

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

CITY CLERK DEPT.
06 JAN 10 PM 1:05

15 C/OH NAME

MR. JOSEPH D. WARDY JR.

16 ACCOUNT # (Ethics Commission Uses)

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

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)

\$ 43.25

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,046.29

CONTRIBUTION BALANCE

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

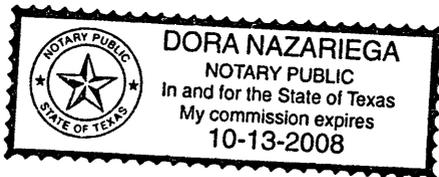
\$ 13,051.60

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.

Joseph D. Wardy Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph D. Wardy, Jr, this the 10th day of January, 2006, to certify which, witness my hand and seal of office.

Dora Nazariaga
Signature of officer administering oath

Dora Nazariaga
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

CITY CLERK DEPT
06 JAN 10 11 05

The **INSTRUCTION GUIDE** explains how to complete this form.

Total pages this report:
3/6

2 FILER NAME
Mr. Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date **5 Full name of contributor** out-of-state PAC(ID# _____)
Ms. Lorraine Wardy

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

07/11/2005 **6 Contributor address; City; State; Zip Code**
701 Blanchard
El Paso TX 79902

43.25

9 Principal occupation (Optional)

10 Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
06 JAN 10 PM 1:05

The INSTRUCTION GUIDE explains how to complete this form.

Total pages report:
4/6

2 FILER NAME
Mr. Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date
08/31/2005

5 Payee name
Barbara Perez Campaign
6 Payee address; City; State; Zip Code
11528 James Grant
El Paso TX 79936

7 Amount (\$)
500.00

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

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Barbara Perez Campaign Other - El P - aso County - Commission - Judge

Date
07/18/2005

Payee name
El Paso Times
Payee address; City; State; Zip Code
300 N. Campbell
El Paso TX 79901

Amount (\$)
326.00

Purpose of expenditure (See instructions regarding type of information required.)
June 2005 Banner Online Ad

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

Date
08/24/2005

Payee name
Mr. Luther Jones
Payee address; City; State; Zip Code
1800 N. Stanton
El Paso TX 79902

Amount (\$)
500.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for campaign material printing costs

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

Date
08/31/2005

Payee name
Kay Bailey Hutchison for Senate Committee
Payee address; City; State; Zip Code
P. O. Box 9190
Dallas TX 75209

Amount (\$)
2000.00

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Sen. Kay Bailey Hutchison Other - U. S. Senate Other - U. S. Senate

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
06 JAN 19 PM 1:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/6
2 FILER NAME Mr. Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 07/19/2005	5 Payee name Mr. Jerry Patterson <hr/> 6 Payee address; City; State; Zip Code 1005 Congress Suite 910 Austin TX 78701	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Political campaign contribution		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Mr. Jerry Patterson Other - TX - Land Commi-ssioner Other - TX - Land Commi-ssioner
Date 12/05/2005	Payee name Reyes Committee Inc. <hr/> Payee address; City; State; Zip Code 1011 Montana El Paso TX 79902	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Rep. Sylvestre Reyes Other - U.S. Congress Other - U. S. Congress
Date 10/10/2005	Payee name Texans for Senator John Cornyn <hr/> Payee address; City; State; Zip Code P. O. Box 13026 Austin TX 78711	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Sen. John Cornyn Other - U. S. Senator Other - U. S. Senator
Date 07/25/2005	Payee name Mr. Joseph D. Wardy Jr. <hr/> Payee address; City; State; Zip Code 5601 Cortina El Paso TX 79912	Amount (\$) 220.29
Purpose of expenditure (See instructions regarding type of information required.) Reimburse for out-of-pocket expenses.		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

CREDITS (optional)

SCHEDULE K

CITY CLERK DEPT.
06 JAN 19 PM 1:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/6

2 FILER NAME
Mr. Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)
00000000

<p>4 Date 07/29/2005</p>	<p>5 Payor name El Paso Water Utilities</p> <hr/> <p>6 Payor address; City; State; Zip Code P. O. Box 511 El Paso TX 79961-0001</p> <p>7 Reason for credit credit balancerefund for water service at campaign headquarters</p>	<p>8 Amount (\$) 30.91</p>
<p>Date 07/09/2005</p>	<p>Payor name SBC</p> <hr/> <p>Payor address; City; State; Zip Code P. O. Box 4844 Houston TX 77097</p> <p>Reason for credit credit balance refund</p>	<p>Amount (\$) 163.14</p>
<p>Date 07/09/2005</p>	<p>Payor name SBC</p> <hr/> <p>Payor address; City; State; Zip Code P. O. Box 4844 Houston TX 77097</p> <p>Reason for credit credit balance refund</p>	<p>Amount (\$) 52.24</p>
<p>Date 07/07/2005</p>	<p>Payor name Texas Gas Service</p> <hr/> <p>Payor address; City; State; Zip Code 4700 Pollard El Paso TX 79930</p> <p>Reason for credit credit balance refund</p>	<p>Amount (\$) 16.23</p>