

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

TITLE *MISS* FIRST *VIVIAN* MI *—*
NICKNAME *—* LAST *ROJAS* SUFFIX *—*

OFFICE USE ONLY

Date Received *2003 JUL 15*
CITY CLERK DEPARTMENT
Date Hand-delivered or Date Postmarked
Receipt # *04*
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7861 JERSEY ST, EL PASO, TX 79915

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE *MISS* FIRST *VIVIAN* MI *—*
NICKNAME *—* LAST *ROJAS* SUFFIX *—*

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7861 JERSEY ST, EL PASO, TX, 79915

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 820-3247

8 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)

9 PERIOD COVERED

Month Day Year Month Day Year
5 / 22 / 2003 THROUGH *6 / 30 / 2003*

10 ELECTION

ELECTION DATE *N/A* ELECTION TYPE *N/A*
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
CITY COUNCIL REPRESENTATIVE DISTRICT 7

12 OFFICE SOUGHT (if known)
N/A (NONE)

13 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
NONE

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

14 C/OH NAME

VIVIAN ROJAS

15 ACCOUNT # (Ethics Commission files)

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	NONE
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

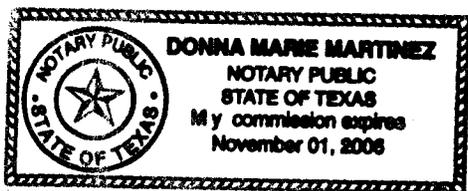
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,750.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 4,127.77
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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 18th day of July, 2003, to certify which, witness my hand and seal of office.

Donna Marie Martinez
Signature of officer administering oath

Donna Marie Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:
3

2 FILER NAME
VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/23/03

5 Full name of contributor out-of-state PAC (ID#: _____)
R.L. WARREN

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1931 Octubre Dr., El Paso, TX, 79935

9 Principal occupation (Optional)

10 Employer (Optional)

Date
5/23/03

Full name of contributor out-of-state PAC (ID#: _____)
LISA AND ROBERT M. CANDELARIA

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
11141 LEO COLLINS, EL PASO, TX, 79936

Principal occupation (Optional)

RETIRED

Employer (Optional)

RETIRED

Date
5/23/03

Full name of contributor out-of-state PAC (ID#: _____)
GARY P. PORRAS AND CECILIA PORRAS

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1795 BILLY CASPER, EL PASO, TX, 79936

Principal occupation (Optional)

Employer (Optional)

Date
5/23/03

Full name of contributor out-of-state PAC (ID#: _____)
GARY PORRAS

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4606 MEMPHIS, EL PASO, TX, 79903

Principal occupation (Optional)

Employer (Optional)

Date
5/24/03

Full name of contributor out-of-state PAC (ID#: _____)
COBINA JIMENEZ

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9308 CARRANZA DR., EL PASO, TX, 79907

Principal occupation (Optional)

BUSINESS OWNER

Employer (Optional)

SELF-EMPLOYED

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 A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/27/03

5 Full name of contributor out-of-state PAC (ID#: _____)

ROBERTO AND ESTELLA MACIAS

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

304 WENDA DR., EL PASO, TX, 79915

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/30/03

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

WILLIAM SAAB

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 CAMINO REAL, EL PASO, TX, 79922

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

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

EDWARD SAAB

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8340 GATEWAY BLVD., E., STE. 205, EL PASO, TX, 79907

Principal occupation (Optional)

Employer (Optional)

Date

5/30/03

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

SONNY GARCIA

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11901 PASEO BONITO WAY, EL PASO, TX, 79936

Principal occupation (Optional)

Employer (Optional)

Date

6/06/03

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

J. ROBERT BROWN

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6949 MARKET ST., EL PASO, TX, 79915

Principal occupation (Optional)

Employer (Optional)

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/06/03

5 Full name of contributor out-of-state PAC (ID#: _____)

GARY R. HEDRICK

6 Contributor address; City; State; Zip Code
608 WILLOW GLEN, EL PASO, TX, 79922

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/06/03

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

RAMIRO GUZMAN AND ASSOCIATES

Contributor address; City; State; Zip Code
10216 BUCKWOOD, EL PASO, TX 79925

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/06/03

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

LTC RICHARD C. COBBS

Contributor address; City; State; Zip Code
2405 GAIRLOCH DR., EL PASO, TX 79925

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/11/03

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

EL PASO ASSOCIATION OF BUILDERS
BUILD PAC OF EL PASO

Contributor address; City; State; Zip Code
6046 SURETY DRIVE, EL PASO, TX
79905

Amount of contribution (\$)

450.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

PAC

Employer (Optional)

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 (Optional)

Employer (Optional)

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME
VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/23/03

5 Payee name
PDX PRINTING

7 Amount (\$)
602.65

6 Payee address; City; State; Zip Code
100 PORFIRIO DIAZ, EL PASO, TX 79902

8 Purpose of payment (See instructions regarding type of information required.)
PRINTING OF CAMPAIGN LETTERS

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

Date
5/23/03

Payee name
H + H DINERO TREE

Amount (\$)
773.78

Payee address; City; State; Zip Code
9020 MAYFLOWER AVE., EL PASO, TX 79925

Purpose of payment (See instructions regarding type of information required.)
MAILING OF CAMPAIGN LETTERS

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

Date
5/24/2003

Payee name
DAVID'S PENNANTS AND BANNERS

Amount (\$)
863.84

Payee address; City; State; Zip Code
9911 CARNEGIE, EL PASO, TX 79925

Purpose of payment (See instructions regarding type of information required.)
70 CORRUGATED SIGNS, 2 BANNERS
AND 4 POLES

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

Date
5/30/2003

Payee name
DIGITAL EDGE SIGN DESIGN

Amount (\$)
187.50

Payee address; City; State; Zip Code
9300 CARNEGIE, SUITE H, EL PASO, TX 79925

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

.. 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:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/03

5 Payee name

VIVIAN ROJAS

7 Amount (\$)

1,700.⁰⁰

6 Payee address; City; State; Zip Code

7861 JERSEY ST., EL PASO, TX, 79915

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

LOAN REPAYMENT

9 ** 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

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

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

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