

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE **MISS** FIRST **VIVIAN** MI **—**
NICKNAME **—** LAST **ROJAS** SUFFIX **—**

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7861 JERSEY ST, EL PASO TX, 79915

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE **MISS** FIRST **VIVIAN** MI **—**
NICKNAME **—** LAST **ROJAS** SUFFIX **—**

Receipt #

Amount

Date Processed

Date Imaged

2007 JAN 15 PM 4 02
CITY CLERK DEPARTMENT

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7861 JERSEY ST, EL PASO, TX 79915

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 820-3247

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 Month Day Year
07 / 01 / 2003 THROUGH **12 / 31 / 2003**

10 ELECTION

ELECTION DATE **N/A** ELECTION TYPE **N/A**
Month Day Year **— / — / —**
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
CITY COUNCIL REPRESENTATIVE DISTRICT 7

12 OFFICE SOUGHT (if known)

N/A

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

NONE

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

VIVIAN ROJAS

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

additional pages

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)

\$ 2,700.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,490.10

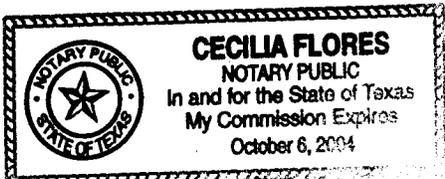
OUTSTANDING LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Vivian Rojas
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Vivian Rojas, this the 15th day of January, 20 04, to certify which, witness my hand and seal of office.

Cecilia Flores
Signature of officer administering oath

Cecilia Flores
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/09/03

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

Jobe Political Action Committee

6 Contributor address; City; State; Zip Code

#1 McKelligon Canyon Rd., El Paso, Texas, 79930

7 Amount of contribution (\$)

\$2,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

A General Purpose Committee

10 Employer (Optional)

N/A

Date

9/22/03

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

PETER FELIX, III

Contributor address; City; State; Zip Code

11534 Jacquelin Ann Ct., El Paso, Texas 79936

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/22/03

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

RAMIRO GUZMAN AND ASSOCIATES

Contributor address; City; State; Zip Code

10216 BUCKWOOD, EL PASO, TEXAS 79925

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

IT SOLUTIONS

7 Amount (\$)

8/13/03

6 Payee address; City; State; Zip Code

4800 N. STANTON #28, EL PASO, TEXAS, 79902

500.00

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

Computer Data Tasks

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

VIVIAN ROJAS

Amount (\$)

9/22/03

Payee address; City; State; Zip Code

7861 JERSEY ST., EL PASO, TEXAS, 79915

50.00

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

Reimbursement of Political Expenditure recorded in Schedule G

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

VIVIAN ROJAS

Amount (\$)

10/17/03

Payee address; City; State; Zip Code

7861 JERSEY ST., EL PASO, TEXAS, 79915

200.00

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

Reimbursement of Political Expenditure recorded in Schedule G

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Community of Faith Christian School

Amount (\$)

10/18/03

Payee address; City; State; Zip Code

4539 Emory Rd., EL PASO, TEXAS, 79922

200.00

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

One-time donation for school fundraiser to enhance community relations.

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/22/03

5 Payee name

COUNCIL
LULAC #132

6 Payee address; City; State; Zip Code

4110 Alameda, El Paso, Texas, 79905

8 Amount (\$)

200.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Purchase tickets for Senior Citizens-Fiesta de las Flores Dance

Reimbursement from political contributions intended

Date

9/21/03

Payee name

SOROPTIMIST INTERNATIONAL OF EL PASO

Payee address; City; State; Zip Code

EL PASO, TX

Amount (\$)

50.00

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

DONATION TO SOROPTIMIST INTERNATIONAL - TEA WITH FIRST LADY DEE WARDY.

Reimbursement from political contributions intended

Date

10/11/03

Payee name

WAL-MART

Payee address; City; State; Zip Code

10727 GATEWAY West, EL PASO, TEXAS 79935

Amount (\$)

40.10

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

Purchase refreshments for Shawver Park tree-planting ceremony

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/02/03

5 Payee name

Model Cities of America - El Paso

7 Amount (\$)

250.00

6 Payee address; City; State; Zip Code

2267 Trawood Dr, Ste. E-2, El Paso, Texas, 79935

8 Purpose of payment (See instructions regarding type of information required.) Purchase table for 11/21/03 banquet-fundraiser to enhance community awareness and community relations.

9 .. Complete 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 payment (See instructions regarding type of information required.)

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED