

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:

2003
 MAY 27 PM 3
 CITY CLERK DEPARTMENT

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICER USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

Receipt #

Amount

Date Processed

Date Imaged

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
4 / 24 / 2003 THROUGH 5 / 21 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
5 / 31 / 03

11 OFFICE

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)
NONE **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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

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)

\$ 3,825.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6,598.73

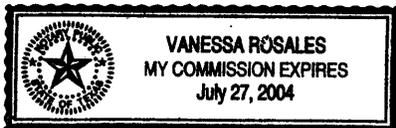
OUTSTANDING LOAN TOTALS

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

\$ 1,700.00

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 27th day of May, 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

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:

4

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24/03

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

DAVID ESCOBAR

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8811 Alameda Ave., El Paso, TX 79907

9 Principal occupation (Optional)

ATTORNEY

10 Employer (Optional)

SELF-EMPLOYED

Date

4/29/03

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

CALVIN K. AND GERALDINE KESSLER

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9756 EASTRIDGE, EL PASO, TX 79925

Principal occupation (Optional)

Employer (Optional)

Date

5/05/03

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

JOHNNY AND MARISELA HINOJOS

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

255 CHANTICLEER PL., EL PASO, TX 79915

Principal occupation (Optional)

BUSINESS OWNER

Employer (Optional)

SELF-EMPLOYED

Date

5/07/03

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

C.F. JORDAN III

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1940 NORTH WESTERN DR., EL PASO, TX 79912

Principal occupation (Optional)

BUSINESS OWNER

Employer (Optional)

SELF-EMPLOYED

Date

5/17/03

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

DAPHNE HAMILTON

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9801 EASTRIDGE DR., EL PASO, TX 79925

Principal occupation (Optional)

REALTOR

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: **4**

2 FILER NAME **VIUVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/17/03

5 Full name of contributor out-of-state PAC (ID#: _____)
CELIA C. YARBROUGH

7 Amount of contribution (\$) **50.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
27 HALFMoon DR., EL PASO, TX 79915

9 Principal occupation (Optional) **SCHOOL NURSE**

10 Employer (Optional) **YSLETA INDEPENDENT SCHOOL DISTRICT**

Date
5/17/03

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

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2308 S. JOYCE ST., ARLINGTON, VA 22202

Principal occupation (Optional) **ENGINEER**

Employer (Optional)

Date
5/17/03

Full name of contributor out-of-state PAC (ID#: _____)
ANTHONY B. AND ELLEN DUNCAN

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10732 ALTA LOMA, EL PASO, TX 79935

Principal occupation (Optional) **RESTAURANTER**

Employer (Optional) **SELF-EMPLOYED**

Date
5/17/03

Full name of contributor out-of-state PAC (ID#: _____)
JOBE POLITICAL ACTION COMMITTEE (JOBE-PAC)

Amount of contribution (\$) **1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
#1 WCKELLIGAN CANYON RD., EL PASO, TX 79930

Principal occupation (Optional) **A General Purpose Committee**

Employer (Optional) **N/A**

Date
5/17/03

Full name of contributor out-of-state PAC (ID#: _____)
(DELGADO, ACOSTA, SPENCER, LINDBARGER, HEARD, AND PEREZ L.L.P.) CARMEN PEREZ

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
215 N. STANTON 2 ND FLOOR, EL PASO, TX 79901

Principal occupation (Optional) **ATTORNEY**

Employer (Optional) **LAW FIRM**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: **4**

2 FILER NAME **VIVIAN ROJAS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/17/03

5 Full name of contributor out-of-state PAC (ID#: _____)
W.L. AND GAYLE G. HUNT

7 Amount of contribution (\$) **500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
P.O. BOX 12220, EL PASO, TX 79913

9 Principal occupation (Optional) **BUSINESS OWNER**

10 Employer (Optional) **SELF-EMPLOYED**

Date
5/17/03

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

Amount of contribution (\$) **150.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7570 Alameda, El Paso, TX 79915

Principal occupation (Optional) **SOLE PROPRIETER**

Employer (Optional) **SELF-EMPLOYED**

Date
5/17/03

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

Amount of contribution (\$) **200.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3015 WHEELING AVE., EL PASO, TX 79930

Principal occupation (Optional) **ATTORNEY**

Employer (Optional) **SELF-EMPLOYED**

Date
5/17/03

Full name of contributor out-of-state PAC (ID#: _____)
MICHAEL E. BREITINGER

Amount of contribution (\$) **25.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10109 BUCKWOOD AVE., EL PASO, TX 79925

Principal occupation (Optional)

Employer (Optional)

Date
5/20/03

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

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
807 S. EL PASO, EL PASO, TX 79901 ST.

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)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4	
2 FILER NAME VIVIAN ROJAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE SALOM	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 807 S. EL PASO, EL PASO, TX 79901 ST.			
9 Principal occupation (Optional) BUSINESS OWNER		10 Employer (Optional) SELF-EMPLOYED	
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)
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)
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)
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)
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ N/A

5 Date of loan
5/20/03

7 Name of lender out-of-state PAC (ID#: _____)
VIVIAN ROJAS

9 Loan Amount (\$)
\$1,700.⁰⁰

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
7861 JERSEY ST., EL PASO, TX, 79915

10 Interest rate
N/A

11 Maturity date
12/31/2003

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:
3

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

4 Date 4/24/03	5 Payee name H&H DINERO TREE, INC.	7 Amount (\$)
	6 Payee address; City; State; Zip Code 9020 MAYFLOWER AVE., EL PASO, TX 79925	1,043.80

8 Purpose of payment (See instructions regarding type of information required.) MAILING OF CAMPAIGN LETTER	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 4/29/03	Payee name ONE STOP PRINT SHOP	Amount (\$)
	Payee address; City; State; Zip Code 7800 N. LOOP, EL PASO, TX 79915	100.00

Purpose of payment (See instructions regarding type of information required.) FLIERS	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 4/30/03	Payee name ONE STOP PRINT SHOP	Amount (\$)
	Payee address; City; State; Zip Code 7800 N. LOOP, EL PASO, TX 79915	104.59

Purpose of payment (See instructions regarding type of information required.) FLIERS	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 4/30/03	Payee name DIGITAL EDGE SIGN DESIGN	Amount (\$)
	Payee address; City; State; Zip Code 9300 CARNEGIE, SUITE H, EL PASO, TX 79925	125.00

Purpose of payment (See instructions regarding type of information required.) DOWN PAYMENT FOR T-SHIRTS	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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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: 3
2 FILER NAME VIVIAN ROJAS		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/02/03	5 Payee name DIGITAL EDGE SIGN DESIGN 6 Payee address; City; State; Zip Code 9300 CARNEGIE, SUITE H, EL PASO, TX 79925	7 Amount (\$) 118.75
8 Purpose of payment (See instructions regarding type of information required.) FINAL PAYMENT FOR T-SHIRTS		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/02/03	Payee name DAVID'S PENNANTS AND BANNERS Payee address; City; State; Zip Code 9911 CARNEGIE, EL PASO, TX 79925	Amount (\$) 297.69
Purpose of payment (See instructions regarding type of information required.) SIGNS		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/07/03	Payee name THE HOME DEPOT Payee address; City; State; Zip Code 11360 ROJAS DR., EL PASO, TX 79936	Amount (\$) 36.65
Purpose of payment (See instructions regarding type of information required.) WIRE, PLASTIC TIES, STAKES		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/14/03	Payee name PDX PRINTING Payee address; City; State; Zip Code 100 PORFIRIO DIAZ, EL PASO, TX 79902	Amount (\$) 602.87
Purpose of payment (See instructions regarding type of information required.) PRINTING OF CAMPAIGN LETTER		.. 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: 3
2 FILER NAME VIVIAN ROJAS		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/16/03	5 Payee name H+H DINERO TREE, INC.	7 Amount (\$) 773.78
6 Payee address; City; State; Zip Code 9020 MAYFLOWER AVE., EL PASO, TX 79925-1326		
8 Purpose of payment (See instructions regarding type of information required.) MAILING OF CAMPAIGN LETTER		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/19/03	Payee name TERESA MONTOYA COMMUNICATIONS	Amount (\$) 3,395.60
Payee address; City; State; Zip Code 671 SIMESA HILLS, SUITE 3, EL PASO, TX 79912		
Purpose of payment (See instructions regarding type of information required.) RADIO ADVERTISEMENTS		.. 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

VIVIAN ROJAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/20/03

5 Payee name

TERESA MONTOYA COMMUNICATIONS

6 Payee address; City; State; Zip Code

671 S. MESA HILLS, SUITE 3, EL PASO, TX
79912

8 Amount (\$)

1,700.00

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

PAY FOR HALF OF THE RADIO AD'S COST

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED