

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOSEPH D. WARDY JR.

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

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)

\$ 133,639.99

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

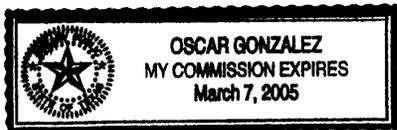
\$ 77,558.59

OUTSTANDING LOAN TOTALS

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

\$ 1,000.00

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.

Joseph D. Wardy Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOSEPH D. WARDY JR., this the 31ST day of MARCH, 20 03, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

OSCAR GONZALEZ
Printed name of officer administering oath

CONSULTANT
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****CITY CLERK DEPARTMENT****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)**2003 APR 1 PM 10 07**

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/08/03	5 Full name of contributor JACK K. SIMMONS	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 6437 LOS ROBLES EL PASO TX 79912			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/09/03	Full name of contributor MICHAEL M. MILES	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 780 GOMEZ RD. EL PASO TX 79932			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/09/03	Full name of contributor MLC PARTNERS LP	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 780 GOMEZ RD EL PASO TX 79932			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/09/03	Full name of contributor GEORGE E. SALOM	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 807 SOUTH EL PASO ST. EL PASO TX 79901			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/15/03	Full name of contributor HUGHES S. BUTTERWORTH, JR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 301 E. YANDELL EI PASO TX 79902			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/15/03	Full name of contributor RUSSELL A. VANDENBURG	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5594 WESTSIDE DR EL PASO TX 79932			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/15/03	5 Full name of contributor JAN WESTBROOK 6 Contributor address City, State, Zip Code 4765 RIVER CREEK PL EL PASO TX 79922	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/15/03	Full name of contributor MITZI TURNER SHANNON Contributor address City, State, Zip Code 7349 WINDSONG DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/15/03	Full name of contributor JACK CHAPMAN Contributor address City, State, Zip Code 221 N. KANSAS #1910 EL PASO TX 79901	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/15/03	Full name of contributor AIMMD INVESTMENTS, L.P. Contributor address City, State, Zip Code 5653 BUCKLEY DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/15/03	Full name of contributor DANIEL A. MILES Contributor address City, State, Zip Code 924 CHERRY HILLS LN. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor ROBERT H. HOY, JR. Contributor address City, State, Zip Code 1122 AIRWAY BLVD. EL PASO TX 79925	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/16/03	5 Full name of contributor STEVE FOX 6 Contributor address City, State, Zip Code 1122 AIRWAY BLVD EL PASO TX 79925	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/16/03	Full name of contributor STEVEN M. HOY Contributor address City, State, Zip Code 700 CINCINNATI EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor HALFON C. INTEBI Contributor address City, State, Zip Code 1111 WHITAKER EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor STEVE LAUTERBACH Contributor address City, State, Zip Code 712 YORKSHIRE CT. EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor JAMIE R. VELASCO Contributor address City, State, Zip Code 648 WILD WILLOW DR. EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor ROBERT M. LYONS Contributor address City, State, Zip Code 1625 BILLY CASPER DR. EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/16/03	5 Full name of contributor RACHELLE NEDOW 6 Contributor address City, State, Zip Code 1091 LOS JARDINES EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/16/03	Full name of contributor CLEMENT MARCUS Contributor address City, State, Zip Code 824 DULCINEA COURT EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor LARRY EATON Contributor address City, State, Zip Code 1747 LARRY HINSON PL EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor MEYER MARCUS Contributor address City, State, Zip Code 6500 MONTANA EL PASO TX 79925	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor CECILIA O. FIGUEROA Contributor address City, State, Zip Code 12516 SUN EMPRESS EL PASO TX 79938	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor JOHN D. FITZHUGH Contributor address City, State, Zip Code 10909 LAKEWOOD EL PASO TX 79935	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/16/03	5 Full name of contributor ROBERT AYOUB 6 Contributor address City, State, Zip Code 624 COEUR DALENE CIR EL PASO TX 79922	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 01/16/03	Full name of contributor RICHARD ROTWEIN Contributor address City, State, Zip Code 712 LA MANCHA CT. EL PASO TX 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/16/03	Full name of contributor RAMON RUIZ Contributor address City, State, Zip Code 12101 STONE GATE EL PASO TX 79936	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/16/03	Full name of contributor SIDNEY SCHLUSSELBERG Contributor address City, State, Zip Code 929 CHERRY HILL LANE EL PASO TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/16/03	Full name of contributor HOWARD GOLDBERG Contributor address City, State, Zip Code 717 RIVER ELMS CT. EL PASO TX 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/16/03	Full name of contributor EDGER MILES Contributor address City, State, Zip Code 1209 CERRITO BONITO LN EL PASO TX 79912	Amount of contribution (\$) \$500.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/16/03	5 Full name of contributor YVONNE MILES	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 1209 CERRITO BONITO LN. EL PASO TX 79912			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/16/03	Full name of contributor J. & J. MORTGAGES L.P.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1209 CERRITO BONITO LN. EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor CLIFF EISENBERG	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1201 E. YANDELL EL PASO TX 79902			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor DAN WILLIAMS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 2908 WATER BANK COVE EL PASO TX 78746			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor HEROLD W. HAHN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 2244 TRAWOOD #100 EL PASO TX 79935			
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor TIMOTHY C. FOSTER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1790 LEE TREVINO #601 EL PASO TX 79936			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/16/03	5 Full name of contributor DOUGLAS A. SCHWARTZ	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code P.O. BOX 13611 EL PASO TX 79913				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/16/03	Full name of contributor SCOTT M. SCHWARTZ	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 619 CAMINO REAL EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/17/03	Full name of contributor GUILLERMO AVILA	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4935 AVILA LN EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/17/03	Full name of contributor ROBERT PERKINS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6513 EAGLE RIDGE DR. EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/18/03	Full name of contributor JAMES M. SPEER, JR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 300 E. MAIN EL PASO TX 79901				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/21/03	Full name of contributor ROBERT YETTER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6070 GATEWAY E. #501 EL PASO TX 79905				
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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE
01/21/03

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

MEREDITH WRIGHT

7 Amount of
contribution (\$)In-kind contribution
description (if applicable)

6 Contributor address City, State, Zip Code

10908 MALAGUENA LN

ALBUQUERQUE

NM

87111

\$500.00

9 Principal occupation (Optional)

10 Employer (Optional)

DATE
01/21/03

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

MICHELLE J. WRIGHT

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

611 FRONTERA

EL PASO

TX

79922

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
01/21/03

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

MICHELLE J. WRIGHT

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

611 FRONTERA

EL PASO

TX

79922

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
01/21/03

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

F.M. TRAVIS

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

10333 GROUSE #51

EL PASO

TX

79924

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
01/21/03

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

J.T. WRIGHT

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

1000 HAWKINS

EL PASO

TX

79915

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
01/24/03

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

RICHARD AZAR

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

2424 ALTURA

EL PASO

TX

79930

\$500.00

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)

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/24/03	5 Full name of contributor GEORGE DUSANG 6 Contributor address City, State, Zip Code 5705 BURNING TREE EL PASO TX 79912	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 01/24/03	Full name of contributor MORRIS MARCUS Contributor address City, State, Zip Code 6500 MONTANA EL PASO TX 79925	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/24/03	Full name of contributor LEE J. NADLER Contributor address City, State, Zip Code 304 S. STANTON EL PASO TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/24/03	Full name of contributor IRVIN NADLER Contributor address City, State, Zip Code 304 S. STANTON EL PASO TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/24/03	Full name of contributor JOE HANSON Contributor address City, State, Zip Code 1701 TOMMY AARON DR EL PASO TX 79936	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/27/03	Full name of contributor JAMES A. MARTINEZ Contributor address City, State, Zip Code 8704 WHITUS EL PASO TX 79925	Amount of contribution (\$) \$200.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/27/03	5 Full name of contributor KURT G. PAXSON	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code P.O. BOX 2450 EL PASO TX 79952				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 01/27/03	Full name of contributor MARK D. DORE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 704 LAKESHORE DR. EL PASO TX 79932				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/27/03	Full name of contributor KEITH MYERS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 833 FOREST WILLOW EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/27/03	Full name of contributor CARL GREEN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1205 RIM RD. PL. EL PASO TX 79902				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/27/03	Full name of contributor EL PASO SHERIFF'S OFFICERS ASSOC. PAC	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 747 E. SAN ANTONIO #103 EL PASO TX 79901				
Principal occupation (Optional)			Employer (Optional)	
DATE 01/28/03	Full name of contributor BRENT HARRIS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 855 BROADMOOR DR. EL PASO TX 79912				
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/28/03	5 Full name of contributor CHARLES CAVARETTA 6 Contributor address City, State, Zip Code 729 TWIN HILLS EL PASO TX 79912	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 01/28/03	Full name of contributor PATRICIA YETTER Contributor address City, State, Zip Code 17310 PONDEROSA PINES HOUSTON TX 77090	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/28/03	Full name of contributor PAUL YETTER Contributor address City, State, Zip Code 17310 PONDEROSA PINES HOUSTON TX 77090	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/28/03	Full name of contributor FRANK WULFF Contributor address City, State, Zip Code 4558 CROTON CIR EL PASO TX 79924	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/28/03	Full name of contributor CHARLES LYON Contributor address City, State, Zip Code P.O. BOX 1188 EL PASO TX 79947	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 01/28/03	Full name of contributor EDD FIFER Contributor address City, State, Zip Code 11113 LEO COLLINS EL PASO TX 79936	Amount of contribution (\$) \$500.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/28/03	5 Full name of contributor MARGARET FIFER	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 11113 LEO COLLINS EL PASO TX 79936				
9 Principal occupation (Optional)		10 Employer (Optional)		
DATE 01/29/03	Full name of contributor ANDRES D. SAUCEDO	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1100 EAST RIVER EL PASO TX 79902				
Principal occupation (Optional)		Employer (Optional)		
DATE 01/29/03	Full name of contributor HENRY KING	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 11286 WARBONNET EL PASO TX 79936				
Principal occupation (Optional)		Employer (Optional)		
DATE 01/29/03	Full name of contributor HOMER BOGGS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 5032 CAMINO ALEGRE EL PASO TX 79912				
Principal occupation (Optional)		Employer (Optional)		
DATE 01/29/03	Full name of contributor KEMP SMITH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 221 NORTH KANSAS #1700 EL PASO TX 79901				
Principal occupation (Optional)		Employer (Optional)		
DATE 01/29/03	Full name of contributor NORMAN GARNER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6277 CAMINO ALEGRE EL PASO TX 79912				
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/04/03	5 Full name of contributor J.W.ROGERS	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 701 RIM ROAD EL PASO TX 79902				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/04/03	Full name of contributor MARIA TERAN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 720 WILLOW GLEN EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor JOSEPH HANSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4487 N. MESA EL PASO TX 79902				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor JON T. HANSEN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1029 LOS JARDINES CIRCLE EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor CHARLES FOSTER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 540 CAMINO REAL EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor ROBERT F. FOSTER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1790 LEE TREVINO #601 EL PASO TX 79936				
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/04/03	5 Full name of contributor JOHNATHAN W. ROGERS	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 1600 DEDE LN. EL PASO TX 79902			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/04/03	Full name of contributor L. FREDERICK FRANCIS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. BOX 3739 EL PASO TX 79923			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor TOM G HUSSMANN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. BOX 1980 EL PASO TX 79950			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/04/03	Full name of contributor C.W. HURD, JR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6100 PINEHURST EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor RICHARD P. KIDNEY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6000 WELCH AVE. #15 EL PASO TX 79905			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor ROBERT SEIPEL	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 7220 ARMISTAD EL PASO TX 79912			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor MIKE DIPP, JR. 6 Contributor address City, State, Zip Code P.O. BOX 55 EL PASO TX 79940	7 Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 02/05/03	Full name of contributor DAVID THACKSTON Contributor address City, State, Zip Code 4717 HONDO PASS 3-B #121 EL PASO TX 79904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/05/03	Full name of contributor MARK HEDRICK Contributor address City, State, Zip Code 705 RIVER ELMS EL PASO TX 79922	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/05/03	Full name of contributor TERRY L. JOHNSON Contributor address City, State, Zip Code 1614 BILLY CASPER EL PASO TX 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/05/03	Full name of contributor JOSE ALEXANDRO LOZANO Contributor address City, State, Zip Code 7404 FRANKLIN DR. EL PASO TX 79915	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/05/03	Full name of contributor LARRY CRUPPER Contributor address City, State, Zip Code 5117 MEMORY DRIVE EL PASO TX 79932	Amount of contribution (\$) \$300.00	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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE

02/05/03

5 Full name of contributor

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

SCOTT A. MCLAUGHLIN

7 Amount of
contribution (\$)In-kind contribution
description (if applicable)

6 Contributor address City, State, Zip Code

1209 RIM ROAD PLACE

\$2,000.00

EL PASO

TX

79902

9 Principal occupation (Optional)

10 Employer (Optional)

DATE

02/05/03

Full name of contributor

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

BRUCE MEYER

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

813 FOREST WILLOW CIR.

\$250.00

EL PASO

TX

79922

Principal occupation (Optional)

Employer (Optional)

DATE

02/05/03

Full name of contributor

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

MARTHA Y. REYES

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

436 MOCKINGBIRD

\$250.00

EL PASO

TX

79907

Principal occupation (Optional)

Employer (Optional)

DATE

02/05/03

Full name of contributor

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

ART LOPEZ

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

2505 E. MISSOURI

\$500.00

EL PASO

TX

79903

Principal occupation (Optional)

Employer (Optional)

DATE

02/05/03

Full name of contributor

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

D. JAMES SORENSON

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

1602 SIGMA CHI N.E.

\$250.00

ALBUQUERQUE

NM

87106

Principal occupation (Optional)

Employer (Optional)

DATE

02/05/03

Full name of contributor

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

JOHN BIRKELBACH

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

P.O. BOX DRAWER 1977

\$250.00

EL PASO

TX

79950

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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor GERALD W. JOHNSON 6 Contributor address City, State, Zip Code 6100 VIA AVENTURA EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
4 DATE 02/05/03	Full name of contributor CECI MILES MULVIHILL Contributor address City, State, Zip Code 3933 FLAMINGO EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
4 DATE 02/05/03	Full name of contributor DEMITRIO JIMENEZ Contributor address City, State, Zip Code 6928 IMPERIAL RIDGE EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
4 DATE 02/05/03	Full name of contributor J.F. MOONEY Contributor address City, State, Zip Code 768 LAKE SHORE DR. EL PASO TX 79932	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
4 DATE 02/05/03	Full name of contributor MICHAEL HACKETT Contributor address City, State, Zip Code 524 COUNTRY OAKS EL PASO TX 79932	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
4 DATE 02/05/03	Full name of contributor LUTHER JONES Contributor address City, State, Zip Code 303 TEXAS AVE. #701 EL PASO TX 799001	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor BOB BOWLING	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code P.O. BOX 4136 EL PASO TX 79914				
9 Principal occupation (Optional)		10 Employer (Optional)		
4 DATE 02/05/03	5 Full name of contributor ED SOTO	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 515 S. KANSAS EL PASO TX 79901				
Principal occupation (Optional)		Employer (Optional)		
4 DATE 02/05/03	Full name of contributor STEVE HELBING	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4760 PINE CREEK LANE EL PASO TX 79922				
Principal occupation (Optional)		Employer (Optional)		
4 DATE 02/05/03	Full name of contributor STEPHANIE CAVINESS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6008 ESCONDIDO DR. EL PASO TX 79912				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/05/03	Full name of contributor THOMAS M. MEECE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1201 CERRITO GRANDE EL PASO TX 79912				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/05/03	Full name of contributor ARTHUR HALL	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 420 GOLDEN SPRINGS EL PASO TX 79912				
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor C.F. JORDAN, III 6 Contributor address City, State, Zip Code 1940 NORTHWESTERN DR EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/05/03	Full name of contributor KARY BULSTERBAUM Contributor address City, State, Zip Code 136 STAR SPIRITS SANTA TERESA NM 88008	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor ALAN GOLDFARB Contributor address City, State, Zip Code 800 LA MANCHA EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor RONALD MUNDEN Contributor address City, State, Zip Code 1225 CERRITO ALEGRE LN. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor JASON T. CHAPMAN Contributor address City, State, Zip Code 221 N. KANSAS #1700 EL PASO TX 79901	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor JOY S. HELBING Contributor address City, State, Zip Code 4760 PINE CREEK LANE EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor KENNETH R. CARR 6 Contributor address City, State, Zip Code 867 VIA ALTA LN. EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/05/03	Full name of contributor F. S. FERNANDEZ Contributor address City, State, Zip Code 6101 PINEHURST DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor ROBERT BOWLING Contributor address City, State, Zip Code 6705 PEARL RIDGE EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor ANTHONY E. BERRETT Contributor address City, State, Zip Code 6532 GRAND RIDGE EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor STANLEY P. JOBE Contributor address City, State, Zip Code #1 MCKELLIGON CANYON RD. EL PASO TX 79930	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor MILTON C. COLIA Contributor address City, State, Zip Code 1700 WELLS FARGO BLDG. EL PASO TX 79901	out-of-state PAC (ID #: _____)	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor MRS. JIM PHILLIPS 6 Contributor address City, State, Zip Code 900 THUNDERBIRD EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/05/03	Full name of contributor JIM R. PHILLIPS Contributor address City, State, Zip Code 900 THUNDERBIRD EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor HAROLD A. ALLEN Contributor address City, State, Zip Code 713 WAKEFIELD EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor DONALD R. MARGO II Contributor address City, State, Zip Code P.O. BOX 981021 EL PASO TX 79998	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor DONALD A. MICHIE Contributor address City, State, Zip Code 545 WILLOW GLEN DR. EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor GREGORY B. BOWLING Contributor address City, State, Zip Code 7484 PLAZA REDONDA DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor JOSEPH H. BILBE	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 5394 CORY DR. EL PASO TX 79932				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/05/03	Full name of contributor JAMES M. SINGLETON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 700 PATIO FELIZ LANE EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor LINDA K. KIRBY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1205 RIM ROAD PL. EL PASO TX 79902				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor MARTI JOBE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 5588 WESTSIDE DRIVE EL PASO TX 79932				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor LEONARD A. GOODMAN III	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4911 MEADOWLARK EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor JOHN C. KARLSRUHER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 717 DULCE TIERRA DR. EL PASO TX 79912				
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/05/03	5 Full name of contributor RUDOLPH MILES, SR. 6 Contributor address City, State, Zip Code 3905 FLAMINGO EL PASO TX 79902	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/05/03	Full name of contributor LORRAINE HUIT Contributor address City, State, Zip Code 6421 LA POSTA EL PASO TX 79913	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor CHRIS A. PAUL Contributor address City, State, Zip Code 221 N. KANSAS #1700 EL PASO TX 79901	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/05/03	Full name of contributor SAL ROMO Contributor address City, State, Zip Code 3324 DURAZNO AVE. EL PASO TX 79905	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/10/03	Full name of contributor FREDERICK W. NELAN Contributor address City, State, Zip Code 760 RINCONADA EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/08/03	Full name of contributor MONICA ESCOBAR Contributor address City, State, Zip Code 8811 ALAMEDA AVE. EL PASO TX 79907	out-of-state PAC (ID #: _____)	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/10/03	5 Full name of contributor RICHARD J. AMSTATER	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 5000 MONTOYA EL PASO TX 7922			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/10/03	Full name of contributor LEO M. SCOTT	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5031 MONTOYA EL PASO TX 79922			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/10/03	Full name of contributor SOUTHWEST PAVING	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. BOX 371393 EL PASO TX 79937			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/10/03	Full name of contributor GARY CROSSLAND	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 2408 NATIONS EL PASO TX 79930			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/10/03	Full name of contributor WILLIAM CREECH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6284 CAMINO ALEGRE DR. EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/10/03	Full name of contributor IRVING J. BROWN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 200 BARTLETT DR. #105 EL PASO TX 79912			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/10/03	5 Full name of contributor WEST TEXAS AIRPORT 6 Contributor address City, State, Zip Code 1345 AIRCOUPE EL PASO TX 79928	7 Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 02/10/03	Full name of contributor GIANNI CATUCCI Contributor address City, State, Zip Code 713 LOS MIRADORES EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/10/03	Full name of contributor LISA CATUCCI Contributor address City, State, Zip Code 713 LOS MIRADORES EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/10/03	Full name of contributor AL FRANK CATUCCI Contributor address City, State, Zip Code 713 LOS MIRADORES EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/10/03	Full name of contributor FRANK FRANCESCA Contributor address City, State, Zip Code 713 LOS MIRADORES EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/11/03	Full name of contributor IRENE EPPERSON Contributor address City, State, Zip Code 825 LAKEWAY EL PASO TX 79932	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/11/03	5 Full name of contributor MARY ANN CONDITT	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 417 CRESTWOOD DR. DALLAS TX 76107				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/11/03	Full name of contributor MICHAEL D. MASON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 7008 DESERT CANYON EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor J. HEATH JACKSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 15319 TRAILS END DR. DALLAS TX 75248				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor TIM HICKS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 102 BARKLEY DR. DALLAS TX 75065				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor JOHN E. KLINKENBERG	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4304 BLISS AVE. EL PASO TX 79903				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor SAM KEIKKALA	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1441 MONTE NEGRO DR. EL PASO TX 79935				
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/11/03	5 Full name of contributor RALPH RICHARDS 6 Contributor address City, State, Zip Code P.O. BOX 137 FAIR ACRES NM 88033	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/11/03	Full name of contributor LEOPOLDO ESCOBAR Contributor address City, State, Zip Code 1308 RANCHO GRANDE EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor WILLIAM F. JOFFROY, JR. Contributor address City, State, Zip Code 2589 PASEO VISTA DR NOGALES AZ 85621	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor MATT M. BLAUGRUND Contributor address City, State, Zip Code 700 N. STANTON - 3RD FLOOR EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor CLAY LOWENFIELD Contributor address City, State, Zip Code 733 LAKE WAT DR. EL PASO TX 79932	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/11/03	Full name of contributor J. STEVE DEGROAT Contributor address City, State, Zip Code 712 CERVANTES COURT EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/17/03	5 Full name of contributor JOHN CULLERS 6 Contributor address City, State, Zip Code 7170 WESTWIND #101 EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/17/03	Full name of contributor A.R.MILLER III Contributor address City, State, Zip Code P.O. BOX 118 FABENS TX 79838	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/17/03	Full name of contributor FRANK WULFF Contributor address City, State, Zip Code 4558 CROTO+C1802N CIR EL PASO TX 79924	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/17/03	Full name of contributor MARC BERNAT Contributor address City, State, Zip Code 4695 N. MESA ST. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/17/03	Full name of contributor SEAN D. TAYLOR Contributor address City, State, Zip Code 11445 CEDAR OAK EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/17/03	Full name of contributor GABRIEL EKERY Contributor address City, State, Zip Code 652 COPPERFIELD LN. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/17/03	5 Full name of contributor ELSA TAYLOR 6 Contributor address City, State, Zip Code 1365 GATE PL. EL PASO TX 79936	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/17/03	Full name of contributor MARTHA BRABAEK TOVAR Contributor address City, State, Zip Code 377 LA MIRADA CIR. EL PASO TX 79932	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/19/03	Full name of contributor LARRY PINKSTON Contributor address City, State, Zip Code 5308 PRINCE EDWARD EL PASO TX 79924	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/19/03	Full name of contributor LEROY & HARVEY REX HUFFORD Contributor address City, State, Zip Code 11360 TOM ULOZAS EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/19/03	Full name of contributor DON DESHAZO Contributor address City, State, Zip Code P.O. BOX 12631 EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/19/03	Full name of contributor DR. TIMOTHY ROTH Contributor address City, State, Zip Code 6301 EL RISCO DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/19/03	5 Full name of contributor NATHAN CHRISTIAN	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code P.O. BOX 9293 RANCHO SNATA FE CA 92067				
9 Principal occupation (Optional)		10 Employer (Optional)		
DATE 02/19/03	Full name of contributor D. ALAN CALHOUN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code P.O. BOX 221276 EL PASO TX 79913				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/19/03	Full name of contributor GEORGE D. THOMAS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 12223 CHISHOLM PASS EL PASO TX 79936				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/19/03	Full name of contributor SALLY J. THOMAS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 12223 CHISHOLM PASS EL PASO TX 79936				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/19/03	Full name of contributor J.O. STEWART, JR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 7100 WESTWIND #210 EL PASO TX 79912				
Principal occupation (Optional)		Employer (Optional)		
DATE 02/19/03	Full name of contributor PETER FRAIRE, JR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 5449 SOLEDAD LN EL PASO TX 79932				
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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)**4 DATE**

02/20/03

5 Full name of contributor

CLARA MILES

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

Contributor address City, State, Zip Code

780 GOMEZ RD.

EL PASO

TX

79932

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

\$500.00

**In-kind contribution
description (if applicable)****9 Principal occupation (Optional)****10 Employer (Optional)****DATE**

02/20/03

Full name of contributor

DANIEL A. MILES

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

Contributor address City, State, Zip Code

5653 BUCKLEY DR.

EL PASO

TX

79912

**Amount of
contribution (\$)**

\$500.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****DATE**

02/20/03

Full name of contributor

BILL TERRELL

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

Contributor address City, State, Zip Code

34 CIELO VISTA

ANTHONY

NM

88021

**Amount of
contribution (\$)**

\$500.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****DATE**

02/20/03

Full name of contributor

APRIL TERRELL

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

Contributor address City, State, Zip Code

34 CIELO VISTA

ANTHONY

NM

88021

**Amount of
contribution (\$)**

\$500.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****DATE**

02/20/03

Full name of contributor

RANDY KUYKENDALL

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

Contributor address City, State, Zip Code

10225 BUCKWOOD

EL PASO

TX

79925

**Amount of
contribution (\$)**

\$500.00

**In-kind contribution
description (if applicable)****Principal occupation (Optional)****Employer (Optional)****DATE**

02/20/03

Full name of contributor

MARGO KUYKENDALL

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

Contributor address City, State, Zip Code

10225 BUCKWOOD

EL PASO

TX

79925

**Amount of
contribution (\$)**

\$500.00

**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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/20/03	5 Full name of contributor out-of-state PAC (ID #: _____) DR. ENRIQUE PONTE 6 Contributor address City, State, Zip Code 112 CAMINO PENASCO EL PASO TX 79912	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
02/20/03	DAPHNE HAMILTON Contributor address City, State, Zip Code 9801 Eastridge EL PASO TX 79925	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
02/20/03	LESLIE F. NOVICK Contributor address City, State, Zip Code 432 STOTTS AVE. EL PASO TX 79932	\$150.00	
Principal occupation (Optional)		Employer (Optional)	
02/20/03	NAJI HAJJAR Contributor address City, State, Zip Code 5974 SILVER SPRINGS EL PASO TX 79912	\$250.00	
Principal occupation (Optional)		Employer (Optional)	
02/20/03	J. KIRK ROBISON Contributor address City, State, Zip Code 4445 N. MESA #100 EL PASO TX 79902	\$500.00	
Principal occupation (Optional)		Employer (Optional)	
02/20/03	TRAVIS HUGHES Contributor address City, State, Zip Code 5733 CROMO DRIVE EL PASO TX 79912	\$500.00	
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)

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/20/03	5 Full name of contributor BRETT COLLINS PRESTON	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code P.O. BOX 1376 SANTA TERESA NM 88008				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/20/03	Full name of contributor MELANIE HARRIS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 855 BROADMOOR EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/20/03	Full name of contributor JAMES STEWART	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 2905 LAKE CHAMPLAIN ST. EL PASO TX 79936				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/20/03	Full name of contributor ALAN ABBOTT	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 10912 DON JANUARY EL PASO TX 79935				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/20/03	Full name of contributor ALL AMERICAN WOODWORKS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4623 ROSA AVE EL PASO TX 79905				
Principal occupation (Optional)			Employer (Optional)	
DATE 02/20/03	Full name of contributor YUSUF FARRAN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6737 MESA GRANDE EL PASO TX 79912				
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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/20/03	5 Full name of contributor DAVID LEMASTER	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 765 VIA MIRADA EL PASO TX 79922			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/20/03	Full name of contributor MITHOFF/BURTON PARTNERS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$650.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 4105 RIO BRAVO ST. EL PASO TX 79902			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/21/03	Full name of contributor MICHAEL D. PARIENTE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 3121 FEDERAL EL PASO TX 79930			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/21/03	Full name of contributor TAMARA SAVAGE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 417 CRESTWOOD DR. DALLAS TX 76107			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/21/03	Full name of contributor DANNY VICKERS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6364 LA POSTA EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 02/21/03	Full name of contributor MICHAEL FLORES	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. BOX 222086 EL PASO TX 79913			
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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE
02/21/035 Full name of contributor out-of-state PAC (ID #: _____)
BARRY CROMER7 Amount of
contribution (\$)In-kind contribution
description (if applicable)6 Contributor address City, State, Zip Code
3015 FLORENCE
EL PASO TX 79902

\$500.00

9 Principal occupation (Optional)

10 Employer (Optional)

DATE
02/22/03Full name of contributor out-of-state PAC (ID #: _____)
THOMAS GOODMANAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address City, State, Zip Code
5840 CORONADO RIDGE
EL PASO TX 79912

\$100.00

Principal occupation (Optional)

Employer (Optional)

DATE
02/22/03Full name of contributor out-of-state PAC (ID #: _____)
R.H. MILLIKENAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address City, State, Zip Code
2515 E. YANDELL
EL PASO TX 79903

\$100.00

Principal occupation (Optional)

Employer (Optional)

DATE
02/26/03Full name of contributor out-of-state PAC (ID #: _____)
RANDALL J. BOWINGAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address City, State, Zip Code
6453 CALLE VISTA DR.
EL PASO TX 79912

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
02/26/03Full name of contributor out-of-state PAC (ID #: _____)
RUDOLPH MILES, JR.Amount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address City, State, Zip Code
105 KITE
LAREDO TX 78041

\$500.00

Principal occupation (Optional)

Employer (Optional)

DATE
02/26/03Full name of contributor out-of-state PAC (ID #: _____)
ELSA MILESAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address City, State, Zip Code
105 KITE
LAREDO TX 78041

\$500.00

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)

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/26/03	5 Full name of contributor ROBERT W. MCCARTHY 6 Contributor address City, State, Zip Code 5108 PARIS AVE. EL PASO TX 79924	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 02/26/03	Full name of contributor MATTHEW KEATS Contributor address City, State, Zip Code 200 WEST SUNSET+A439 EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/26/03	Full name of contributor LEE M. CHAYES Contributor address City, State, Zip Code 845 ROSINANTE EL PASO TX 79922	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/26/03	Full name of contributor R. E. SKOV Contributor address City, State, Zip Code P.O. BOX 314 CLINT TX 79836	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/26/03	Full name of contributor W.D. SKOV Contributor address City, State, Zip Code P.O. BOX 314 CLINT TX 79836	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 02/26/03	Full name of contributor WILLIAM LOVELADY Contributor address City, State, Zip Code P.O. BOX 51 TORNILLO TX 79853	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE

02/26/03

5 Full name of contributor

G.B.SPENCE

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

6 Contributor address City, State, Zip Code

P.O. BOX 553

FABENS

TX

79838

7 Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

DATE

02/26/03

Full name of contributor

LESLIE WELCH

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

Contributor address City, State, Zip Code

1020 MESA HILLS #5312

EL PASO

TX

79912

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

DATE

02/26/03

Full name of contributor

H.D. HILLEY

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

Contributor address City, State, Zip Code

270 N. RIO VISTA RD.

EL PASO

TX

79927

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

DATE

02/27/03

Full name of contributor

DONALD BAUMGARDT

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

Contributor address City, State, Zip Code

4329 DONNYBROOK PLACE

EL PASO

TX

79902

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

DATE

02/28/03

Full name of contributor

JAMES LYLE

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

Contributor address City, State, Zip Code

720 ARIZONA AVE

EL PASO

TX

79902

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

DATE

02/28/03

Full name of contributor

RITA FOSTER

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

Contributor address City, State, Zip Code

540 CAMINO REAL AVE

EL PASO

TX

79922

Amount of
contribution (\$)

\$500.00

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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/28/03	5 Full name of contributor THOMAS CASADAY 6 Contributor address City, State, Zip Code 5659 STAR VIEW DRIVE EL PASO TX 79912	7 Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 02/28/03	Full name of contributor HARRY BRUCE Contributor address City, State, Zip Code 1082 LOS JARDINES EL PASO TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/28/03	Full name of contributor JAMES STEWART Contributor address City, State, Zip Code 2905 LAKE CHAPLAIN ST EL PASO TX 79936	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 02/28/03	Full name of contributor MICHAEL WIELAND Contributor address City, State, Zip Code 2211 E. MISSOURI # N-200 EL PASO TX 79903	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/03/03	Full name of contributor HARVEY JOSEPH Contributor address City, State, Zip Code 1020 E. YANDELL EL PASO TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/03/03	Full name of contributor DR. JOE KING Contributor address City, State, Zip Code 6004 EL PEDREGAL EL PASO TX 79912	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/03/03	5 Full name of contributor JAY JACKSON 6 Contributor address City, State, Zip Code 7224 SAN MARINO EL PASO TX 79912	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/04/03	Full name of contributor BONNIE OKIE Contributor address City, State, Zip Code 6733 SOUTHWIND DR. EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor WARDY'S CONCRETE PRODUCTS Contributor address City, State, Zip Code 10390 DYER STREET EL PASO TX 79924	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor BRIAN ABRAHAM Contributor address City, State, Zip Code 5401 TIERRA VISTA LN EL PASO TX 79932	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor GERALD JOHNSON Contributor address City, State, Zip Code 6100 VIA ADVENTURA EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor EDWARD S. SANTAMARIA Contributor address City, State, Zip Code 501 RIM RD EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE
03/04/03

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

JOHN ATTEL

7 Amount of
contribution (\$)In-kind contribution
description (if applicable)

6 Contributor address City, State, Zip Code

4000 LA ADELITA DR.

\$250.00

EL PASO

TX

79922

9 Principal occupation (Optional)

10 Employer (Optional)

DATE
03/04/03

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

VICTOR CHEMALI

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

8904 METTLER DR

\$300.00

EL PASO

TX

79925

Principal occupation (Optional)

Employer (Optional)

DATE
03/04/03

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

RONALD STADING

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

5035 COUNTRY CLUB PLACE

\$100.00

EL PASO

TX

79922

Principal occupation (Optional)

Employer (Optional)

DATE
03/04/03

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

DOUGLAS BORRETT

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

713 WALTHAM

\$100.00

EL PASO

TX

79922

Principal occupation (Optional)

Employer (Optional)

DATE
03/04/03

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

EDDIE MOWAD

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

931 BELLACUMBRE DR

\$100.00

EL PASO

TX

79912

Principal occupation (Optional)

Employer (Optional)

DATE
03/04/03

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

BARRY LEVINE

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address City, State, Zip Code

617 ALTA CUMBRE PL

\$100.00

EL PASO

TX

79912

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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/04/03	5 Full name of contributor STEPHEN YEGGE	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 11525 MEADOWBROOK DR. EL PASO TX 79936				
9 Principal occupation (Optional)		10 Employer (Optional)		
DATE 03/04/03	Full name of contributor JOHN C. MARTIN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 609 MT. CRISTO REY LN EL PASO TX 79922				
Principal occupation (Optional)		Employer (Optional)		
DATE 03/04/03	Full name of contributor PABLE BUSTAMANTE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1845 NORTHWESTERN DR. - A EL PASO TX 79912				
Principal occupation (Optional)		Employer (Optional)		
DATE 03/04/03	Full name of contributor CHARLES SMITH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4812 BALLERINA EL PASO TX 79922				
Principal occupation (Optional)		Employer (Optional)		
DATE 03/04/03	Full name of contributor WALKER BEARD	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 805 MONTCLAIR DR EL PASO TX 79932				
Principal occupation (Optional)		Employer (Optional)		
DATE 03/04/03	Full name of contributor CHARLES VINSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 6044 GATEWAY EAST #301 EL PASO TX 79905				
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/04/03	5 Full name of contributor NADIA LOPEZ	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 2505 E. MISSOURI EL PASO TX 79903				
9 Principal occupation (Opional)			10 Employer (Optional)	
DATE 03/04/03	Full name of contributor TOMMY J. RAZLOZNIK	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 600 SUNLAND PARK DR #2-300 EL PASO TX 79912				
Principal occupation (Opional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor DR. ROGER SALOME	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 7598 N. MESA EL PASO TX 79912				
Principal occupation (Opional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor EDDIE KARAM	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 620 MT. CRISTO REY EL PASO TX 79922				
Principal occupation (Opional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor W.V. FAMILY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 10349 DYER EL PASO TX 79924				
Principal occupation (Opional)			Employer (Optional)	
DATE 03/04/03	Full name of contributor THOMAS P. YEGGE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1111 PERREL EL PASO TX 79936				
Principal occupation (Opional)			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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/05/03	5 Full name of contributor BILLY HAGAN 6 Contributor address City, State, Zip Code 741 CRESTA MIRA EL PASO TX 79912	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/06/03	Full name of contributor ALAN D. EKERY Contributor address City, State, Zip Code 6272 LOS BANCOS DR. EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor DONALD CANNON Contributor address City, State, Zip Code 5115 CAMINO DE LA VISTA EL PASO TX 79932	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor PAUL G. ZACOUR Contributor address City, State, Zip Code 4220 LARCHMONNT DR. EL PASO TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor STEPHANIE BEARD Contributor address City, State, Zip Code 805 MONTCLAIR DR EL PASO TX 79932	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor RAYMOND BACA Contributor address City, State, Zip Code 9901 TRINIDAD ST EL PASO TX 79925	Amount of contribution (\$) \$250.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/06/03	5 Full name of contributor JOSEPH W. ALEXANDER, JR	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 6700 ESCONDIDO APT # B-2 EL PASO TX 79912			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/06/03	Full name of contributor LAWRENCE BERRY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 10522 TOMWOOD EL PASO TX 79925			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/06/03	Full name of contributor MARTIN LETTUNICH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. BOX 925 FABENS TX 79838			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/06/03	Full name of contributor DENISE M. MAY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1420 CLOUD RIDGE DR. EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/06/03	Full name of contributor ESMAIL PANAH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5616 BUCKLEY EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/06/03	Full name of contributor MARY E. VICKERS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6364 LA POSTA EL PASO TX 79912			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/06/03	5 Full name of contributor TONY BOS out-of-state PAC (ID #: _____) 6 Contributor address City, State, Zip Code P.O. BOX 1150 CLINT TX 79836	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/06/03	Full name of contributor BRAD BOUMA out-of-state PAC (ID #: _____) Contributor address City, State, Zip Code P.O. BOX 659 CLINT TX 79836	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor A.H. JACKSON out-of-state PAC (ID #: _____) Contributor address City, State, Zip Code 10552 CRETE DR. EL PASO TX 79924	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor JAMES AMEN out-of-state PAC (ID #: _____) Contributor address City, State, Zip Code 5769 CORSICANA AVE. EL PASO TX 79924	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor MARK SCHUMACHER out-of-state PAC (ID #: _____) Contributor address City, State, Zip Code 4731 ROUNDROCK EL PASO TX 79924	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/06/03	Full name of contributor MIGUEL ALLEN out-of-state PAC (ID #: _____) Contributor address City, State, Zip Code 11948 CANNON HILL EL PASO TX 79936	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:	64
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)		
4 DATE 03/06/03	5 Full name of contributor JESSE ESPARZA 6 Contributor address City, State, Zip Code 2929 TITANIC AVE EL PASO TX 79904	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)		
DATE 03/06/03	Full name of contributor LOANDA LOCKRIDGE Contributor address City, State, Zip Code 8409 SHAVER EL PASO TX 79925	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
DATE 03/06/03	Full name of contributor SAM P. SHALLENBERGER Contributor address City, State, Zip Code P.O. BOX 26307 EL PASO TX 79926	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
DATE 03/06/03	Full name of contributor GEORGE SMITH Contributor address City, State, Zip Code 6145 QUAIL #606 EL PASO TX 79924	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
DATE 03/06/03	Full name of contributor RICARDO JUAREZ Contributor address City, State, Zip Code 3910 QUASAR COURT EL PASO TX 79904	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
DATE 03/06/03	Full name of contributor KENNETH MOWAD Contributor address City, State, Zip Code P.O. BOX 4166 EL PASO TX 79914	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$300.00	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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)**4 DATE**
03/06/03**5 Full name of contributor** out-of-state PAC (ID #: _____)
JOHN FOX**7 Amount of
contribution (\$)****In-kind contribution
description (if applicable)****6 Contributor address** City, State, Zip Code
4741 MAXWELL AVE. #13
EL PASO TX 79904

\$500.00

9 Principal occupation (Optional)**10 Employer (Optional)****DATE**
03/06/03**5 Full name of contributor** out-of-state PAC (ID #: _____)
DENNIS D. HEALY**7 Amount of
contribution (\$)****In-kind contribution
description (if applicable)****6 Contributor address** City, State, Zip Code
124 W. CASTELLANO #107
EL PASO TX 79912

\$500.00

Principal occupation (Optional)**Employer (Optional)****DATE**
03/06/03**Full name of contributor** out-of-state PAC (ID #: _____)
PAULETTE BOWLING**Amount of
contribution (\$)****In-kind contribution
description (if applicable)****Contributor address** City, State, Zip Code
4516 R J LUNN CT.
EL PASO TX 79924

\$500.00

Principal occupation (Optional)**Employer (Optional)****DATE**
03/06/03**Full name of contributor** out-of-state PAC (ID #: _____)
NORMAN HADDAD**Amount of
contribution (\$)****In-kind contribution
description (if applicable)****Contributor address** City, State, Zip Code
815 RIM RD
EL PASO TX 79902

\$500.00

Principal occupation (Optional)**Employer (Optional)****DATE**
03/06/03**Full name of contributor** out-of-state PAC (ID #: _____)
BRYAN HADDAD**Amount of
contribution (\$)****In-kind contribution
description (if applicable)****Contributor address** City, State, Zip Code
1444 MONTANA #200
EL PASO TX 79902

\$100.00

Principal occupation (Optional)**Employer (Optional)****DATE**
03/06/03**Full name of contributor** out-of-state PAC (ID #: _____)
J.C. WEISSMILLER**Amount of
contribution (\$)****In-kind contribution
description (if applicable)****Contributor address** City, State, Zip Code
3021 PARK NORTH DR.
EL PASO TX 79904

\$99.00

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)

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/06/03	5 Full name of contributor out-of-state PAC (ID #: _____) MARCEL BOURGON 6 Contributor address City, State, Zip Code 709 TWIN HILLS EL PASO TX 79912	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/10/03	Full name of contributor out-of-state PAC (ID #: _____) ADRIAN OCEGUEDA Contributor address City, State, Zip Code 10713 LEMONADE EL PASO TX 79924	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor out-of-state PAC (ID #: _____) RANDY LEVY Contributor address City, State, Zip Code 5025 YUCCA PL. EL PASO TX 79932	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor out-of-state PAC (ID #: _____) PETER DUBRULE Contributor address City, State, Zip Code 4428 LAZY WILLOW EL PASO TX 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor out-of-state PAC (ID #: _____) L.D. OVERSTREET Contributor address City, State, Zip Code 1013 SUN RIDGE DR. EL PASO TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor out-of-state PAC (ID #: _____) BLANCA R. ANAIPAKOS Contributor address City, State, Zip Code 504 QUERETARO DR. EL PASO TX 79912	Amount of contribution (\$) \$50.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/10/03	5 Full name of contributor FAUST A. WARDY, JR. 6 Contributor address City, State, Zip Code 1944 RATNER CIRCLE EL PASO TX 79936	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/10/03	Full name of contributor THOMAS DULA Contributor address City, State, Zip Code 8001 ARTCRAFT RD EL PASO TX 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor JAMES PAUL Contributor address City, State, Zip Code 762 VIA LANZA ST. EL PASO TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/10/03	Full name of contributor CONNIE PAUL Contributor address City, State, Zip Code 762 VIA LANZA ST EL PASO TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/11/03	Full name of contributor JOHN FERRELL Contributor address City, State, Zip Code 7723 CIELO VISTA DR EL PASO TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/11/03	Full name of contributor REESE LUTICH Contributor address City, State, Zip Code P.O. BOX 57 FABENS TX 79838	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/12/03	5 Full name of contributor JAMES A DICK, JR 6 Contributor address City, State, Zip Code P.O. BOX 1856 EL PASO TX 79950	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/13/03	Full name of contributor JEFF M. EKERY Contributor address City, State, Zip Code 5944 MIRA HERMOSA EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor RAYMOND MALOOLY Contributor address City, State, Zip Code 804 CHERRY HILL LANE EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor TERREL R. KARSTENDIEK Contributor address City, State, Zip Code 11534 LAURA MARIE DR. EL PASO TX 79936	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor JOHN MULLEN Contributor address City, State, Zip Code 617 SPRINGCREST DR EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor JOSE P. ACOSTA Contributor address City, State, Zip Code 589 MONTELL DR EL PASO TX 79927	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/13/03	5 Full name of contributor out-of-state PAC (ID #: _____) MRS. JOHNATHAN D. SCHWARTZ, JR. 6 Contributor address City, State, Zip Code 1101 PARK RD EL PASO TX 79902	7 Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
9 Principal occupation (Opional)			10 Employer (Optional)	
DATE 03/13/03	Full name of contributor out-of-state PAC (ID #: _____) KENNETH SCHILLINGER Contributor address City, State, Zip Code 1112 MESITA EL PASO TX 79902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Principal occupation (Opional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor out-of-state PAC (ID #: _____) CHRIS JOHNSTONE Contributor address City, State, Zip Code 38 GOODWIN EL PASO TX 79902	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occupation (Opional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor out-of-state PAC (ID #: _____) JEAN MOWAD Contributor address City, State, Zip Code 8900 GATEWAY EAST EL PASO TX 79936	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)	
Principal occupation (Opional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor out-of-state PAC (ID #: _____) HAROUTIOUN S. SHAHINIAN, MD Contributor address City, State, Zip Code 1700 N. OREGON #520 EL PASO TX 79902	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occupation (Opional)			Employer (Optional)	
DATE 03/13/03	Full name of contributor out-of-state PAC (ID #: _____) EDUARDO HAZARIAN Contributor address City, State, Zip Code 821 CHERRY HILL EL PASO TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occupation (Opional)			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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/13/03	5 Full name of contributor ROY LEWIS	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 5824 CORONADO RIDGE DR. EL PASO TX 79912				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/14/03	Full name of contributor BRYAN SANDERSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 940 VEREDA DEL VALLE EL PASO TX 79932				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/14/03	Full name of contributor WILL P. HARVEY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 200 BARTLETT #100 EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/14/03	Full name of contributor W.D. THOMAS, JR	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 4730 EMORY RD EL PASO TX 79922				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/14/03	Full name of contributor IRENE CHAVEZ	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1340 LOMA VERDE Dr. EL PASO TX 79936				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/16/03	Full name of contributor PHYLLIS T. GADDY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 5907 CABRILLO EL PASO TX 79912				
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/16/03	5 Full name of contributor HARRY BARKER	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 6015 ESCONDIDO EL PASO TX 79912			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/16/03	Full name of contributor TONY JABOR	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 9001 GALENA EL PASO TX 79904			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/16/03	Full name of contributor J. GORDON JOHNSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 4251 RIDGECREST DR. EL PASO TX 79902			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/16/03	Full name of contributor DOROTHA H. GLASS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 7580-A LE CONTE ST. EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor DONALD S. HENDERSON	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 4855 N. MESA EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor CLYDE PINE	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 837 FOREST WILLOW EL PASO TX 79922			
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/17/03	5 Full name of contributor RICHARD HOLOCHWOST	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code 10029 ALBUM AVE EL PASO TX 79925				
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/17/03	Full name of contributor ALBERT R. HAAG, JR	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1049 LOS JARDINES CR. EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor JERRY MANGRUM	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1300 SHADOW CANYON PLACE EL PASO TX 79912				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor DAVID MORLEY	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 8212 TURQUOISE ST EL PASO TX 79904				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor H. MICHAELA SIMMONS	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 1321 JAMES KELLEY EL PASO TX 79936				
Principal occupation (Optional)			Employer (Optional)	
DATE 03/17/03	Full name of contributor MARIA LOYA	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code 12001 PASEO DE ORO LN EL PASO TX 79936				
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:		64
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)		
4 DATE 03/17/03	5 Full name of contributor LOUIS ZUNIGA	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 445 HOLLYDALE DR EL PASO TX 79912			
9 Principal occupation (Optional)		10 Employer (Optional)		
DATE 03/17/03	Full name of contributor JOHN GOODRICH	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 308 RIO ESTANCIA EL PASO TX 79932			
Principal occupation (Optional)		Employer (Optional)		
DATE 03/17/03	Full name of contributor EDUARDO PADILLA	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5653 BUCKLEY DR EL PASO TX 79912			
Principal occupation (Optional)		Employer (Optional)		
DATE 03/17/03	Full name of contributor FRED LOYA, SR.	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 12001 PASEO DE ORO LN EL PASO TX 79936			
Principal occupation (Optional)		Employer (Optional)		
DATE 03/17/03	Full name of contributor FRANCISCO GUERRA	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 10965 BEN CRENSHAW EL PASO TX 79935			
Principal occupation (Optional)		Employer (Optional)		
DATE 03/17/03	Full name of contributor CARLOS TELLEZ	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 909 VIA DESCANSO EL PASO TX 79912			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/17/03	5 Full name of contributor RICHARD PENA 6 Contributor address City, State, Zip Code 2005 PASEO DEL PRADO EL PASO TX 79936	7 Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/18/03	Full name of contributor JEAN MOWAD Contributor address City, State, Zip Code 8900 GATEWAY EAST EL PASO TX 79907	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor JOSE HERRERA Contributor address City, State, Zip Code 1116 DUKE CT EL PASO TX 79903	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor SUSIE ORTEGA - DALKE Contributor address City, State, Zip Code 725 LIVE OAK DR. EL PASO TX 79932	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor ALBERTO ARMENDARIZ Contributor address City, State, Zip Code 1810 BEVERLY PLACE LAS CRUCES NM 88001	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor MARTHA RODRIQUEZ Contributor address City, State, Zip Code 1644 BOB SMITH EL PASO TX 79936	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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/18/03	5 Full name of contributor ALEX HERNANDEZ 6 Contributor address City, State, Zip Code 8635 NORTH LOOP EL PASO TX 79907	7 Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/18/03	Full name of contributor FRANCISCO MARQUEZ, MD,PA Contributor address City, State, Zip Code 2616 N. OREGON EL PASO TX 79902	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor DR. GUSTAVO MARTINEZ Contributor address City, State, Zip Code 814 MYRTLE AVE. EL PASO TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor CHARLES C. HIGH JR. Contributor address City, State, Zip Code P.O. BOX 2800 EL PASO TX 79999	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor CLARA B. BURNS Contributor address City, State, Zip Code 6801 MORRILL RD. EL PASO TX 79932	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor TONY CONDE Contributor address City, State, Zip Code 767 VIA LANZA EL PASO TX 79912	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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/18/03	5 Full name of contributor JERRY ROGERS	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code P.O. BOX 366 CLINT TX 79836			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/18/03	Full name of contributor RICHARD YETTER	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6070 GATEWAY E. #501 EL PASO TX 79905			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/19/03	Full name of contributor SUNNY HULL	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5321 SANTA ELENA EL PASO TX 79932			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/19/03	Full name of contributor SOURAYA A. HAJJAR	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 245 CRESTMONT EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/19/03	Full name of contributor ROBERT NAVARRO	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6213 PINEHURST EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/19/03	Full name of contributor PETE PAYAN	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 10912 SOMBRA VERDE EL PASO TX 79935			
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:	64
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/19/03	5 Full name of contributor BRUCE GULBAS 6 Contributor address City, State, Zip Code 5006 MONTOYA EL PASO TX 79922	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/19/03	Full name of contributor DONNA NEESSEN Contributor address City, State, Zip Code 3003 N. MESA ST EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/19/03	Full name of contributor DENNIS NEESSEN Contributor address City, State, Zip Code 3003 N. MESA ST EL PASO TX 79902	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/18/03	Full name of contributor WILLIAM HOLMES Contributor address City, State, Zip Code 6737 WESTWIND EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 01/16/03	Full name of contributor ROBERT F. FOSTER Contributor address City, State, Zip Code 1790 LEE TREVINO #601 EL PASO TX	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
DATE 03/18/03	Full name of contributor Judy Maddox Contributor address City, State, Zip Code 6011 Escondido EL PASO TX 79912	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$50.00	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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/18/03	5 Full name of contributor W.F. Karem 6 Contributor address City, State, Zip Code 627 Country Club El Paso TX 79932	7 Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 03/18/03	Full name of contributor Mounir Hajjar Contributor address City, State, Zip Code 627 Country Club EL PASO TX 79932	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/18/03	Full name of contributor Col Norman Haley Contributor address City, State, Zip Code 4317 Emory EL PASO TX 79922	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/20/03	Full name of contributor Polly W. Snyder Contributor address City, State, Zip Code 1955 Trawood Apt #10 EL PASO TX 79935	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/21/03	Full name of contributor A.G.C. of El Paso - PAC Contributor address City, State, Zip Code 4625 Ripley Dr. EL PASO TX 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
DATE 03/21/03	Full name of contributor Phillip Azar Jr. Contributor address City, State, Zip Code 1095 Thunderbird Dr. EL PASO TX 79912	Amount of contribution (\$) \$500.00	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:

64

2 FILER NAME

Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE 03/21/03	5 Full name of contributor G. Henry Benning	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 1205 Myrtle El Paso TX 79901			

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

DATE 03/21/03	Full name of contributor Bert Borsberry	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code P.O. Box 640009 EL PASO TX 79904			

Principal occupation (Optional)**Employer (Optional)**

DATE 03/21/03	Full name of contributor Manual Diaz	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1424 Reeder #A - Ft. Bliss EL PASO TX 79906			

Principal occupation (Optional)**Employer (Optional)**

DATE 03/21/03	Full name of contributor Thomas E. Gold	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 4360 Manatee St. EL PASO TX 79938			

Principal occupation (Optional)**Employer (Optional)**

DATE 03/21/03	Full name of contributor Saul Gonzales	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5107 Krag EL PASO TX 79936			

Principal occupation (Optional)**Employer (Optional)**

DATE 03/21/03	Full name of contributor Jim Harris	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5721 Oak Cliff EL PASO TX 79912			

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: 64	
2 FILER NAME Joseph D. Wardy Jr.			3 ACCOUNT # (Ethics Commission filers)	
4 DATE 03/21/03	5 Full name of contributor R. A Lowenfield	out-of-state PAC (ID #: _____)	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	6 Contributor address City, State, Zip Code 1326 E Yandell El Paso TX 79901			
9 Principal occupation (Optional)			10 Employer (Optional)	
DATE 03/21/03	Full name of contributor Gary Porres	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 4606 Memphis EL PASO TX 79903			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/21/03	Full name of contributor Wesley Swopes	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 1320 Backus EL PASO TX 79925			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/21/03	Full name of contributor Wayne Williams	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 6033 Naples EL PASO TX 79924			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/24/03	Full name of contributor Carr Flora	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 5809 Acacia Circle EL PASO TX 79912			
Principal occupation (Optional)			Employer (Optional)	
DATE 03/16/03	Full name of contributor Gilbert Pineda	out-of-state PAC (ID #: _____)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address City, State, Zip Code 9201 Montana EL PASO TX 79925			
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 01/01/03	5 Full name of contributor AZIZ SHAKARZAH 6 Contributor address City, State, Zip Code 720 MONTANA EL PASO TX 79902	7 Amount of contribution (\$) \$800.00	In-kind contribution description (if applicable) OFFICE SPACE RENT - JANUARY
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 02/01/03	Full name of contributor AZIZ SHAKARZAH 6 Contributor address City, State, Zip Code 720 MONTANA EL PASO TX 79902	Amount of contribution (\$) \$800.00	In-kind contribution description (if applicable) OFFICE SPACE RENT - FEBRUARY
Principal occupation (Optional)		Employer (Optional)	
DATE 03/01/03	Full name of contributor AZIZ SHAKARZAH 6 Contributor address City, State, Zip Code 720 MONTANA EL PASO TX 79902	Amount of contribution (\$) \$619.33	In-kind contribution description (if applicable) OFFICE SPACE RENT - MARCH 1 - MARCH 24
Principal occupation (Optional)		Employer (Optional)	
DATE 01/28/03	Full name of contributor MIKE DIPP Contributor address City, State, Zip Code 1000 E. OVERLAND EL PASO TX 79901	Amount of contribution (\$) \$129.55	In-kind contribution description (if applicable) FOOD AND DRINKS
Principal occupation (Optional)		Employer (Optional)	
DATE 02/01/03	Full name of contributor MIKE DIPP Contributor address City, State, Zip Code 1000 E. OVERLAND EL PASO TX 79901	Amount of contribution (\$) \$154.11	In-kind contribution description (if applicable) DRINKS AND FOOD FOR FUNDRAISER
Principal occupation (Optional)		Employer (Optional)	
DATE 02/12/03	Full name of contributor NICK DELGADO Contributor address City, State, Zip Code 390 COLFAX EL PASO TX 79905	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) FRUIT FOR SENIOR CITIZEN HOME
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: 64	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 02/10/03	5 Full name of contributor PAM STEVENS 6 Contributor address City, State, Zip Code P.O. BOX 221320 EL PASO TX 79913	7 Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) PROMOTIONAL MATERIAL
9 Principal occupation (Optional)		10 Employer (Optional)	
DATE 02/05/03	Full name of contributor JERRY CHAPLAIN Contributor address City, State, Zip Code 3950 DONIPHAN EL PASO TX 79922	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) FOOD FOR FUNDRAISER
Principal occupation (Optional)		Employer (Optional)	
DATE 02/27/03	Full name of contributor MIKE DIPP Contributor address City, State, Zip Code 1000 E. OVERLAND EL PASO TX 79901	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) SIGN INSTALLATION
Principal occupation (Optional)		Employer (Optional)	
DATE 02/25/03	Full name of contributor MIKE DIPP Contributor address City, State, Zip Code 1000 E. OVERLAND EL PASO TX 79901	Amount of contribution (\$) \$53.00	In-kind contribution description (if applicable) DRINKS
Principal occupation (Optional)		Employer (Optional)	
DATE 03/24/03	Full name of contributor JOE AYOUB Contributor address City, State, Zip Code 6440 GATEWAY EAST EL PASO TX 79905	Amount of contribution (\$) \$275.00	In-kind contribution description (if applicable) BALLOONS & HELIUM
Principal occupation (Optional)		Employer (Optional)	
DATE	Full name of contributor 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**

CITY CLERK DEPARTMENT

The Instruction Guide explains how to complete this form.

2003 APR 1 PM 10 07

Total pages this Schedule F:

21

2 FILER NAME

Joseph D. Wardy, Jr.

