

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

REGINA B. ARDITI

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

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

\$ 915.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3350.00

EXPENDITURE TOTALS

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

\$ 217.80

4. TOTAL POLITICAL EXPENDITURES

\$ 5453.88

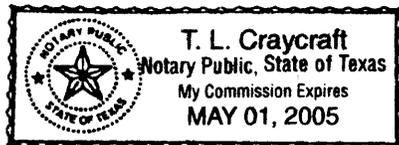
OUTSTANDING LOAN TOTALS

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

\$

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.



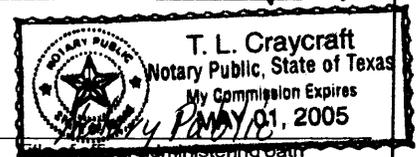
Regina Arditi
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said REGINA ARDITI, this the 2nd day of MAY, 20 03, to certify which, witness my hand and seal of office.

T. L. Craycraft
Signature of officer administering oath

T. L. Craycraft
Printed name 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: **6**

2 FILER NAME **REGINA B. ARDITI** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANATASHA R VANCE	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3120 PIEDMONT DR EL PASO, TX 79902			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 3/4/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY B WEISER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 521 TEXAS AVE EL PASO, TX 79901			

Principal occupation (Optional) Employer (Optional)

Date 3/4/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR A. ABRAHAM	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1216 MONTANA AVE EL PASO, TX 79902			

Principal occupation (Optional) Employer (Optional)

Date 3/4/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES F SCHERR	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 N OREGON 800 EL PASO, TX 79901			

Principal occupation (Optional) Employer (Optional)

Date 3/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVELINA ORTEGA	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 CINCINNATI EL PASO, TX 79902			

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 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 FILER NAME **REGINA B. ARDITTI** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/8/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZA B. SAN ROMAN	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 304 SANTA TERESA JNM 88008			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 3/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. TODD SOUTHERN	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3921 MONTANA EL PASO, TX 79903			

Principal occupation (Optional) Employer (Optional)

Date 3/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR J. COPELAND JR.	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 RED SAILS DR EL PASO, TX 79936			

Principal occupation (Optional) Employer (Optional)

Date 3/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRE KARAM	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 821 N. MESA EL PASO, TX 79902			

Principal occupation (Optional) Employer (Optional)

Date 3/8/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN KARAM	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 821 N. MESA EL PASO, TX 79902			

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
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SC-SPAC, SPAC, & SPAC-SS)

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

2 FILER NAME **REGINA B. ARDITI** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/8/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELICA J. BARILL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 220 BLACKER AVE EL PASO, TX 79902			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 3/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATALIA CHAMBERS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 FLEETWOOD DR. EL PASO, TX 79932-2404			

Principal occupation (Optional) Employer (Optional)

Date 3/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT W. TINNELL	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1108 N. CAMPBELL ST. EL PASO, TX 79902			

Principal occupation (Optional) Employer (Optional)

Date 3/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN WILLIAMS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1119 E. SAN ANTONIO EL PASO, TX 79903			

Principal occupation (Optional) Employer (Optional)

Date 3/6/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTOR SALAS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 541 MAGOFFIN AVE EL PASO, TX 79901			

Principal occupation (Optional) Employer (Optional)

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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

REGINA B. ARDITTI

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/8/03

5 Full name of contributor

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

MELVIN POTTER STRAUS

6 Contributor address; City; State; Zip Code

1133 BALTIMORE
EL PASO, TX 79902

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/5/03

Full name of contributor

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

RUDOLPH MILES

Contributor address; City; State; Zip Code

3905 FLAMINGO
EL PASO, TX 79902

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/7/03

Full name of contributor

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

ALFONSO PEREZ

Contributor address; City; State; Zip Code

10562 TOMWOOD AVE.
EL PASO, TX 79925

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/8/03

Full name of contributor

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

MIGUEL ANDRADE JR

Contributor address; City; State; Zip Code

562 ROSINANTE RD.
EL PASO, TX 79922-2226

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/8/03

Full name of contributor

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

ENRIQUE PENA

Contributor address; City; State; Zip Code

1444 MONTANA AVE STE 205
EL PASO, TX 79902

Amount of contribution (\$)

\$100.00

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 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 FILER NAME

