended

DATE

Payee name
$

Payee address City State Zip Code

Purpose of expenditure (See instruction regarding type of information required.)
$

Amount

[ ] Reimbursement from political contribution intended

DATE

Payee name

Payee address City State Zip Code

Purpose of expenditure (See instruction regarding type of information required.)
$

Amount

[ ] Reimbursement from political contribution intended

DATE

Payee name
$

Payee address City State Zip Code

Purpose of expenditure (See instruction regarding type of information required.)

Amount

[ ] Reimbursement from political contribution intended

DATE

Payee name

Payee address City State Zip Code

Purpose of expenditure (See instruction regarding type of information required.)

Amount

[ ] Reimbursement from political contribution intended