3 ACCOUNT # (Ethics Commission filers)**4 DATE**

1/8/2003

5 Payee name

El Paso Electric Company

7

Amount

7.58

6 Payee address

City

State

Zip Code

P.O. Box 20981

El Paso, TX

79998

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

Initiation Charge

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

DATE

1/8/2003

Payee name

El Paso Water Utilities

Amount

75

Payee address

City

State

Zip Code

P.O. Box 511

El Paso Tx

79961

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

Utility Bill

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

DATE

1/10/2003

Payee name

Southern Union Gas

Amount

87.5

Payee address

City

State

Zip Code

P.O. Box 31458

El Paso TX

79931

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

Utility Bill

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

DATE

1/17/2003

Payee name

El Paso Electric

Amount

29.88

Payee address

City

State

Zip Code

P.O. Box 20981

El Paso TX

79998

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

Utility Bill

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

DATE

1/20/2003

Payee name

PDX Printing

Amount

4661.75

Payee address

City

State

Zip Code

100 Porfirio Diaz

El Paso TX

79902

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

Announcement Letter Printing

**** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 1/22/2003	5 Payee name H&H Printing			7 Amount 7913.52	
	6 Payee address 9020 Mayflower Ave	City El Paso	State TX	Zip Code 79925	
8 Purpose of payment (See instructions regarding type of information required.) Mailing expenses for announcement letter			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/28/2003	Payee name El Paso Water Utilities			Amount 57.27	
	Payee address P.O. Box 511	City El Paso	State TX	Zip Code 79961	
Purpose of payment (See instructions regarding type of information required.) Water utility			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/28/2003	Payee name Kwik Kopy			Amount 116.91	
	Payee address 4423 Montana	City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Printing Flyers			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/28/2003	Payee name Mike Miles			Amount 124.38	
	Payee address 780 Gomez Rd.	City El Paso	State TX	Zip Code 79922	
Purpose of payment (See instructions regarding type of information required.) reimbursement for printing cost			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/28/2003	Payee name RM Personnel, Inc.			Amount 457.28	
	Payee address 4707 Montana	City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Payroll			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 1/28/2003	5 Payee name SBC			7 Amount 83.57	
	6 Payee address P.O. Box 4706	City Houston	State TX	Zip Code 77210	
8 Purpose of payment (See instructions regarding type of information required.) Home Fax			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/28/2003	Payee name Western Janitorial			Amount 105.22	
	Payee address P.O. Box 2321	City EL Paso,	State TX	Zip Code 79952	
Purpose of payment (See instructions regarding type of information required.) Cleaning Services			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/29/2003	Payee name Lowe's			Amount 19.1	
	Payee address 430 East Redd Rd.	City El Paso	State TX	Zip Code 79932	
Purpose of payment (See instructions regarding type of information required.) Fundraising Supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/29/2003	Payee name Office Depot			Amount 11.33	
	Payee address 801 Sunland Park Dr. Sp	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Office supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/29/2003	Payee name Party world			Amount 46.74	
	Payee address 5044 Doniphan	City El Paso	State TX	Zip Code 79932	
Purpose of payment (See instructions regarding type of information required.) Fundraiser Expenses			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 1/29/2003	5 Payee name Sam's wholesale Club			7 Amount 70.36	
	6 Payee address 7970 N. Mesa	City El Paso	State TX	Zip Code 79932	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/30/2003	Payee name Guynes Printing			Amount 378.25	
	Payee address 927 C Tony Lama	City El Paso	State Tx	Zip Code 79915	
Purpose of payment (See instructions regarding type of information required.) Business Cards			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/31/2003	Payee name Franklin High School			Amount 25	
	Payee address 900 N. Resler	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Donation to Band Boosters			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/31/2003	Payee name Kinko's			Amount 53.91	
	Payee address 4190 N. Mesa	City El Paso	State TX	Zip Code 79902	
Purpose of payment (See instructions regarding type of information required.) Promotional Buttons			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 1/31/2003	Payee name Office Depot			Amount 181.44	
	Payee address 801 Sunland Park Dr. Sp	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Office Supplies			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/1/2003	5 Payee name Walmart			7 Amount 19.26	
6 Payee address 7555 N. Mesa		City El Paso	State TX	Zip Code 79912	
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/1/2003	Payee name Wild Turkey Federation			Amount 75	
Payee address 1662 Janet Coles		City El Paso	State TX	Zip Code 79936	
Purpose of payment (See instructions regarding type of information required.) Donation			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/2/2003	Payee name Office Depot			Amount 86.58	
Payee address 801 Sunland Park Dr.		City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Office Supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/3/2003	Payee name RM Personnel, Inc.			Amount 467.61	
Payee address 4707 Montana		City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Payroll			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/3/2003	Payee name Twin Plant Women's Association			Amount 220	
Payee address 5610 N. Desert Blvd. B-8 #270		City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Donation			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/5/2003	5 Payee name Charlotte Johnson 6 Payee address City State Zip Code 6100 Via Aventura El Paso Tx 79912			7 Amount 23.78	
8 Purpose of payment (See instructions regarding type of information required.) reimbursement for fundraiser			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/7/2003	Payee name Boderland Stonewall Democrats Payee address City State Zip Code 1305 Texas Ave. El Paso TX 79901			Amount 30	
Purpose of payment (See instructions regarding type of information required.) Donation			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/7/2003	Payee name Hispanic Leadership Installation Payee address City State Zip Code 8612 Whitus El Paso TX 79925			Amount 40	
Purpose of payment (See instructions regarding type of information required.) Donation			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/7/2003	Payee name RM Personnel, Inc. Payee address City State Zip Code 4707 Montana Ave. El Paso TX 79903			Amount 467.61	
Purpose of payment (See instructions regarding type of information required.) Payroll for Temporary Services			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/10/2003	Payee name Economy Cash & Carry Payee address City State Zip Code 1000 E. Overland El Paso TX 79901			Amount 97.55	
Purpose of payment (See instructions regarding type of information required.) Donation			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/10/2003	5 Payee name Gail Mortimer			7 Amount 70	
	6 Payee address P.O. Box 335	City Sandwich	State MA	Zip Code 2563	
8 Purpose of payment (See instructions regarding type of information required.) Proofreading			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/10/2003	Payee name Southm Union Gas			Amount 108.41	
	Payee address P.O. Box 31458	City El Paso	State TX	Zip Code 79931	
Purpose of payment (See instructions regarding type of information required.) Utility Bill			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/12/2003	Payee name Chaplain's Catering			Amount 1090.65	
	Payee address 3950 Doniphan	City El Paso	State TX	Zip Code 79922	
Purpose of payment (See instructions regarding type of information required.) Fundraiser			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/12/2003	Payee name Jobe Concrete			Amount 6013.2	
	Payee address 1 McKelligon Rd.	City El Paso	State TX	Zip Code 79930	
Purpose of payment (See instructions regarding type of information required.) Repairs & Equipment Rental			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/12/2003	Payee name SBC			Amount 1075.02	
	Payee address P.O. 4706	City Houston	State TX	Zip Code 77210	
Purpose of payment (See instructions regarding type of information required.) Utility Bill			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/13/2003	5 Payee name El Paso County Elections Dept.			7 Amount 100	
	6 Payee address	City	State	Zip Code	
	2 Civic Center Plaza	El Paso	TX	79901	
8 Purpose of payment (See instructions regarding type of information required.) Precinct Map			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/13/2003	Payee name Francis Fluorescent Signs, Inc.			Amount 2520	
	Payee address	City	State	Zip Code	
	P.O> Box 26652	El Paso,	TX	79926	
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 2/13/2003	Payee name Lopez Advertising Group, Inc.			Amount 3856.1	
	Payee address	City	State	Zip Code	
	7500 Viscount Ste, 222	El Paso	TX	79925	
Purpose of payment (See instructions regarding type of information required.) Advertising			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/13/2003	Payee name Lopez Advertising Group, Inc.			Amount 10000	
	Payee address	City	State	Zip Code	
	7500 Viscount Ste, 222	El Paso	TX	79925	
Purpose of payment (See instructions regarding type of information required.) Billboards			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/13/2003	Payee name Office Depot			Amount 44.98	
	Payee address	City	State	Zip Code	
	801 Sunland Park Dr. Sp	El Paso	TX	79912	
Purpose of payment (See instructions regarding type of information required.) Office Supplies			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/16/2003	5 Payee name David's Banners			7 Amount 2408.56	
	6 Payee address 9911 Carnegie	City El Paso	State TX	Zip Code 79925	
8 Purpose of payment (See instructions regarding type of information required.) Signs			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/16/2003	Payee name El Paso Electric			Amount 296.22	
	Payee address P.O. Box 20981	City El Paso	State TX	Zip Code 79998	
Purpose of payment (See instructions regarding type of information required.) Utilities			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/16/2003	Payee name Gail T. Mortimer			Amount 150	
	Payee address P.O. Box 335	City Sandwich	State MA	Zip Code 2563	
Purpose of payment (See instructions regarding type of information required.) Proofreading			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/16/2003	Payee name Office Depot			Amount 21.64	
	Payee address 801 Sunland Park Dr. Sp	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Office Supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/16/2003	Payee name Results Video			Amount 348.71	
	Payee address 4585 Ripley Dr. Bldg. 2	City El Paso	State TX	Zip Code 79922	
Purpose of payment (See instructions regarding type of information required.) Website Greeting			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/16/2003	5 Payee name RM Personnel, Inc.			7 Amount 459	
	6 Payee address 4707 Montana	City El Paso	State TX	Zip Code 79903	
8 Purpose of payment (See instructions regarding type of information required.) Temporary Services			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/16/2003	Payee name Stevens Specialties			Amount 614.15	
	Payee address P.O. Box 221320	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Buttons & T-Shirts			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/18/2003	Payee name Lopez Advertising			Amount 1520	
	Payee address 7500 Viscount Ste. 222	City El Paso	State TX	Zip Code 79925	
Purpose of payment (See instructions regarding type of information required.) Advertising			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/19/2003	Payee name AIMMD Investments			Amount 500	
	Payee address 5653 Buckley DR.	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Reimbursement of contribution			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/19/2003	Payee name Kwik Kopy			Amount 73.61	
	Payee address 4423 Montana	City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Postcards printing			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/19/2002	5 Payee name MIMCo Inc.			7 Amount 50	
	6 Payee address 6500 Montana	City El Paso	State TX	Zip Code 79925	
8 Purpose of payment (See instructions regarding type of information required.) Rent on fundraiser hall			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/19/2003	Payee name MLC Partners, LP			Amount 500	
	Payee address 780 Gomez Rd.,	City El Paso	State TX	Zip Code 79932	
Purpose of payment (See instructions regarding type of information required.) Contribution reimbursement			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/20/2003	Payee name Black History Parade			Amount 40	
	Payee address 10732 Texarkana	City El Paso	State TX	Zip Code 79925	
Purpose of payment (See instructions regarding type of information required.) Parade cost			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/20/2003	Payee name City of El Paso			Amount 500	
	Payee address 2 Civic Center Plaza	City El Paso	State TX	Zip Code 79901	
Purpose of payment (See instructions regarding type of information required.) Candidate filing fee			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/21/2003	Payee name Home Depot			Amount 135.75	
	Payee address 7545 N. Mesa	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Sign Posts			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/24/2003	5 Payee name US Postmaster			7 Amount 111	
	6 Payee address 7383 Remcon Circle	City El Paso	State TX	Zip Code 79912	
8 Purpose of payment (See instructions regarding type of information required.) Postage			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/24/2003	Payee name RM Personnel, Inc.			Amount 466.75	
	Payee address 4707 Montana	City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Temporary services			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/24/2003	Payee name SBC			Amount 20.37	
	Payee address P.O. Box 4706	City Houston	State TX	Zip Code 77210	
Purpose of payment (See instructions regarding type of information required.) Home Fax			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/24/2003	Payee name Stevens Specialties			Amount 281.2	
	Payee address P.O. Box 221320	City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Buttons & T-Shirts			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 2/26/2003	Payee name Western Janitorial			Amount 189.44	
	Payee address P.O. Box 2321	City El Paso	State TX	Zip Code 79952	
Purpose of payment (See instructions regarding type of information required.) Cleaning Service			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 2/27/2003	5 Payee name El Paso Water Utilities 6 Payee address City State Zip Code P.O. Box 511 El Paso TX 79961	7 Amount 38.12	
8 Purpose of payment (See instructions regarding type of information required.) Utilities		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 2/28/2003	Payee name Home Depot Payee address City State Zip Code 11360 Rojas El Paso TX 79936	Amount 35.86	
Purpose of payment (See instructions regarding type of information required.) Sign Installation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 2/28/2003	Payee name Sam's Wholesale Club Payee address City State Zip Code 7970 N. Mesa El Paso TX 79932	Amount 40.77	
Purpose of payment (See instructions regarding type of information required.) Office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/2/2003	Payee name Gail T. Mortimer Payee address City State Zip Code P.O. Box 336 Sandwich MA 2563	Amount 317.5	
Purpose of payment (See instructions regarding type of information required.) proofreading		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/2/2003	Payee name RM Personnel, Inc. Payee address City State Zip Code 4707 Montana El Paso TX 79903	Amount 436.05	
Purpose of payment (See instructions regarding type of information required.) Temporary Services		** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/3/2003	5 Payee name Kwik Kopy			7 Amount 255.47	
6 Payee address 4423 Montana		City El Paso	State TX	Zip Code 79903	
8 Purpose of payment (See instructions regarding type of information required.) Invitations			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/3/2003	Payee name Kwik Kopy			Amount 178.61	
Payee address 4423 Montana		City El Paso	State TX	Zip Code 79903	
Purpose of payment (See instructions regarding type of information required.) Thank You Cards			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/4/2003	Payee name Fernando Parra			Amount 2656.25	
Payee address 1020 S. Mesa Hills 5316		City El Paso	State TX	Zip Code 79912	
Purpose of payment (See instructions regarding type of information required.) Website Development			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/5/2003	Payee name Mike Miles			Amount 100	
Payee address 780 Gomez Rd.		City El Paso	State TX	Zip Code 79932	
Purpose of payment (See instructions regarding type of information required.) Reimburse for sign installation			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/5/2003	Payee name Northeast Parade Commission			Amount 45	
Payee address 5813 Bagdad		City El Paso	State TX	Zip Code 79922	
Purpose of payment (See instructions regarding type of information required.) Easter Parade			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/5/2003	5 Payee name Office Depot 6 Payee address City State Zip Code 801 Sunland Park Dr. Sp El Paso TX 79912	7 Amount 17.29	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/5/2003	Payee name Sams Wholesale Club Payee address City State Zip Code 7970 N. Mesa El Paso TX 79932	Amount 21.52	
Purpose of payment (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/6/2003	Payee name Kay & Co. Payee address City State Zip Code 300 S. Alto Mesa, Dr. El Paso TX 79912	Amount 200	
Purpose of payment (See instructions regarding type of information required.) May 3rd deposit		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/10/2003	Payee name Adrian Ocegueda Payee address City State Zip Code 6121 Via Suerte El Paso TX 79912	Amount 142	
Purpose of payment (See instructions regarding type of information required.) Volunteer Day care		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/10/2003	Payee name League of Women Voters Payee address City State Zip Code 1400 N. Mesa El Paso TX 79902	Amount 70	
Purpose of payment (See instructions regarding type of information required.) Donation		** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.					3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/10/2003	5 Payee name PDX Printing 6 Payee address City State Zip Code 100 Porfirio Diaz El Paso TX 79902				7 Amount 131.86	
8 Purpose of payment (See instructions regarding type of information required.) Mailing expenses				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/10/2003	Payee name Postmaster Payee address City State Zip Code 7383 Remcon El Paso TX 79912				Amount 259	
Purpose of payment (See instructions regarding type of information required.) Postage				** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/10/2003	Payee name RM Personnel Inc. Payee address City State Zip Code 4707 Montana El Paso TX 79903				Amount 467.61	
Purpose of payment (See instructions regarding type of information required.) Temporary services				** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/10/2003	Payee name Rocio Ramos Payee address City State Zip Code 9920 Floralia El Paso TX 79927				Amount 250	
Purpose of payment (See instructions regarding type of information required.) Deposit for May 3rd				** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/10/2003	Payee name Southern Union Gas Payee address City State Zip Code P.O. Box 31458 El Paso TX 79931				Amount 101.61	
Purpose of payment (See instructions regarding type of information required.) Utility				** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/12/2003	5 Payee name H & H Mailing	7 Amount 6253.38	
	6 Payee address City State Zip Code 9020 Mayflower Ave. El Paso TX 79925		
8 Purpose of payment (See instructions regarding type of information required.) Newspaper mailing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/12/2003	Payee name Marty Snortum Studio	Amount 135.31	
	Payee address City State Zip Code 2904 Pershing Dr. El Paso TX 79903		
Purpose of payment (See instructions regarding type of information required.) Portraits		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/12/2003	Payee name PDX Printing	Amount 6504.05	
	Payee address City State Zip Code 100 Porfirio Diaz El Paso TX 79902		
Purpose of payment (See instructions regarding type of information required.) Newspaper printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/12/2003	Payee name SBC	Amount 319.78	
	Payee address City State Zip Code P.O. Box 4706 Houston, TX 77210		
Purpose of payment (See instructions regarding type of information required.) Utility		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/12/2003	Payee name Stevens Specialties	Amount 402.59	
	Payee address City State Zip Code P.O. Box 221320 El Paso TX 79912		
Purpose of payment (See instructions regarding type of information required.) Promotional Materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

SCHEDULE F

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.				1 Total pages this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.				3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/13/2003	5 Payee name David's Banners	6 Payee address 9911 Carnegie	City El Paso	State TX	7 Amount 1369.36
8 Purpose of payment (See instructions regarding type of information required.) Signs			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/13/2003	Payee name H & H Printing	Payee address 9020 Mayflower	City El Paso	State TX	Amount 950.87
Purpose of payment (See instructions regarding type of information required.) Mail Processing			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/13/2003	Payee name Kwik Kopy	Payee address 4423 Montana	City El Paso	State TX	Amount 112.58
Purpose of payment (See instructions regarding type of information required.) Fundraising Invitations			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/13/2003	Payee name Sam's Wholesale Club	Payee address 7970 N. Mesa	City El Paso	State TX	Amount 18.87
Purpose of payment (See instructions regarding type of information required.) Volunteer Meeting			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
DATE 3/14/2003	Payee name Kwik Kopy	Payee address 2423 Montana	City El Paso	State TX	Amount 29.23
Purpose of payment (See instructions regarding type of information required.) RSVP Cards			** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/14/2003	5 Payee name RM Personnel Inc, 6 Payee address City State Zip Code 4707 Montana El Paso TX 79903	7 Amount 467.61	
8 Purpose of payment (See instructions regarding type of information required.) Temporary Services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/17/2003	Payee name EL Paso Electric Payee address City State Zip Code P.O. Box 20981 El Paso TX 79961	Amount 268.76	
Purpose of payment (See instructions regarding type of information required.) Utility		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/17/2003	Payee name Kwik Kopy Payee address City State Zip Code 4423 Montana El Paso TX 79903	Amount 72.31	
Purpose of payment (See instructions regarding type of information required.) Fundraising Invitations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/17/2003	Payee name United Bank Payee address City State Zip Code 125 Mesa Hills Dr. El Paso TX 79912	Amount 55	
Purpose of payment (See instructions regarding type of information required.) Returned check - plus fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/18/2003	Payee name Jesus Ben, Jr. Payee address City State Zip Code 712 Meadowlark El Paso TX 79922	Amount 480	
Purpose of payment (See instructions regarding type of information required.) Promotional Materials		** 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 this Schedule F:	
2 FILER NAME Joseph D. Wardy, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 3/18/2003	5 Payee name Suzanne Michaels Consultant 6 Payee address City State Zip Code 600 Woodlark Pl. El Paso TX 79912	7 Amount 187.5	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/19/2003	Payee name El Paso Hotel Motel Association Payee address City State Zip Code P.O. Box 372376 El Paso TX 79976	Amount 45	
Purpose of payment (See instructions regarding type of information required.) Forum Lunch		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/19/2003	Payee name Southwest Senior Payee address City State Zip Code 120 Porfirio Diaz El Paso TX 79902	Amount 675	
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/20/2003	Payee name Postal Annex Payee address City State Zip Code 910 K E. Redd Rd. El Paso TX 79912	Amount 19.81	
Purpose of payment (See instructions regarding type of information required.) Federal Express		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
DATE 3/21/2003	Payee name Adrian Ocegueda Payee address City State Zip Code 6121 Via Suerte El Paso TX 79912	Amount 102.5	
Purpose of payment (See instructions regarding type of information required.) Volunteer Daycare		** 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 this Schedule F:

2 FILER NAME

Joseph D. Wardy, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 DATE

3/21/2003

5 Payee name

Jesus Ben Jr.

