

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:
11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
VIVIAN

MI

NICKNAME

LAST
ROJAS

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
MAY 27 PM 5:04

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 27015

EL PASO, TX 79926

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 820-3247

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 WALLETT, 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

4 / 28 / 05

THROUGH

Month Day Year

5 / 25 / 05

11 ELECTION

ELECTION DATE

Month Day Year
06 / 04 / 05

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL REPRESENTATIVE DISTRICT #7

13 OFFICE SOUGHT (if known)

CITY COUNCIL REPRESENTATIVE DISTRICT #7

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 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)

\$

4,650.00

EXPENDITURE TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

5,415.46

CONTRIBUTION BALANCE

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

\$

75.37

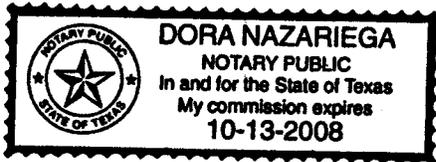
OUTSTANDING LOAN TOTALS

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

\$

500.00

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vivian Rojas, this the 27th 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**

CITY CLERK DEPT.
05 MAY 27 PM 5:04

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 5/16/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.F. TIM BRADY	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 5/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKE W. BARROW	Amount of contribution (\$) 500.⁰⁰	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 5/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCES A. HAYES	Amount of contribution (\$) 100.⁰⁰	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 5/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES GRAHAM	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 5/05/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARBARITA LICON	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code EL PASO, TX			

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

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**

CITY CLERK DEPT.
05 MAY 27 PM 5:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A: 4

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/6/05

5 Full name of contributor

DAVID TOKOPH

out-of-state PAC (ID#)

7 Amount of contribution (\$)

500.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. BOX 12
SANTA TERESA, NM 88008

9 Principal occupation / Job title (See Instructions)

AVIATION BUSINESS OWNER

10 Employer (See Instructions)

Date

5/25/05

Full name of contributor

ALMA SALINAS

out-of-state PAC (ID#)

Amount of contribution (\$)

100.⁰⁰

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

5/6/05

Full name of contributor

EL PASO CHAPTER
GENERAL CONTRACTORS DBA
AGC of El Paso

out-of-state PAC (ID#)

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

EL PASO, TX

Principal occupation / Job title (See Instructions)

PAC COMMITTEE

Employer (See Instructions)

Date

5/6/05

Full name of contributor

DOUBLAS A. SCHWARTZ

out-of-state PAC (ID#)

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 13611
EL PASO, TX 79913-3611

Principal occupation / Job title (See Instructions)

DEVELOPER / BUSINESS OWNER

Employer (See Instructions)

Date

5/6/05

Full name of contributor

SCOTT M. SCHWARTZ

out-of-state PAC (ID#)

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

619 CAMINO REAL
EL PASO, TX 79922

Principal occupation / Job title (See Instructions)

DEVELOPER / BUSINESS OWNER

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**

CITY CLERK DEPT.
05 MAY 27 PM 5:04

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 5/2/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT F. FOSTER	7 Amount of contribution (\$) 500.00	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 5/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL J. JAFFEE	Amount of contribution (\$) 500.00	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 5/19/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HCA TEXAS GOOD GOVERNMENT FUND	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7400 FANNIN, STE. 650 HOUSTON, TX 77054			

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

Date 5/19/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOUGLAS MATNEY	Amount of contribution (\$) 100.00	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 5/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REBECCA J. RHODES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code EL PASO, TX			

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

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**

CITY CLERK DEPT.
05 MAY 27 PM 5:04

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A: **4**

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

4 Date 5/13/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES CAMACHO	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	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)

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

CITY CLERK DEPT.
05 MAY 27 PM 5:06

LOANS

SCHEDULE E

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

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

4 TOTAL OF UNITEMIZED LOANS: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ 500.00

5 Date of loan 5/13/05 7 Name of lender out-of-state PAC (ID#: _____) VIVIAN ROJAS 9 Loan Amount (\$) 500.00

6 Is lender a financial institution? Y (N) 8 Lender address; City; State; Zip Code P.O. BOX 27015 EL PASO, TX 79926 10 Interest rate 0 11 Maturity date N/A

12 Principal occupation / Job title (See Instructions) CITY COUNCIL REP. 13 Employer (See Instructions)

14 Description of Collateral none

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

19 Principal Occupation N/A 20 Employer N/A

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 not applicable Name of guarantor _____ Amount Guaranteed (\$) _____
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.

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
03 MAY 27 PM 5:04

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

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

4 Date 4/30/05	5 Payee name ONE STOP PRINT SHOP	7 Amount (\$) 240.32
6 Payee address; City; State; Zip Code 7800 N. LOOP DR. EL PASO, TX 79915		

8 Purpose of payment (See instructions regarding type of information required.) MAILERS/POLITICAL LETTERS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5/04/05	Payee name DAVID'S BANNERS	Amount (\$) 312.57
Payee address; City; State; Zip Code EL PASO, TX		

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 5/05/05	Payee name U. S. POSTMASTER	Amount (\$) 992.64
Payee address; City; State; Zip Code EL PASO, TX		

Purpose of payment (See instructions regarding type of information required.) POSTAGE FOR LETTERS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5/06/05	Payee name ONE STOP PRINT SHOP	Amount (\$) 464.39
Payee address; City; State; Zip Code 7800 N. LOOP DR. EL PASO, TX 79915		

Purpose of payment (See instructions regarding type of information required.) POSTCARDS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 MAY 27 PM 5:04

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILERNAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/07/05

5 Payee name
K-MART

7 Amount (\$)
9.00

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

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

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

Date
5/07/05

Payee name
K-MART

Amount (\$)
1.40

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

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

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

Date
5/07/05

Payee name
A. U. S. SERVICES

Amount (\$)
491.95

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

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

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

Date
5/07/05

Payee name
TACO CABANA

Amount (\$)
11.80

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

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

-- 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 MAY 27 PM 5:06

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/20/05

5 Payee name
A. U. S. SERVICES

7 Amount (\$)
1,906.89

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

8 Purpose of payment (See instructions regarding type of information required.)
MAIL SERVICES AND POSTAGE

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

Date
5/23/05

Payee name
ONE STOP PRINT SHOP

Amount (\$)
649.00

Payee address; City; State; Zip Code
7800 NORTH LOOP, EL PASO, TX 79915

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

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

Date
5/24/05

Payee name
DIGITAL ED&E SIGNS

Amount (\$)
190.00

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

Purpose of payment (See instructions regarding type of information required.)
T-SHIRTS FOR VOLUNTEERS

-- 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

CITY CLERK DEPT.
05 MAY 27 PM 5:05

**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 5/20/05	5 Payee name KINKO'S 6 Payee address; City; State; Zip Code EL PASO, TX 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Computer Use	8 Amount (\$) 51.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	--	--

Date 5/07/05	Payee name MARIA Y. ROJAS Payee address; City; State; Zip Code EL PASO, TX Purpose of expenditure (See instructions regarding type of information required.) FOOD FOR CELEBRATION DINNER	Amount (\$) 54.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	--

Date 5/07/05	Payee name TACO TOTE Payee address; City; State; Zip Code EL PASO, TX Purpose of expenditure (See instructions regarding type of information required.) FOOD FOR VOLUNTEERS	Amount (\$) 40.43 <input checked="" type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED