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: 8

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

CITY CLERK DEPT. 05 APR -7 PM 4:44

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MS | FIRST: VIVIAN | MI: —

NICKNAME: — | LAST: ROJAS | SUFFIX: —

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. BOX 27015; EL PASO; TX; 79926

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE / PHONE NUMBER: (915) 820-3247 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: — | FIRST: VIVIAN | MI: —

NICKNAME: — | LAST: ROJAS | SUFFIX: —

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 878 MALLETT; EL PASO; TX 79907

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER: (915) 820-3247 | EXTENSION:

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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 01/01/2005 THROUGH Month Day Year: 03/28/2005

11 ELECTION

ELECTION DATE Month Day Year: 05/07/2005

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (If any): DISTRICT #7 CITY COUNCIL REPRESENTATIVE

13 OFFICE SOUGHT (If known): DISTRICT #7 CITY COUNCIL REPRESENTATIVE

14 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: VIVIAN ROJAS

16 ACCOUNT # (Ethics Commission filers):

17 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

NONE

- [ ] additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,839.03
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,293.63
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,903.23
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 AFFIDAVIT

DIANA NUÑEZ
NOTARY PUBLIC
In and for the State of Texas
My commission expires 10-18-2005

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vivian Rojas, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

Diana Nuñez	Diana Nuñez	Notary Public
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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/26/05	CHARLES A. KOHLHAAS 821 RIM Rd., EL Paso, TX 79902	125.00	

9 Principal occupation / Job title (See Instructions): BUSINESS MAN

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/05	RACHEL HARRACKSINGH 10629 SOMBRA VERDE DR., El Paso, TX 79935	500.00	

Principal occupation / Job title (See Instructions): BUSINESS WOMAN

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/05	DALE DENNEY 1515 CAMINO ALTO, EL PASO, TX 79902	100.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/05	PETER FELIX III 11534 Jacquelin Ann Court, El Paso, TX 79936	500.00	

Principal occupation / Job title (See Instructions): BUSINESS MAN

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/31/05	CONRAD CONDE 3117 DEVILS TOWER CIR. EL PASO, TX 79904	250.00	

Principal occupation / Job title (See Instructions): ENGINEER

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/25/05	JOBE - PAC #1 McKelligon Canyon Rd. El Paso, TX 79930	1,000.00	

9 Principal occupation / Job title (See Instructions): PAC

10 Employer (See Instructions):

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)
3/02/05	BERT SHERWOOD 8056 BOWEN RD., El Paso, TX, 79915	100.00	

Principal occupation / Job title (See Instructions): EDUCATION ADMINISTRATOR

Employer (See Instructions):

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)
3/4/05	RAYMOND J. GRAHAM 10142 STONEWAY DR., El Paso, TX, 79925	50.00	

Principal occupation / Job title (See Instructions): BUSINESS MAN

Employer (See Instructions):

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)
3/8/05	TERRI GARCIA 837 DULCE TIERRA DR., El Paso, TX 79912	50.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
3/08/05	GREGORY B. BOWLING 7484 PLAZA REDONDA El Paso, TX, 79912	500.00	

Principal occupation / Job title (See Instructions): BUILDER

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/08/05	RANDALL J. BOWLING 6453 CALLE VISTA DR. EL PASO, TX, 79912	500.00	

9 Principal occupation / Job title (See Instructions): BUILDER

10 Employer (See Instructions):

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)
3/08/05	ROBERT L. BOWLING 6705 PEARL RIDGE EL PASO, TX 79912	500.00	

Principal occupation / Job title (See Instructions): BUILDER

Employer (See Instructions):

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)
3/08/05	BOB BOWLING P.O. BOX 4136, El Paso, TX, 79914	500.00	

Principal occupation / Job title (See Instructions): BUILDER

Employer (See Instructions):

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)
3/23/05	C.F. TIM BRADY 229 NOGAL RD., El Paso, TX, 79915	100.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
3/23/05	MICHAEL GROSS 3007 FONTANA DRIVE AUSTIN, TX 78704	50.00	

Principal occupation / Job title (See Instructions): STATE UNION ORGANIZER

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 4

2 FILER NAME: VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/28/05	ROBERT C. SCHULZ 1421 VANDERBILT, El Paso, TX, 79935	1,000.00	

9 Principal occupation / Job title (See Instructions): BUSINESS OWNER

10 Employer (See Instructions):

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)
3/28/05	JUAN MERAZ 365 PENDALE, El Paso, TX, 79907	14.03	WOODEN FURRING STRIPS FOR SIGN STAKES

Principal occupation / Job title (See Instructions): BUSINESS OWNER

Employer (See Instructions):

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 / Job title (See Instructions):

Employer (See Instructions):

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 / Job title (See Instructions):

Employer (See Instructions):

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 / Job title (See Instructions):

Employer (See Instructions):

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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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/10/05	BORDER PRAYER NETWORK P.O. BOX 971848, El Paso, TX, 79997	10.00

8 Purpose of payment (See instructions regarding type of information required.) CITY IMPACT ROUNDTABLE LUNCH MEETING

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 ($)
3/14/05	DAVID'S BANNERS 9911 CARNEGIE ST., EL PASO, TX, 79925	200.00

Purpose of payment (See instructions regarding type of information required.) Deposit for sign stickers and banners.

•• 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 ($)
3/14/05	MODEL CITIES - EL PASO 2267 TRAWOOD DR., STE. E-2 EL PASO, TX, 79935	250.00

Purpose of payment (See instructions regarding type of information required.) Table Sponsor for Awards Dinner.

•• 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 ($)
3/19/05	WOMAN'S CLUB OF EL PASO N. MESA, EL PASO, TX, 79902	30.00

Purpose of payment (See instructions regarding type of information required.) FUNDRAISER FOR EL PASO DIABETES ASSOCIATION.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/20/05	HOME DEPOT 11360 ROJAS DR., EL PASO, TEXAS, 79936	74.72

8 Purpose of payment (See instructions regarding type of information required.) WOODEN STAKES, NAILS, PLASTIC TIES AND TWO CUTTERS

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 ($)
3/24/05	DAVID'S BANNERS 9911 CARNEGIE STREET EL PASO, TEXAS 79925	228.91

Purpose of payment (See instructions regarding type of information required.) Difference owed for sign stickers and banners.

-- 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 ($)
3/24/05	CARLOS SANCHEZ 830 E. San Antonio, Suite A, El Paso, TX, 79901	500.00

Purpose of payment (See instructions regarding type of information required.) Radio and magazine advertisement for KVIV radio station and "Palabras de Nuestro Mundo" magazine.

-- 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED