Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CITY CLERK DEPT.

05 MAY -9 PM 2:04

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed: 23

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: REGINA | MI: B | NICKNAME | LAST: ARDITTI | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 3120 PIEDMONT DRIVE EL PASO, TX 79902

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (915) 5447455

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: ENRIQUETA | MI: G. | NICKNAME: "QUETA" | LAST: FIERRO | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 8612 WHITUS EL PASO, TX 79925

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (915) 778-0905

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: 05/01/03 THROUGH 05/09/05

11 ELECTION

ELECTION DATE: Month Day Year: 5/7/05

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): MUNICIPAL COURT #4, JUDGE

13 OFFICE SOUGHT (If known): MUNICIPAL COURT #4, JUDGE

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's/officeholder'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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800

CITY CLERK DEPT.
05 MAY -9 P 12:05

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: REGINA B. ARDITTI

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

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 47.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7675.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4013.89
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7722.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
PATRICIA G. ESTRADA
NOTARY PUBLIC
STATE OF TEXAS
My Commission Expires
APRIL 1, 2009

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Regina Arditti
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Regina Arditti, this the 9th day of May, 20 05, to certify which, witness my hand and seal of office.

Patricia G. Estrada
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

CITY CLERK DEPT.
05 MAY -9 PM 2:00
FORM C/OH - FR

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME
REGINA B. ARDITTI

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Regina Arditti
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☑ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Regina Arditti
Signature of Officeholder

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 CITY CLERK DEPT 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -9 PM 2:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
1/28/05	JUDGE JOSE J. BACA EL PASO COUNTY COURTHOUSE EL PASO, TX 79901	100.00	

9 Principal occupation / Job title (See instructions)

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)
2/2/05	ROBERT W. WARACH 7300 VISCOUNT, SUITE 101 EL PASO, TX 79925	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)
2/3/05	ENRIQUE MORENO 701 MAGOFFIN EL PASO, TX 79901	200.00	

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)
2/3/05	AL WEISENBERGER 521 TEXAS AVE. EL PASO, TX 79901	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)
2/3/05	STANTON & ANTCLIFF, PC 521 TEXAS AVE. EL PASO, TX 79901	100.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CITY CLERK DEPT.
05 MAY -9 PM 2:01

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/3/05	STUART L. LEEDS 5468 RIDGE ST EL PASO, TX 79932	100.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/4/05	ROBERT W. TINNELL 1108 N. CAMPBELL ST 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)
2/4/05	JOHN OR BEATRIZ EGER 224 NIMBUS EL PASO, TX 79912	50.00	

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)
2/4/05	LUTHER JONES 1600 N STANTON, SUITE 806 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)
2/4/05	J. CESAR VIRAMONTES P O BOX 9777 EL PASO, TX 79995	150.00	

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 CITY CLERK DEPT (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -9 PM 2:04 SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/4/05	PENNY L. ANDERSEN 7141 IMPERIAL RIDGE EL PASO, TX 79912	300.00	

9 Principal occupation / Job title (See Instructions)	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)
2/5/05	JESUS R. HERRERA 1100 MONTANA AVE STE 201 EL PASO, TX 79902	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)
2/5/05	ALFONSO PEREZ 10562 TOMWOOD AVE. EL PASO, TX 79925	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)
2/5/05	ENRIQUETA G. FIERRO 8612 WHITUS EL PASO, TX 79925	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)
2/5/05	THOMAS CHELLIS 5225 BALLINGER EL PASO, TX 79925	100.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -9 PM 2:05

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	RAYMUNDO J. FLORES & NORMA 7409 LAKEHURST RD EL PASO, TX 79912	50.00	

9 Principal occupation / Job title (See Instructions)	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)
2/5/05	STEVEN & MELISSA PLYER 3112 WAKSIDE ST APT A. EL PASO, TX 79936	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)
2/5/05	JAMES H WYLY 11940 PUEBLO DORMIDO WAY EL PASO, TX 79936	25.00	

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)
2/5/05	RANDY DROZE 309 E. MILLS EL PASO, TX 79902	20.00	

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)
2/5/05	LAURA WINTER 316 KINGSWOOD DR. EL PASO, TX 79932	20.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 CITY CLERK DEPT 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY 9 PM 2:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	ARNOLD HOWARD 5517 CA ROUSEL DR EL PASO, TX 79912	100.00	

9 Principal occupation / Job title (See instructions)	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)
2/5/05	PEGGY JANOSEK 617 LARAMIE RIVER AVE. EL PASO, TX 79932	20.00	

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)
2/5/05	SALVADOR MENA JR. 1401 MONTANA (E) EL PASO, TX 79902	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)
2/5/05	CYNTHIA HAMEL 5836 PEBBLE BEACH DR. EL PASO, TX 79912	25.00	

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)
2/5/05	CLINTON CROSS 500 THUNDERBIRD NO. 79 EL PASO, TX 79912	25.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 CITY CLERK DEPT (800) 325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -9 PM 2:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	YOLANDA E. CHAVARRIA 648 BLUFF CANYON CIR EL PASO TX 79912	15.00	

9 Principal occupation / Job title (See Instructions) | 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)
2/5/05	CARMEN DUARTE 4615 BONDS CT EL PASO, TX 79903	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)
2/5/05	LESLIE VELEZ 5525 NORTH STANTON EL PASO, TX 79912	25.00	

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)
2/5/05	JOHN KARAM 821 N. MESA EL PASO, TX 79902	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)
2/5/05	REYNA MONTANO 2415 HAWLEY CIR EL PASO TX 79903	50.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 CITY CLERK DEPT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -5 PM 2:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	ELIZA B SAN ROMAN 606 BLACKER EL PASO, TX 79902	200.00	

9 Principal occupation / Job title (See instructions) | 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)
2/5/05	JOSE GONZALEZ 3500 MCKINLEY AVE EL PASO, TX 79930	150.00	

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)
2/5/05	PATRICK BARILL 1318 CINCINNATI AVE EL PASO, TX 79902	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)
2/5/05	DELIA VIRGINIA LONGORIA 6261 LOS BANCOS DR. EL PASO, TX 79912	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)
2/5/05	RAMONA DE LA PAZ TORRES 2706 FRANKFORT AVE EL PASO TX 79930	35.00	

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 -9 PM 2:04

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: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/5/05	LAW OFFICE OF SALAS & SALAS, LLP 1500 MONTANA AVE. EL PASO, TX 79902	100.00	

9 Principal occupation / Job title (See instructions): | 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)
2/5/05	LAW OFFICE OF MELENDEZ & WILLIAMS 1119 E. SAN ANTONIO EL PASO, TX 79901	200.00	

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)
2/5/05	RICHARD DAVIS 2913 TITANIC AVE EL PASO, TX 79930	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)
2/5/05	JOE OLIVA 10100 DYER EL PASO, TX 79930	150.00	

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)
2/5/05	REBECCA LOPEZ (FR: HUMBERTO ENRIQUEZ) 342 GONZALES EL PASO, TX 79907	100.00	

Principal occupation / Job title (See instructions): | Employer (See instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CITY CLERK DEPT.
05 MAY -9 PM 2:04

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: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	LAW OFFICE OF MICHAEL COHEN 310 N. MESA, STE 515 El PASO TX 79901	100.00	

9 Principal occupation / Job title (See instructions):

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)
2/5/05	ROBERT LO TA CHEN 2029 Greenlee El Paso, TX 79936	200.00	CATERING = FOOD FOR BRUNCH -SUSHI -SHRIMP COCTAIL -CHICKEN -EGGROLLS -WON TON

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)
2/5/05	DAVID DELGADO 3660 BISHOP El PASO, TX 79903	60.00	

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)
2/5/05	JOHN COOK 2 CIVIC CENTER PLAZA 10th FLOOR El PASO, TX 79901	15.00	COFFEE POT USE & FULL COFFEE POT MADE

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)
2/5/05	ENRIQUETA FIERRO 8612 WHITUS El PASO, TX 79925	20.00	COFFEE POT USE AND 2 FULL COFFEE SUPPIES.

Principal occupation / Job title (See instructions):

Employer (See instructions):

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 CITY CLERK DEPT 800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

05 MAY -9 PM 2:04

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	LUPITA FLORES 731 ELMWOOD CT. EL PASO, TX 79932	25.00	

9 Principal occupation / Job title (See instructions)

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)
2/5/05	ROBERT A. OLIVARES 5913 QUINTA REAL CT. 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)
2/5/05	RICHARD BISCHOFF PO BOX 5325 EL PASO TX 79954	150.00	

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)
2/5/05	DEXTER KATZMAN 6720 Isla Del Rey Dr. El Paso, TX 79912	25.00	

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)
2/5/05	SONIA G. VELASQUEZ 8715 MELTING SHADOWS LN HOUSTON, TX 77095	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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CITY CLERK DEPT.

05 MAY -9 PM 2:04

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)); Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/5/05	RUDOLPH MILES 3705 FLAMINGO EL PASO, TX 79902	100.00	

9 Principal occupation / Job title (See instructions) 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)
2/6/05	DAVID HILLES 9350 DYER STE. S EL PASO, TX 79924	20.00	

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)
2/7/05	DUANE A. BAKER 363 TEXAS STE 1400 EL PASO, TX 79901	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)
2/7/05	ENRIQUE H. PENA 221 N KANSAS ST. STE 609 EL PASO, TX 79901	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)
2/8/05	MICHAEL L. AARONSON 2524 MONTANA AVE EL PASO, TX 79903	500.00	

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

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05 MAY -9 PM 2:04

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/9/05	ANDRE KARAM 821 N. MESA EL PASO, TX 79902	100.00	

9 Principal occupation / Job title (See instructions) 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)
2/9/05	MIGUEL ANDRADE, JR 311 E. MILLS AVE. EL PASO, TX 79901	500.00	

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)
2/10/05	NATALIA H. CHAMBERS 5400 FLEETWOOD DRIVE EL PASO, TX 79932	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)
2/11/05	WAYNE WINDLE 201 EAST MAIN 11TH FLOOR EL PASO, TX 79901	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)
2/11/05	GLEN SUTHERLAND 8811 ALAMEDA AVE EL PASO, TX 79907	100.00	

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

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05 MAY -9 PM 2:04

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B. ARDITTI

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)
2/5/05	JIM DARNELL	310 N. MESA SUITE 212 EL PASO, TX 79901	100.00	

9 Principal occupation / Job title (See instructions) 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)
2/18/05	ROBERT R. HARRIS	1009 MONTANA AVE EL PASO, TX 79902	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)
2/21/05	JOSEPH (JIB) ABRAHAM, JR	POBOX 512312 EL PASO, TX 79951	500.00	

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)
3/2/05	SHAPLEIGH FOR SENATE CAMPAIGN	701 N ST. VRAIN EL PASO, TX 79902	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)
3/2/05	Rudy Perez	1981 Paseo Colina EL PASO, TX 79936	500.00	

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

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05 MAY -9 PM 2:04

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME: REGINA B ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/3/05	FRANCISCO F. MACIAS 1001 N. CAMPBELL EL PASO, TX 79902	300.00	

9 Principal occupation / Job title (See instructions) | 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)
3/10/05	GINGER G. FRANCIS POBOX 3739 EL PASO, TX 79923	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)
4/22/05	CARL GREEN, MOUNCE, GREEN, MYERS SAFI & GALATZAN, PC PO DRAWER 1977 EL PASO, TX 79950.	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)

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: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/1/05	POSTMASTER 8401 BOEING DRIVE EL PASO, TEXAS	236.26

8 Purpose of payment (See instructions regarding type of information required.): POSTMASTER FOR MAILING CAMPAIGN INVITATIONS

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 ($)
2/3/05	POSTMASTER 8401 BOEING DRIVE EL PASO, TX	150.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE FOR MAILING CAMPAIGN INVITATIONS

** 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 ($)
2/4/05	FLOWERLAND 4128 MONTANA EL PASO, TX 79903	100.00

Purpose of payment (See instructions regarding type of information required.): DECORATIONS FOR CAMPAIGN FUNDRAISER

** 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 ($)
2/7/05	MAIL ANNEX 3233 N MESA SUITE 205 EL PASO, TX 79902	39.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE FOR CAMPAIGN MAILOUT.

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

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CITY CLERK DEPT.
05 MAY -9 PM 2:04

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/12/03	DEMOCRATIC PARTY 1401 MONTANA, SUITE C EL PASO, TX 79902	70.00

8 Purpose of payment (See instructions regarding type of information required.): HALL OF FAME DINNER TO HONOR OFFICEHOLDERS

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 ($)
1/25/05	RICK QUINTANA, Q SIGNS 1021 A. WYOMING AVE EL PASO, TX 79902	270.00

Purpose of payment (See instructions regarding type of information required.): PRINTING SIGNS FOR CAMPAIGN PURPOSES. (DEPOSIT)

-- 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 ($)
1/28/05	MARIACHI FLORES MEXICANAS 3355 N. YARBROUGH, SUITE J EL PASO, TX 79925	100.00

Purpose of payment (See instructions regarding type of information required.): Deposit for entertainment for CAMPAIGN FUNDRAISER.

-- 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 ($)
2/1/03	AUS SERVICES 2020 MILLS AVE. EL PASO, TX 79901	385.45

Purpose of payment (See instructions regarding type of information required.): PRINTING OF INVITATION FOR CAMPAIGN FUNDRAISER.

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/4/05	AUS SERVICES 2020 Mills Ave El Paso, TX 79901	50.88

8 Purpose of payment (See instructions regarding type of information required.): Printing for campaign cards.

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 ($)
3/9/05	AUS SERVICES 2020 Mills Ave El Paso, TX 79901	243.56

Purpose of payment (See instructions regarding type of information required.): Printing for campaign cards

•• 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 ($)
4/1/05	REGINA B. ARDITTI 1011 N Mesa El Paso, TX 79902	1,184.37

Purpose of payment (See instructions regarding type of information required.): Reimbursement for personal funds for campaign.

•• 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

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05 MAY -9 PM 2:05

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
2/4/05	BORDER TABACCO 6446 GATEWAY EAST EL PASO, TX 79912 20 CHAIR RENTAL FOR CAMPAIGN FUNDRAISER	14.07	☑
2/4/05	WALMART 10127 GATEWAY WEST EL PASO, TX 79935 SUPPLIES FOR CAMPAIGN FUNDRAISER.	156.82	☑
2/4/05	TENTS 'EVENTS 12052 PUEBLO LAGUNA EL PASO TX 79936 SUPPLY RENTAL FOR CAMPAIGN FUNDRAISER.	97.43	☑
2/5/05	MARIACHI FLORES MEXICANAS 3355 N YARBROUGH SUITE J EL PASO, TX 79925 ENTERTAINMENT FOR CAMPAIGN FUNDRAISER	400.00	☑
2/5/05	ALBERTSONS 3100 N MESA EL PASO, TX 79902 SUPPLIES FOR CAMPAIGN FUNDRAISER	14.87	☑

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CITY CLERK DEPT
05 MAY -9 PM 2:05

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
2/5/05	ALBERTSON'S 3100 N MESA EL PASO, TX 79902 SUPPLIES FOR CAMPAIGN FUNDRAISER	16.18	☑
2/7/05	CITY OF EL PASO 2 CIVIC CENTER PLAZA 10th FLOOR EL PASO, TX 79901 FILING FEES FOR PLACE ON BALLOT	250.00	☑
2/11/05	MARGIE DURAN 1623 JAMER CHRISUD EL PASO, TEXAS 79936 CAKE FOR CAMPAIGN FUNDRAISER	50.00	☑
2/16/05	NORTHEAST HEALTHY COMMUNITIES 8888 DYER STREET, SUITE #515 EL PASO, TX 79904 NORTHEAST PARADE ENTRY FEE	45.00	☑
2/16/05	INTER CLUB COUNCIL PO BOX 310002 EL PASO, TX 79937 BLACK HISTORY PARADE ENTRY FEE	40.00	☑

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05 MAY -9 PM 2:05

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
2/16/05	RICK QUINTANA 1021 A. WYOMING AVE EL PASO, TX 79902. FINAL PAYMENT FOR CAMPAIGN SIGNS	100.00 ☑
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ 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
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

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