

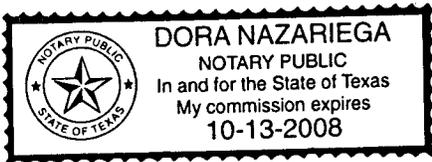
# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <u>3</u>
--------------------	--------------------------------------

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>					
	NICKNAME	LAST	SUFFIX						
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Received					
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked					
<b>5</b> ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #					
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Amount					
<b>6</b> EXPLANATION OF CORRECTION	Month	Day	Year	Month	Day	Year	Legal	Totals	
	3 / 29 / 05			THROUGH	4 / 27 / 05			Date Processed	Date Imaged
	<p>Schedule A: reported 4 campaign contributions, which were inadvertently omitted from the 8th day before election Candidate/Officeholder Campaign Finance Report. Also corrected the name of the campaign contributor from "Foster Development Corp." to correct name: Timothy C. Foster. Corrected Candidate/Officeholder Report Support and Totals, page 2, for total political contributions and total political expenditures.</p>								

**7** AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

*Vivian Rojas*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Vivian Rojas this the 13<sup>th</sup> day of May, 20 05.

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

*Dora Nazariega*  
Signature of officer administering oath

Dora Nazariega  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK  
COVER SHEET PG 2  
05 MAY 13 PM 4:59

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,660.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 13,657.80

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 75.37

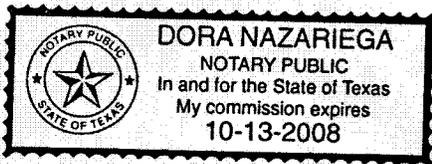
OUTSTANDING LOAN TOTALS

6. 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 13<sup>th</sup> day of May, 2005, to certify which, witness my hand and seal of office.

*Dora NazariEGA*  
Signature of officer administering oath

Dora NazariEGA  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**  
CITY CLERK DEPT.  
05 MAY 13 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/25/05**

5 Full name of contributor  out-of-state PAC (ID#:  
**ELMA CARRETO**

7 Amount of contribution (\$)  
**100.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**EL PASO, TX**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4/25/05**

Full name of contributor  out-of-state PAC (ID#:  
**El Paso Association of Builders**

Amount of contribution (\$)  
**1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6046 Surety Dr.  
EL PASO, TX 79905**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/25/05**

Full name of contributor  out-of-state PAC (ID#:  
**J. W. WOLSLAGER JR.**

Amount of contribution (\$)  
**1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**EL PASO, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/25/05**

Full name of contributor  out-of-state PAC (ID#:  
**DAWN M. WOLSLAGER**

Amount of contribution (\$)  
**1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**EL PASO, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/27/05**

Full name of contributor  out-of-state PAC (ID#:  
**TIMOTHY C. FOSTER**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1790 LEE TREVINO, SUITE 601  
EL PASO, TX 79936**

**NAME OF CONTRIBUTOR IS BEING CORRECTED.**

Principal occupation / Job title (See Instructions)

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.

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
FIRST MI  
**VIVIAN** —  
NICKNAME LAST SUFFIX  
— **ROJAS** —

**OFFICE USE ONLY**

Date Received

---

Date Hand-delivered or Date Postmarked

---

Receipt # Amount

---

Date Processed

---

Date Imaged

CITY CLERK DEPT.  
05 APR 29 PM 5:07

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 EXTENSION  
**(915) 820-3247** —

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  
FIRST MI  
**VIVIAN** —  
NICKNAME LAST SUFFIX  
— **ROJAS** —

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915) 820-3247**

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 THROUGH Month Day Year  
**03/29/05 THROUGH 04/27/05**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
**05/07/05**  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) **District #7** OFFICE SOUGHT (if known) **DISTRICT #7**  
**CITY COUNCIL REPRESENTATIVE 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME **VIVIAN ROJAS** 16 ACCOUNT # (Ethics Commission filer)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

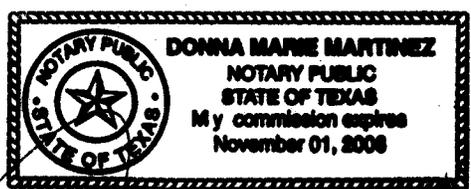
**NONE**

**05 APR 29 PM 5:10 CITY CLERK DEPT.**

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <del>0</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,560
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <del>0</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,739.80 <sup>v.l.</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 75.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <del>0</del>

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

Signed and subscribed before me, by the said Vivian Rojas, this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Printed name of officer administering oath  
[Signature] Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **3**

2 FILER NAME **VIVIAN ROJAS** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/04/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NICOLAS A. BOMBACH</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable) <b>CITY CLERK DEPT. 05 APR 29 PM 5:10</b>
6 Contributor address; City; State; Zip Code <b>EL PASO, TX</b>			

9 Principal occupation / Job title (See Instructions) **Company Developer - Vice President** 10 Employer (See Instructions)

Date <b>4/04/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALICE DAVIS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>EL PASO, TX 79935</b>			

Principal occupation / Job title (See Instructions) **Education Administrator** Employer (See Instructions)

Date <b>4/06/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EL PASO COUNTY Medical Society</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>EL PASO, TX</b>			

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

Date <b>4/06/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRICIA HOLLAND - BRANCH</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>EL PASO, TX</b>			

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

Date <b>4/06/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AURELIO G. VALDEZ</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>EL PASO, TX</b>			

Principal occupation / Job title (See Instructions) 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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;           City;   State;   Zip Code

CITY CLERK DEPT.  
05 APR 29 PM 5:18

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;           City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;           City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;           City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;           City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/11/05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SAMMY K. GABRIEL**

7 Amount of contribution (\$)  
**25.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**EL PASO, TX**

CITY CLERK DEPT.  
05 APR 05 PM 5:10

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4/11/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ROBERT MACIAS**

Amount of contribution (\$)  
**50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**EL PASO, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/11/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ALMA WILSON**

Amount of contribution (\$)  
**35.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**EL PASO, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/27/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DELGADO, ACOSTA, SPENCER  
LINEBARGER, HEARD & PEREZ**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2nd Fl. Martin Building  
215 N. STANTON ST.  
EL PASO, TX 79901**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/27/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FOSTER DEVELOPMENT CORP.**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**Vista Hills BANK PLAZA 1790 LEE  
TREVINO DR.  
EL PASO, TX 79936**

Principal occupation / Job title (See Instructions)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/27/05

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JONES FAMILY TRUST

7 Amount of contribution (\$)  
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
EL PASO, TX

CITY CLERK DEPT  
05 APR 2005 PM 5:10

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
4/27/05

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARISELA HINOJOS

Amount of contribution (\$)  
150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
7676 ALAMEDA, EL PASO, TX  
79915

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

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.**

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

05 APR 29 PM 5:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/7/05

5 Payee name YWCA

7 Amount (\$) 50.00

6 Payee address; City: State; Zip Code EL PASO, TX

8 Purpose of payment (See instructions regarding type of information required.) WOMEN'S LUNCHEON CONTRIBUTION

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

Date 4/8/05

Payee name DAVID'S BANNERS

Amount (\$) 437.28

Payee address; City: State; Zip Code EL PASO, TX

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

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

Date 4/9/05

Payee name HOME DEPOT

Amount (\$) 79.23

Payee address; City: State; Zip Code EL PASO, TX 79936

Purpose of payment (See instructions regarding type of information required.) STAKES, TIES, NAILS

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

Date 4/13/05

Payee name COUNTY OF EL PASO

Amount (\$) 42.50

Payee address; City: State; Zip Code EL PASO, TX 79901

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

\*\* 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**

CITY CLERK DEPT.

**SCHEDULE F**

05 APR 29 PM 5:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/14/05

5 Payee name

imerlin.com

7 Amount (\$)

411.34

6 Payee address; City; State; Zip Code

EL PASO, TX

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

Web-site

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

Candidate / Officeholder name Office sought Office held

Date

4/15/05

Payee name

PDX PRINTING

Amount (\$)

64.95

Payee address; City; State; Zip Code

EL PASO, TX

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

Typesetting services

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

Candidate / Officeholder name Office sought Office held

Date

4/15/05

Payee name

U.S. POST MASTER

Amount (\$)

1,517.00

Payee address; City; State; Zip Code

EL PASO, TX

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

POSTAGE

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

Candidate / Officeholder name Office sought Office held

Date

4/15/05

Payee name

ONE STOP PRINT SHOP

Amount (\$)

107.01

Payee address; City; State; Zip Code

EL PASO, TX 79915

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

Political Advertisements

-- 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 CITY CLERK DEPT.**

**SCHEDULE F**

05 APR 29 PM 5:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/16/05**

5 Payee name  
**A.U.S.**

7 Amount (\$)  
**1,420.35**

6 Payee address; City; State; Zip Code  
**EL PASO, TX**

8 Purpose of payment (See instructions regarding type of information required.)  
**MAIL OUT SERVICES**

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

Date  
**4/19/05**

Payee name  
**A.U.S.**

Amount (\$)  
**706.40**

Payee address; City; State; Zip Code  
**EL PASO, TX**

Purpose of payment (See instructions regarding type of information required.)  
**ADDITIONAL POSTAGE AND LABELS MAILING SERVICES**

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

Date  
**4/19/05**

Payee name  
**ONE STOP PRINT SHOP**

Amount (\$)  
**632.18**

Payee address; City; State; Zip Code  
**EL PASO, TX, 79915**

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

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

Date  
**4/19/05**

Payee name  
**EL PASO...**

Amount (\$)  
**...**

Payee address; City; State; Zip Code  
**EL PASO, TX**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

CITY CLERK DEPT.  
05 APR 29 PM 5:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/27/05**

5 Payee name  
**DAVID'S BANNERS**  
6 Payee address; City; State; Zip Code  
**EL PASO, TX**

7 Amount (\$)  
**404.31**

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

**SIGNS**

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

Date  
**4/27/05**

Payee name  
**DIGITAL EDGE**  
Payee address; City; State; Zip Code  
**EL PASO, TX**

Amount (\$)  
**285.25**

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

**T-SHIRTS**

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

Date  
**4/27/05**

Payee name  
**MONTOYA PR**  
Payee address; City; State; Zip Code  
**671 S. MESA HILLS DRIVE #3,  
EL PASO, TX, 79912**

Amount (\$)  
**7,500.<sup>00</sup>**

Purpose of payment (See Instructions regarding type of information required.)  
**CALL CAMPAIGN - SURVEY**

-- 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**

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

5 Date of loan   7 Name of lender    out-of-state PAC (ID#: \_\_\_\_\_)   9 Loan Amount (\$)

6 Is lender a financial institution?   8 Lender address;   City;   State;   Zip Code   10 Interest rate  
 Y   N  
 11 Maturity date

12 Principal occupation / Job title (See Instructions)   13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION   16 Name of guarantor   18 Amount Guaranteed (\$)  
 not applicable   17 Guarantor address;   City;   State;   Zip Code

19 Principal Occupation   20 Employer

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

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

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

Description of Collateral  
 none

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

Principal Occupation   Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.