REGINA B. ARDITI

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/8/03

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

RICHARD L. BISCHOFF

6 Contributor address; City; State; Zip Code

P.O. BOX 5325
EL PASO, TX 79954

7 Amount of contribution (\$)

\$ 150.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/7/03

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

LARRY M. MEDINA

Contributor address; City; State; Zip Code

P.O. BOX 971454
EL PASO, TX 79997

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/7/03

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

DANIEL ROBLEDO

Contributor address; City; State; Zip Code

3100 E. YANDELL DR.
EL PASO, TX 79903

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/14/03

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

ENRIQUE MORENO

Contributor address; City; State; Zip Code

701 MAGOFFIN
EL PASO, TX 79901

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

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

CATHERINE E. MAGNI

Contributor address; City; State; Zip Code

2930 MEMPHIS AVE
EL PASO, TX 79930

Amount of contribution (\$)

\$ 100.00

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 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 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

REGINA B. ARDITTI

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/18/03	ENRIQUE RAMIREZ	\$ 100.00	
	6 Contributor address; City; State; Zip Code		
	1006 MABOFFIN EL PASO, TX 79901-1522		

9 Principal occupation (Optional) **10** Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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
REGINA B. ARDITI

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/28/03

5 Payee name
PHI ALPHA DELTA
6 Payee address; City; State; Zip Code
**500 W UNIVERSITY AVENUE
EL PASO, TX 79902**

7 Amount (\$)
\$ 80.00

8 Purpose of payment (See instructions regarding type of information required.)
Dinner and contribution for campaign purposes.

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

Date
4/2/03

Payee name
KEEP EL PASO BEAUTIFUL
Payee address; City; State; Zip Code
**201 E MAIN DR
EL PASO TX 79901**

Amount (\$)
\$ 100.00

Purpose of payment (See instructions regarding type of information required.)
Contribution as sponsor for campaign purposes.

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

Date
5/1/03

Payee name
REGINA B. ARDITI
Payee address; City; State; Zip Code
**3120 PIEDMONT DR
EL PASO, TX 79902**

Amount (\$)
\$ 2636.99

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT FOR CAMPAIGN EXPENDITURES.

**** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral <input type="checkbox"/> none
--

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
--	--	----------------------------------

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none
--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	--	------------------------

Principal Occupation	Employer
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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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 10
2 FILER NAME REGINA B. ARDITTI		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/17/03	5 Payee name CITY OF EL PASO	8 Amount (\$) \$ 250.00
	6 Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Filing fees for campaign purposes.	
Date 3/1/03	Payee name SAL BELTERAN	Amount (\$) \$ 76.12
	Payee address; City; State; Zip Code 1604 COPIA EL PASO, TX 79903	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Pictures for campaign purposes.	
Date 3/7/03	Payee name SAM'S	Amount (\$) \$ 68.35
	Payee address; City; State; Zip Code 7970 N. MESA EL PASO TX 79932	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies and food for campaign fundraiser.	
Date 3/7/03	Payee name BAT SCREENING PRINTING SERVICES	Amount (\$) \$ 243.00
	Payee address; City; State; Zip Code 7358 ALAMEDA SPACE 4 EL PASO, TX 79935	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign signs.	
Date 3/8/03	Payee name MARIA ESTHER AND THE ZMAN BAND	Amount (\$) \$ 250.00
	Payee address; City; State; Zip Code 2315 WHEELING AVE EL PASO, TX 79930	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Entertainment for campaign fundraiser.	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business 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

Business name

Amount (\$)

Business 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

Business name

Amount (\$)

Business 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:

2 FILER NAME

REGINA B. ARDITI

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

3/26/03

REACH FOR THE STARS

6 Payee address; City; State; Zip Code

2219 KING JAMES PLACE
EL PASO, TX 79903

\$ 75.00

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

Contribution for campaign purposes.

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/23/03

CAFE CENTRAL

Payee address; City; State; Zip Code

109 N. OREGON
EL PASO, TX 79901

\$ 100.00

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

Contribution and dinner for campaign purposes

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2/26/03

OFFICE DEPOT

Payee address; City; State; Zip Code

801 SUNLAND SPACE B
EL PASO, TX 79912

\$ 50.81

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

Supplies for campaign purposes.

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2/28/03

UNITED STATES POSTAL SERVICE

Payee address; City; State; Zip Code

DOWNTOWN STATION
EL PASO, TX 79901

\$ 230.00

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

Postage for campaign mail out.

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2/28/03

OFFICE DEPOT

Payee address; City; State; Zip Code

801 SUNLAND SPACE B
EL PASO, TX 79912

\$ 133.01

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

Supplies for campaign purposes.

Reimbursement from political contributions intended

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:

2 FILER NAME

REGINA B ARDINI

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 3/8/03</p>	<p>5 Payee name ALBERTSONS</p> <p>6 Payee address; City; State; Zip Code 3100 MESA EL PASO, TX 79902</p>	<p>8 Amount (\$) \$149.90</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 3/8/03</p>	<p>Payee name CASA VIEJA</p> <p>Payee address; City; State; Zip Code 1501 VANDERBILT EL PASO, TX 79902</p>	<p>Amount (\$) \$360.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 2/26/03</p>	<p>Payee name PHILLIPS 66</p> <p>Payee address; City; State; Zip Code 9497 Dyer St El Paso, TX 79924</p>	<p>Amount (\$) \$25.01</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 2/26/03</p>	<p>Payee name SAMS GAS STATION</p> <p>Payee address; City; State; Zip Code 7976 N Mesa St El Paso, TX 79932</p>	<p>Amount (\$) \$28.51</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 2/28/03</p>	<p>Payee name OFFICE DEPOT</p> <p>Payee address; City; State; Zip Code 801 Sunland park B El Paso, TX 79912</p>	<p>Amount (\$) \$5.95</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

7 Purpose of expenditure (See instructions regarding type of information required.)
Food for campaign fundraiser

Purpose of expenditure (See instructions regarding type of information required.)
food and venue for campaign fundraiser.

Purpose of expenditure (See instructions regarding type of information required.)
Gas for campaign vehicle and travel.

Purpose of expenditure (See instructions regarding type of information required.)
Gas for second campaign vehicle travel.

Purpose of expenditure (See instructions regarding type of information required.)
Supplies for campaign purposes.

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:

2 FILER NAME **REGINA B. ARDITTI** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2/28/03	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 801 Sunland Park DR B EL PASO TX 79912	8 Amount (\$) \$ 2.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES.		

Date 3/02/03	Payee name JAXONS RESTAURANT Payee address; City; State; Zip Code 1135 AIRWAY EL PASO TX 79925	Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING FOR CAMPAIGN PURPOSES.		

Date 3/02/03	Payee name KINKO'S Payee address; City; State; Zip Code 4190 N. MESA EL PASO TX 79902	Amount (\$) \$ 2.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN PURPOSES		

Date 3/02/03	Payee name ANDRES PIZZA Payee address; City; State; Zip Code 3233 MESA ST EL PASO TX 79902	Amount (\$) \$ 22.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) LNCH FOR CAMPAIGN VOLUNTEERS.		

Date 3/03/03	Payee name ALBERSONS Payee address; City; State; Zip Code 3100 MESA EL PASO TX 79902	Amount (\$) \$ 10.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES.		

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

REGINA B. ARDITI

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/05/03	5 Payee name PHILIPS 66	8 Amount (\$) \$ 25.01
	6 Payee address; City; State; Zip Code 2200 N MESA EL PASO TX 79902	
7 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN VEHICLE.		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/06/03	Payee name POSTAL ANNEX	Amount (\$) \$ 40.00
	Payee address; City; State; Zip Code 3233 N. MESA # 212 EL PASO TX 79912	
Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/06/03	Payee name OFFICE DEPOT	Amount (\$) \$ 12.99
	Payee address; City; State; Zip Code 801 SUNLAND B EL PASO TX 79912	
Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/08/03	Payee name GOLDEN BONDHA	Amount (\$) \$ 20.00
	Payee address; City; State; Zip Code 2606 N. MESA EL PASO TX 79902	
Purpose of expenditure (See instructions regarding type of information required.) LUNCH FOR CAMPAIGN VOLUNTEERS		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/07/03	Payee name PHILIPS 66	Amount (\$) \$ 29.05
	Payee address; City; State; Zip Code 2200 N MESA EL PASO TX 79902	
Purpose of expenditure (See instructions regarding type of information required.) GAS FOR SECOND CAMPAIGN VEHICLE		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