7

Amount

480

6 Payee address

City

State

Zip Code

712 Meadowlark

El Paso

TX

79922

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

Promotional Material

9

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

DATE

3/23/2003

Payee name

Sam's Wholesale Club

Amount

75.65

Payee address

City

State

Zip Code

7970 N. Mesa

El Paso

TX

79932

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

Donation to Reach for a Star

9

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

DATE

3/24/2003

Payee name

RM Personnel

Amount

467.61

Payee address

City

State

Zip Code

4708 Montana Ave. El Paso, TX 79903

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

Temporary Help payroll

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.)

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.)

9

** 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	
CITY CLERK DEPARTMENT		2003 APR 1 PM 10 07	
The Instruction Guide explains how to complete this form.		1 Total pages this Schedule G: 11	
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 DATE 1/2/2003	5 Payee name SBC 6 Payee address City State Zip Code P.O. BOX 4706 EL PASO TX 77210 7 Purpose of expenditure (See instruction regarding type of information required.) UTILITIES - HOME FAX	8 Amount (\$) \$560.00	<input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/4/2003	Payee name SAMS Payee address City State Zip Code 7970 N. MESA EL PASO TX 79932 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$314.86	<input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/5/2003	Payee name OFFICE DEPOT Payee address City State Zip Code 801 SUNLAND PARK EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$118.33	<input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/6/2003	Payee name SAMS Payee address City State Zip Code 801 SUNLAND PARK EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$49.90	<input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/6/2003	Payee name VALERO ENERGY CORP. Payee address City State Zip Code 1921 MONTANA EL PASO TX 79902 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$22.77	<input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 1/6/2003	5 Payee name WALMART 6 Payee address City State Zip Code 7555 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) SENIOR CITIZENS CENTER DONATION	8 Amount (\$) \$8.93 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/8/2003	Payee name PHILLIPS 66 Payee address City State Zip Code 6200 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$22.23 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/9/2003	Payee name CASA JURADO Payee address City State Zip Code 226 CINCINNATI EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) LUNCH W/ JUDGE S. KURITA	Amount (\$) \$10.72 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE	Payee name DORSEY'S PRINTING Payee address City State Zip Code 6101 DEW DR. EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) PRINTING	Amount (\$) \$55.54 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/10/2003	Payee name WALMART Payee address City State Zip Code 7555 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$42.82 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 1/11/2003	5 Payee name BALBOA TEXICO 6 Payee address City State Zip Code 6031 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) GAS	8 Amount (\$) \$22.71 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/15/2003	Payee name UNIVERSITY PHILLIPS 66 Payee address City State Zip Code 6200 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$23.35 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/17/2003	Payee name OFFICE DEPOT Payee address City State Zip Code 801 SUNLAND PARK EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$68.53 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/19/2003	Payee name SAMS Payee address City State Zip Code 7970 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	Amount (\$) \$25.37 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/21/2003	7 ELEVEN Payee name Payee address City State Zip Code 4858 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$23.55 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 1/28/2003	5 Payee name PDX PRINTING 6 Payee address City State Zip Code 100 PORFIRO EL PASO TX 79902 7 Purpose of expenditure (See instruction regarding type of information required.) PRINTING	8 Amount (\$) \$236.87 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/28/2003	Payee name POSTMASTER Payee address City State Zip Code 7383 REMCON CIR EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) STAMPS	Amount (\$) \$259.00 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 1/29/2003	Payee name DIAMOND SHAMROCK Payee address City State Zip Code 4201 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$22.74 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/1/2003	Payee name FOOD CITY Payee address City State Zip Code 5400 ALAMEDA EL PASO TX 79905 Purpose of expenditure (See instruction regarding type of information required.) FUND RAISER SUPPLIES	Amount (\$) \$12.54 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/3/2003	Payee name CORTEZ ANNEX Payee address City State Zip Code 300 E. MAIN 0 1208 EL PASO TX 79901 Purpose of expenditure (See instruction regarding type of information required.) PARKING	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 2/4/2003	5 Payee name VINTAGE CARWASH 6 Payee address City State Zip Code 6237 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) CARWASH	8 Amount (\$) \$11.99 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/5/2003	Payee name GABRIEL'S CAFÉ Payee address City State Zip Code 9404 MCCOMBS EL PASO TEXAS 79925 Purpose of expenditure (See instruction regarding type of information required.) SARINANA BREAKFAST	Amount (\$) \$7.22 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/2/2003	Payee name GOODTIMES Payee address City State Zip Code 9404 MCCOMBS EL PASO TX 79924 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$14.01 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/7/2003	Payee name 7-ELEVEN Payee address City State Zip Code 301 SHADOW MT. EL PASO TX Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$24.73 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/7/2003	Payee name UNIVERSITY DEMOCRATS Payee address City State Zip Code 500 W. UNIVERSTIY EL PASO TX 79968 Purpose of expenditure (See instruction regarding type of information required.) ADVERTISING	Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11

2 FILER NAME: Joseph D. Wardy Jr. 3 ACCOUNT # (Ethics Commission filers)

4 DATE 2/8/2003	5 Payee name WALMART 6 Payee address City State Zip Code 7555 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) SENIOR CITIZENS HOME DONATION	8 Amount (\$) \$93.78 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
--------------------	---	--

DATE 2/12/2003	Payee name 7 ELEVEN Payee address City State Zip Code ZARAGOSA & BETEL EL PASO TX 79907 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$23.61 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
-------------------	---	--

DATE 2/13/2003	Payee name VINTAGE CAR WASH Payee address City State Zip Code 6237 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) CAR WASH	Amount (\$) \$5.99 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
-------------------	---	---

DATE 2/16/2003	Payee name DIAMOND SHAMROCK Payee address City State Zip Code 4201 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$25.39 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
-------------------	--	--

DATE 2/17/2003	Payee name CORNER STORE Payee address City State Zip Code 4201 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$18.15 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 2/20/2003	5 Payee name 7 ELEVEN 6 Payee address City State Zip Code 4140 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) GAS	8 Amount (\$) \$26.19 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/20/2003	Payee name CAMINO REAL Payee address City State Zip Code 101 S. EL PASO EL PASO TX 79901 Purpose of expenditure (See instruction regarding type of information required.) PARKING	Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/23/2003	Payee name LAS QUESTA Payee address City State Zip Code 1926 MONTANA EL PASO TX 79903 Purpose of expenditure (See instruction regarding type of information required.) DINNER W /JONES, PARRA, JOBE	Amount (\$) \$109.61 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/23/2003	Payee name VINTAGE CAR WASH Payee address City State Zip Code 6237 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) CAR WASH	Amount (\$) \$10.99 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/26/2003	Payee name CHEVRON Payee address City State Zip Code 9500 DYER EL PASO TX 79924 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$25.71 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 3/11/2003	5 Payee name DOMINGUEZ 6 Payee address City State Zip Code 1201 AIRWAYS EL PASO TX 79925 7 Purpose of expenditure (See instruction regarding type of information required.) LUNCH W/ ADRIAN OCEGUEDA	8 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/11/2003	Payee name KINKO'S Payee address City State Zip Code 4190 N. MESA EL PASO TX 79902 Purpose of expenditure (See instruction regarding type of information required.) PRINTING	Amount (\$) \$36.81 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/15/2003	Payee name DIAMOND SHAMROCK Payee address City State Zip Code 6680 MONTANA EL PASO TX 79925 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$43.30 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/15/2003	Payee name MCDONALDS Payee address City State Zip Code 7398 ALAMEDA EL PASO TX 79915 Purpose of expenditure (See instruction regarding type of information required.) SIGN WAVING CAMPAIGN	Amount (\$) \$12.88 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 2/8/2003	Payee name WALGREENS Payee address City State Zip Code 6002 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) SENIOR CITIZENS HOME DONATION	Amount (\$) \$9.61 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 3/1/2003	5 Payee name OFFICE DEPOT 6 Payee address City State Zip Code 801 SUNLAND PARK EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) OFFICE SUPPLIES	8 Amount (\$) \$64.50 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/1/2003	Payee name TACO CABANA Payee address City State Zip Code 5866 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) SIGN WAIVING EVENT	Amount (\$) \$9.76 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/1/2003	Payee name 7 ELEVEN Payee address City State Zip Code 301 SHADOW MT EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$24.33 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/21/2003	Payee name BARRIGAS Payee address City State Zip Code 664 SUNLAND PARK EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) DINNER W/ LEESERS & JOHNSONS - FUND RAISERS	Amount (\$) \$31.78 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/24/2003	Payee name VINTAGE CAR WASH Payee address City State Zip Code 6237 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) CAR WASH	Amount (\$) \$5.99 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule G: 11
2 FILER NAME Joseph D. Wardy Jr.		3 ACCOUNT # (Ethics Commission filers)
4 DATE 3/23/2003	5 Payee name DIAMOND SHAMROCK 6 Payee address City State Zip Code 4201 N. MESA EL PASO TX 79912 7 Purpose of expenditure (See instruction regarding type of information required.) GAS	8 Amount (\$) \$25.40 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/17/2003	Payee name G & R Payee address City State Zip Code 401 E. NEVADA EL PASO TX 79902 Purpose of expenditure (See instruction regarding type of information required.) LUNCH - GONSALES, OEGUEDA CAMPAIGN	Amount (\$) \$24.05 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/18/2003	Payee name PHILLIPS 66 Payee address City State Zip Code 6200 N. MESA EL PASO TX 79912 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$26.45 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/12/2003	Payee name C & R #9 Payee address City State Zip Code 715 N. STANTON EL PASO TX 79901 Purpose of expenditure (See instruction regarding type of information required.) GAS	Amount (\$) \$25.50 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE 3/13/2003	Payee name DENNY'S 7143 Payee address City State Zip Code 4690 WOODROW BEAN EL PASO TX 79924 Purpose of expenditure (See instruction regarding type of information required.) LUNCH	Amount (\$) \$15.67 <input checked="" type="checkbox"/> Reimbursement from political contribution 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 this Schedule F: 11
2 FILER NAME Joseph Wardy		3 ACCOUNT # (Ethics Commission filers)
4 DATE 2/28/2003	5 Payee name CAMINO REAL 6 Payee address City State Zip Code 1015 EI PASO EL PASO TX 79901 7 Purpose of expenditure (See instruction regarding type of information required.) PARKING	8 Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contribution intended
DATE	Payee name Payee address City State Zip Code Purpose of expenditure (See instruction regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contribution intended
DATE	Payee name Payee address City State Zip Code Purpose of expenditure (See instruction regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contribution intended
DATE	Payee name Payee address City State Zip Code Purpose of expenditure (See instruction regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contribution intended
DATE	Payee name Payee address City State Zip Code Purpose of expenditure (See instruction regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contribution intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED