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

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT 2003 APR 25 PM 3 01

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MISS FIRST: VIVIAN MI: —

NICKNAME: — LAST: ROJAS SUFFIX: —

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

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: 03/25/2003 THROUGH Month Day Year: 4/23/2003

10 ELECTION

ELECTION DATE Month Day Year: 05/03/2003

ELECTION TYPE: ☐ 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

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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)	$ 3,725.00
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,090.79
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ N/A

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.

NOTARY PUBLIC STATE OF TEXAS
Yadira Soltero
Notary Public
State of Texas
My Commission Expires
June 21, 2005

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 25TH day of APRIL, 20 03, to certify which, witness my hand and seal of office.

Yadira Soltero	Yadira Soltero	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	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 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)
4/14/03	TERESA S. MONTOYA 6441 CAMINO FUENTE, EL PASO, TX 79912	$50.00	

9 Principal occupation (Optional)	10 Employer (Optional)
	SELF EMPLOYED

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)
4/14/03	MICHAEL J. JAFFEE 7798 NORTH LOOP, EL PASO, TX 79915	$250.00	

Principal occupation (Optional)	Employer (Optional)
BUSINESS OWNER	SELF EMPLOYED

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)
4/14/03	RICARDO AND MARIA ELISA AGUILAR 925 BOLIVIA, EL PASO, TX 79903	$200.00	

Principal occupation (Optional)	Employer (Optional)
BUSINESS OWNER	SELF EMPLOYED

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)
4/14/03	EL PASO ASSOCIATION OF FIRE FIGHTERS POLITICAL ACTION P.O. BOX 370487, EL PASO, TX 79937	$250.00	

Principal occupation (Optional)	Employer (Optional)
POLITICAL ACTION COMMITTEE	N/A

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)
4/14/03	CHRISTINA R. AND RICARDO O. MORALES 61 PROSPECT LANE, PORTSMOUTH, RI, 02871	$100.00	

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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1 Total pages this Schedule A1: 3

2 FILER NAME: VIVIAN ROJAS

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)
4/14/03	J. W. WOLSLAGER, JR. 11013 GARY PLAYER, EL PASO, TX 79935	$1,000.00	

9 Principal occupation (Optional)	10 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)
4/14/03	LISA AND ROBERT M. CANDELARIA 11141 LEO COLLINS, EL PASO, TX 79936	$100.00	

Principal occupation (Optional)	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)
4/16/03	TREPAC/TEXAS ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE P.O. BOX 1986, AUSTIN, TX 78767-1986	$250.00	

Principal occupation (Optional)	Employer (Optional)
POLITICAL ACTION COMMITTEE	N/A

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)
4/21/03	ROBERT C. SCHULZ 1421 VANDERBILT, EL PASO, TX 79935-4808	$1,000.00	

Principal occupation (Optional)	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)
4/21/03	LT. COL. ENRIQUE HERNANDEZ 1960 SEPTIEMBRE DR. EL PASO, TX 79935	$25.00	

Principal occupation (Optional)	Employer (Optional)

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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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1 Total pages this Schedule A1: 3

2 FILER NAME: VIVIAN ROJAS

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)
4/21/03	H.K. (KENT) SUMMERFORD P.O. BOX 960037, EL PASO, TX 79996	$250.00	

9 Principal occupation (Optional)	10 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)
4/21/03	ALMA V. SALINAS 11290 ENID WILSON LN., EL PASO, TX 79936-4600	$250.00	

Principal occupation (Optional)	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)

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)

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)

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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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/27/03	THE HOME DEPOT 11360 ROJAS DR., EL PASO, TX 79936	$18.91

8 Purpose of payment (See instructions regarding type of information required.) TO PURCHASE 1,000 PLASTIC TIES TO TIE DOWN SIGNS

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 ($)
3/28/03	THE HOME DEPOT 11360 ROJAS DR., EL PASO, TX 79936	$98.00

Purpose of payment (See instructions regarding type of information required.) TO PURCHASE 100 STAKES, 4 HAMMERS AND NAILS FOR SIGNS

•• 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 ($)
3/29/03	DAVID'S PENNANTS AND BANNERS 9911 CARNEGIE, EL PASO, TX, 79925	$947.19

Purpose of payment (See instructions regarding type of information required.) TO PURCHASE TWO HUNDRED AND FIFTY SIGNS

•• 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 ($)
4/15/03	GAIL L. MORTIMER P.O. BOX 335, SANDWICH, MASSACHUSETTS, 02 563-0335	$67.50

Purpose of payment (See instructions regarding type of information required.) EDITING / PROOFREADING

•• 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

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 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/03	PDX PRINTING 100 PORFIRIO DIAZ, EL PASO, TX 79902	$735.11

8 Purpose of payment (See instructions regarding type of information required.) PRINTING OF 5,500 PIECES OF CAMPAIGN LITERATURE

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 ($)
4/23/03	DAVID'S PENNANTS AND BANNERS 9911 CARNEGIE, EL PASO, TX 79925	$224.08

Purpose of payment (See instructions regarding type of information required.) PURCHASE THREE BANNERS

•• 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

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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