REGINA B. ARDITI

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/10/03	5 Payee name KINKOS	8 Amount (\$) \$ 7.53
	6 Payee address; City; State; Zip Code 4190 MESA EL PASO, TX 79902	
7 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN PURPOSES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/10/03	Payee name PHILLIPS 66	Amount (\$) \$ 25.54
	Payee address; City; State; Zip Code 2200 N. MESA EL PASO, TX 79902	
Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN VEHICLE.		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/14/03	Payee name SAM'S GAS STATION	Amount (\$) \$ 23.75
	Payee address; City; State; Zip Code 7970 N. MESA EL PASO, TX 79932	
Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN VEHICLE		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/23/03	Payee name CASA VIEJA	Amount (\$) \$ 40.00
	Payee address; City; State; Zip Code 1501 VANDELL EL PASO, TX 79902	
Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING FOR CAMPAIGN PURPOSES.		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/24/03	Payee name JAXON'S RESTAURANT	Amount (\$) \$ 14.00
	Payee address; City; State; Zip Code 1135 AIRWAY EL PASO, TX 79925	
Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING FOR CAMPAIGN PURPOSES.		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME REGINA B. ARDITI		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/29/03	5 Payee name SU CASA RESTAURANT 6 Payee address; City; State; Zip Code 2030 E. XANDELL EL PASO, TX 79903 7 Purpose of expenditure (See instructions regarding type of information required.) MEETING FOR CAMPAIGN PURPOSES.	8 Amount (\$) \$ 14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/1/03	Payee name DEL. PUEBLO PRESS Payee address; City; State; Zip Code P.O. BOX 290498 EL PASO, TX 79927 Purpose of expenditure (See instructions regarding type of information required.) PRINTING OF CAMPAIGN INVITATIONS.	Amount (\$) \$ 43.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/2/03	Payee name WALGREENS Payee address; City; State; Zip Code 2800 N MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES.	Amount (\$) \$ 30.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/7/03	Payee name CITY OF EL PASO Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901 Purpose of expenditure (See instructions regarding type of information required.) PERMIT FOR CAMPAIGN PURPOSES.	Amount (\$) \$ 15.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/7/03	Payee name H. + H. CAR WASH Payee address; City; State; Zip Code DOWNTOWN EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) WASH FOR CAMPAIGN CAR.	Amount (\$) \$ 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME REGINA B. ARDITI		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/8/03	5 Payee name PATRICIA A RAGON 6 Payee address; City; State; Zip Code 316 STEWART ST EL PASO, TX 79915 7 Purpose of expenditure (See instructions regarding type of information required.) FOOD FOR CAMPAIGN FUNDRAISER.	8 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/11/03	Payee name EL PASO BAR ASSOCIATION Payee address; City; State; Zip Code 500 E SAN ANTONIO (L115) EL PASO, TX 79901 Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING FOR CAMPAIGN PURPOSES.	Amount (\$) \$13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/3/03	Payee name PHILLIPS 66 Payee address; City; State; Zip Code 2200 MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES.	Amount (\$) \$20.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/11/03	Payee name PHILLIPS 66 Payee address; City; State; Zip Code 2200 N. MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES.	Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/26/03	Payee name PHILLIPS 66 Payee address; City; State; Zip Code 2200 N MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES	Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME REGINA B. ARDUTI		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/19/03	5 Payee name PHILIPS 66 6 Payee address; City; State; Zip Code 2206 MESA EL PASO, TX 79902 7 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES	8 Amount (\$) \$ 22.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/31/03	Payee name 7-11 Payee address; City; State; Zip Code 6680 MONTANA EL PASO, TX 79925 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES	Amount (\$) \$ 24.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/24/03	Payee name KINKO'S Payee address; City; State; Zip Code 4190 N. MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN PURPOSES.	Amount (\$) \$ 2.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/3/03	Payee name KINKO'S Payee address; City; State; Zip Code 4190 N. MESA EL PASO, TX 79902 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN PURPOSES	Amount (\$) \$.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/21/03	Payee name ZETTE SU Payee address; City; State; Zip Code 5360 N. MESA STE. B EL PASO, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN PURPOSES.	Amount (\$) \$.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

2 FILER NAME **REGINA ARDITI** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29/03	5 Payee name MAIL BOXES ECT 6 Payee address; City; State; Zip Code 2626 N MESA ST EL PASO, TX 79902 7 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES FOR CAMPAIGN PURPOSES	8 Amount (\$) \$ 20.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 4/13/03	Payee name DIAMOND SHAMROCK Payee address; City; State; Zip Code 7660 N. MESA EL PASO, TX 79912 Purpose of expenditure (See instructions regarding type of information required.) GAS FOR CAMPAIGN PURPOSES	Amount (\$) \$ 32.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

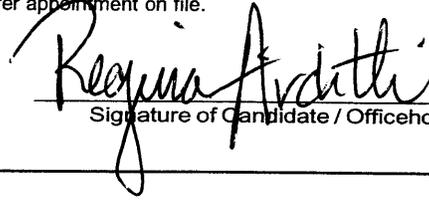
1 C/OH NAME

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.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

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.

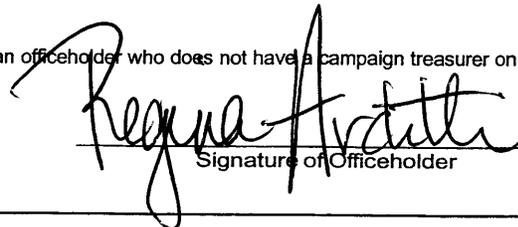
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must 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.



Signature of Officeholder