

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:

4 ~~5~~

3 CANDIDATE / OFFICEHOLDER NAME

TITLE MISS FIRST VIVIAN MI
NICKNAME LAST ROJAS SUFFIX

OFFICE USE ONLY

Date Received

JUL 15 PM 3 52

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

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 THROUGH Month Day Year
01 / 01 / 2004 THROUGH 06 / 30 / 04

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE NOT APPLICABLE
N/A / - / - Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) DISTRICT #7
CITY REPRESENTATIVE

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

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 files)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

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)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 113.00

OUTSTANDING LOAN TOTALS

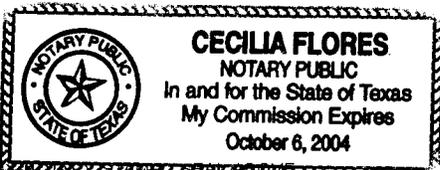
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 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.

Vivian Rojas
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Vivian Rojas, this the 15th day of July, 20 04, 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

Cecilia Flores

Cecilia Flores

NOTARY

**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

5/07/04

5 Payee name

RANGER DRIVE FOR PRIDE FUNDRAISER

6 Payee address; City; State; Zip Code

EL PASO, TX 79915

8 Amount (\$)

100.⁰⁰

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

DONATION FOR RHS FOOTBALL TEAM

Reimbursement from political contributions intended

Date

5/12/04

Payee name

EL PASO CLUB

Payee address; City; State; Zip Code

201 E. MAIN, EL PASO, TX, 79901

Amount (\$)

13.⁰⁰

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

LATINAS 100 LUNCHEON

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

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: **1**

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/07/04

5 Payee name

RANGER DRIVE FOR PRIDE FUNDRAISER

7 Amount (\$)

100.⁰⁰

6 Payee address; City; State; Zip Code

EL PASO, TX 79915

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

CONTRIBUTION TO RANBER DRIVE FOR PRIDE 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

5/12/04

Payee name

EL PASO CLUB

Amount (\$)

13.⁰⁰

Payee address; City; State; Zip Code

201 E. MAIN, EL PASO, TX, 79901

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

TO ATTEND LATINAS 100 LUNCHEON AND ENHANCE COMMUNITY RELATIONS

-- 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