

# 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:

5

**OFFICE USE ONLY**

Date Received

2003 APR 3

CITY CLERK DEPARTMENT

Date Hand-delivered or Date Postmarked

3 PM 2 49

Receipt #

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE MISS FIRST VIVIAN MI  
NICKNAME LAST ROJAS SUFFIX

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 THROUGH Month Day Year  
02/28/2003 THROUGH 03/24/2003

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05/03/2003  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known)

CITY REPRESENTATIVE, DISTRICT 7

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 filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

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)

\$ 3,000.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,159.82

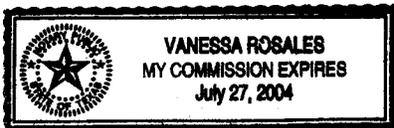
OUTSTANDING LOAN TOTALS

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

\$ N/A

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 3rd day of April, 2003, to certify which, witness my hand and seal of office.

*Vanessa Rosales*  
Signature of officer administering oath

Vanessa Rosales  
Printed name of officer administering oath

Notary Public of Texas  
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:

2

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/03

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

KEN W. and Patricia A. Schillinger

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1112 Mesita, El Paso, TX 79902-1913

9 Principal occupation (Optional)

President of Modern Iron Works

10 Employer (Optional)

Self Employed

Date

3/24/03

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

PAYLESS COPY CENTER

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7570 Alameda Ave., EL PASO, TX, 79915

Principal occupation (Optional)

Sole Proprietor

Employer (Optional)

Self Employed

Date

3/24/03

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

IVAN ROJAS, SR.

Amount of contribution (\$)

\$600.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2724 Broadway St. # 58, HOUSTON, TX,  
77077-1760

Principal occupation (Optional)

Pipefitter and Sheet Metal Worker

Employer (Optional)

UNION PACIFIC

Date

3/10/03

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

Jobe Political Action Committee (JOB-PAC)

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

#1 McKelligon Canyon Rd., El Paso, Texas, 79930

Principal occupation (Optional)

A General Purpose Committee

Employer (Optional)

N/A

Date

3/10/03

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

STANLEY P. JOBE

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 3318, EL PASO, TX, 79923

Principal occupation (Optional)

Owner of Jobe Concrete Products, Inc.

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)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1: 2

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

4 Date <u>3/10/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NATALIE PATRICIA PINEDA</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8233 BROADWAY, EL PASO, TX, 79915</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

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)
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Principal occupation (Optional) Employer (Optional)

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)
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Principal occupation (Optional) Employer (Optional)

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)
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Principal occupation (Optional) Employer (Optional)

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)
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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: **1**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/12/03**

5 Payee name  
**PDX Printing**

7 Amount (\$)  
**\$946.17**

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 5,500 letters and 5,500 envelopes**

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

Date  
**3/13/03**

Payee name  
**H+H Dinero Tree, Inc.**

Amount (\$)  
**\$1,213.65**

Payee address; City; State; Zip Code  
**9020 Mayflower Ave., El Paso, TX 79925-1326**

Purpose of payment (See instructions regarding type of information required.)  
**Mail Processing Services - Including delivery to USPS, postage, prepaid postage for 5,327 letters**

**\*\* 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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**