

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5162

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

25

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
JOHN
NICKNAME LAST SUFFIX
VITQUEZ

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 92524
AUSTIN TX 78709

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
SYLVIA
NICKNAME LAST SUFFIX
SALAZAR

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8113 DOE MEADOW
AUSTIN TX 78749

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 288 3128

8 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 02 THROUGH 6 / 30 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 5 / 02
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE, PCT 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOHN VASQUEZ

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 8

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

\$ 8421.80

EXPENDITURE TOTALS

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

\$ 99

4. TOTAL POLITICAL EXPENDITURES

\$ 1866.90

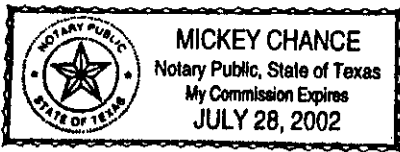
OUTSTANDING LOAN TOTALS

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.



John Vasquez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mickey Chance this the 13 day of July, 20 02, to certify which, witness my hand and seal of office.

Mickey Chance
Signature of officer administering oath

Mickey Chance
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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

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1 Total pages this Schedule A1:

12

2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/02

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

FRED OR SANE FUCHS

6 Contributor address; City; State; Zip Code

10905 SIERRA VERE TRAIL
AUSTIN TX 78759

7 Amount of contribution (\$)

2.5

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/27/02

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

IGNACIO D TREUINO

Contributor address; City; State; Zip Code

2604 FOREST BEND DR
AUSTIN, TX 78704

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

JEFF SENTER P.C.

Contributor address; City; State; Zip Code

812 SAN ANTONIO STE 305
AUSTIN TX 78701

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

MARK ALVARADO

Contributor address; City; State; Zip Code

404 W 13TH
AUSTIN TX 78701

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

ANTONIO WEAHNES

Contributor address; City; State; Zip Code

1602 E 7TH
AUSTIN, TX 78702

Amount of contribution (\$)

250

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

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2 FILER NAME

JOHN UASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/02

5 Full name of contributor

out-of-state PAC (ID# _____)

SOE OR SUANITA SALAZAR

6 Contributor address; City; State; Zip Code

1320 ~~ST~~ STRICKLAND DR

AUSTIN, TX 78748

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/28/02

Full name of contributor

out-of-state PAC (ID# _____)

KERRIE D. KEY

Contributor address; City; State; Zip Code

50 5400 WOODVIEW AVE

AUSTIN, TX 78756

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

Full name of contributor

out-of-state PAC (ID# _____)

ANTHONY ATERNO/PENNY WILKOV ATERNO

Contributor address; City; State; Zip Code

8905 CURRYWOOD DR

AUSTIN, TX 78759

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

Full name of contributor

out-of-state PAC (ID# _____)

GABRIEL BUTIERREZ, JR.

Contributor address; City; State; Zip Code

61 N IH35

AUSTIN, TX 78702

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

Full name of contributor

out-of-state PAC (ID# _____)

GISELA TRIANA

Contributor address; City; State; Zip Code

401 E. 35TH

AUSTIN, TX 78705

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME JOHN VASQUEZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/27/02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>RAY, WOOD, & BONILLA, LLP</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO. BOX 165001 AUSTIN, TX 78716</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SYLVIA B. KENIG, INC.</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2102 KEYWOOD COVE AUSTIN TX 78746</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MARK P. MCCRIMMON</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>909 RIO GRANDE AUSTIN, TX 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JESUS SIFUENTES/BEATRIZ SIFUENTES</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>306 FOX HOLLOW BUDA, TX 78610</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ROSALIA CASTANEDA</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1216 E 7TH ST AUSTIN, TX 78702</u>			

Principal occupation (Optional) Employer (Optional)

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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/02

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

FERNANDO MARTINEZ

6 Contributor address; City; State; Zip Code

500 W. 16TH, STE 101
AUSTIN, TX 78701

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/27/02

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

NED GRANGER LAW OFFICE

Contributor address; City; State; Zip Code

605 W. 10TH ST
AUSTIN, TX 78701

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

LINE BARGER, GOGGAN, BLAIR, PENNA &

Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN, TX 78760

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/26/02

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

FITZGERALD & MEISSNER, P.C.

Contributor address; City; State; Zip Code

812 SAN ANTONIO, STE 400
AUSTIN, TX 78701-2224

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

STEVE OR SYLVIA BRITAIN

Contributor address; City; State; Zip Code

12904 WELLS FARGO
AUSTIN, TX 78737

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

AMANDO PENA

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

250

6 Contributor address; City; State; Zip Code

5801 MAGEE BLVD
AUSTIN, TX 78749

9 Principal occupation (Optional)

10 Employer (Optional)

Date

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

CHRISTOPHER M. GUNTER, P.C.

Amount of contribution (\$)

In-kind contribution description (if applicable)

250

Contributor address; City; State; Zip Code

600 W. NINTH ST
AUSTIN, TX 78701-2212

Principal occupation (Optional)

Employer (Optional)

Date

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

DAVID S BUTTS

Amount of contribution (\$)

In-kind contribution description (if applicable)

100

Contributor address; City; State; Zip Code

1914 PATTON LAWE
AUSTIN, TX 78723

Principal occupation (Optional)

Employer (Optional)

Date

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

LAW OFFICE OF ALBERTO GARCIA

Amount of contribution (\$)

In-kind contribution description (if applicable)

100

Contributor address; City; State; Zip Code

1715 S. FIRST
AUSTIN, TX 78704

Principal occupation (Optional)

Employer (Optional)

Date

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

ELIZABETH M. BAIRD

Amount of contribution (\$)

In-kind contribution description (if applicable)

250

Contributor address; City; State; Zip Code

3401 ALDOWYCHE
AUSTIN, TX 78704

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/02

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

BRUCE ELFANT

6 Contributor address; City; State; Zip Code

1205 FAIRWOOD
AUSTIN, TX 78722

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/27/02

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

UEVA S. OR MICHAEL E.

Contributor address; City; State; Zip Code

11405 BUNTING DR
AUSTIN, TX 78759-4755

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

PHILLIP SANDERS / KAY SANDERS

Contributor address; City; State; Zip Code

2900 CEDARVIEW DR.
AUSTIN, TX 78704

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

G. CLARKE HAMMOND

Contributor address; City; State; Zip Code

1303 HILLSIDE AVE.
AUSTIN, TX 78704

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/27/02

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

KENT ANSHUTZ

Contributor address; City; State; Zip Code

1012 RIO GRANDE
AUSTIN, TX 78701

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME JOHN JASQUEZ			3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/27/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIONISIO G. OR SYLVIA SALAZAR	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 8113 DOE MEADOW AUSTIN, TX 78749				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SCOTT J. LEVINSON / SANDRA R. NICOLAS	Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3220 BONNIE RD AUSTIN, TX 78703-2704				
Principal occupation (Optional)		Employer (Optional)		
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HERBERT EUANS	Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1302 WEST AVE. AUSTIN TX 78701-1716				
Principal occupation (Optional)		Employer (Optional)		
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANGELA S. RITTER	Amount of contribution (\$) 25	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4159 STECK NO. 240 AUSTIN TX 78759				
Principal occupation (Optional)		Employer (Optional)		
Date 6/5/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUY, CREWS & ELLIOT, P.C.	Amount of contribution (\$) 500	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8140 MCPAC, BLDG 2-140 AUSTIN, TX 78759-8860				
Principal occupation (Optional)		Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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12

2 FILER NAME **JOHN VASQUEZ** 3 ACCOUNT # (Ethics Commission filers)

4 Date 6/27/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY SEALS	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 4611 MADRONA AUSTIN, TX 78731-5229			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA CANCHOLA CAMPAIGN	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 1900 EASTSIDE DRIVE AUSTIN, TX 78744			

Principal occupation (Optional) Employer (Optional)

Date 6/12/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIKTOR OLAVSON	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 406 W. 13TH ST AUSTIN, TX 78701-1825			

Principal occupation (Optional) Employer (Optional)

Date 6/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCANLON, BUCKLE & YOUNG P.C.	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 602 W 11TH ST. AUSTIN, TX 78701-2099			

Principal occupation (Optional) Employer (Optional)

Date 6/4/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH M GIBSON	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 812 SAN ANTONIO, STE 318 AUSTIN, TX 78701			

Principal occupation (Optional) Employer (Optional)

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2 FILER NAME

JOHN JASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/23/02

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

DAVID N. SMITH

6 Contributor address; City; State; Zip Code

P.O. BOX 537

AUSTIN, TX 78767-0537

7 Amount of contribution (\$)

35

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/25/02

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

WILLIAM B. GAMMON

Contributor address; City; State; Zip Code

1119 W. 9TH ST

AUSTIN, TX 78703

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/26/02

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

ROBERT ICENHAUER - RAMIREZ

Contributor address; City; State; Zip Code

1103 NUECES ST

AUSTIN, TX 78701

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/01

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

E. S. DONSBACH or MARY R DONSBACH

Contributor address; City; State; Zip Code

5005 GLENCOE CIR.

AUSTIN, TX 78745

Amount of contribution (\$)

10

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/24/02

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

RODRIGUEZ & SCHORN P.C.

Contributor address; City; State; Zip Code

43115 S. FIRST ST

AUSTIN, TX 78745

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME JOHN VASQUEZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/27/02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SIM MATTOX FINANCE COMM</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 13223 AUSTIN, TX 78711-3223</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>6/4/01</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>WILLIAMS & FORSYTHE</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1100 WEST AVE AUSTIN, TX 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/3/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DAVID A SHEPPARD</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>700 LAUACA # 1550 AUSTIN, TX 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/11/02</u> 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BETTY BLACKWELL</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1306 NUECES ST AUSTIN, TX 78701</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/26/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BETTY <u>BETTY BLACKWELL</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1306 NUECES ST AUSTIN, TX 78701</u>			

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:

12

2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/26/02

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

STEVE TURRO

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

404 W. 13TH ST
AUSTIN TX 78701

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/26/02

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

KEITH TANIGUCHI

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3900 MANCHACA RD
AUSTIN, TX 78704

Principal occupation (Optional)

Employer (Optional)

Date

6/26/02

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

SUSAN GUTZKE

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1602 E. 7TH
AUSTIN, TX 78702

Principal occupation (Optional)

Employer (Optional)

Date

1/2/02

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

JOHN VASQUEZ

Amount of contribution (\$)

800

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 92524
AUSTIN, TX 78709

Principal occupation (Optional)

Employer (Optional)

Date

6/20/02

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

RAJO J TURNER

Amount of contribution (\$)

121.80

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1000 E 7TH STE 208
AUSTIN, TX 78702

POSTAGE

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:
12

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/27/02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JORGE BUSTOS</u>	7 Amount of contribution (\$) <u>500</u>	8 In-kind contribution description (if applicable) RENT <u>FOOD</u>
6 Contributor address; City; State; Zip Code <u>1402 E. 7TH AUSTIN, TX 78702</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RON MEYERSON</u>	Amount of contribution (\$) 40 <u>40</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16725 <u>8602 GREEN VALLEY AUSTIN, TX 78759</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SCOTT DAVIS</u>	Amount of contribution (\$) <u>50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2919 MANHACA AUSTIN TX 78746</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>6/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BILL HAMILTON</u>	Amount of contribution (\$) <u>35</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2505 BETTIS AUSTIN, TX 78746</u>			

Principal occupation (Optional) Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1: <u>1</u>
--	--

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	--

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
--------	---	-------------------------	---------------------------------------

10 Principal occupation (optional)	11 Employer (optional)
------------------------------------	------------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

2 FILER NAME JOHN VASQUEZ 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 1/3/02 7 Name of lender JOHN VASQUEZ out-of-state PAC (ID#: _____) 9 Loan Amount (\$) 1,000

6 Is lender a financial institution? Y N 8 Lender address; City; State; Zip Code 5631 WAGON TRAIN AUSTIN, TX 78749 10 Interest rate - 0 - 11 Maturity date ON DEMAND

12 Description of Collateral none

13 GUARANTOR INFORMATION not applicable 14 Name of guarantor 16 Amount Guaranteed (\$) 15 Guarantor address; City; State; Zip Code

17 Principal Occupation 18 Employer

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$) Is lender a financial institution? Y N Lender address; City; State; Zip Code Interest rate Maturity date

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **JOHN VASQUEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/15/02	5 Payee name THIRD EYE PHOTOGRAPHY	7 Amount (\$) 297.69
6 Payee address; City; State; Zip Code P.O. BOX 702918 AUSTIN, TX 78720		

8 Purpose of payment (See instructions regarding type of information required.) PHOTO	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date 3/14/02	Payee name RGS PRINTING	Amount (\$) 227.27
Payee address; City; State; Zip Code 1309 RUTHERFORD LANE AUSTIN, TX 78753		

Purpose of payment (See instructions regarding type of information required.) PRINTING EXP	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

Date 2/1/02	Payee name JOHN FRANZETTI	Amount (\$) 125
Payee address; City; State; Zip Code 934 REINLI STREET, STE 24 AUSTIN, TX 75751		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date 6/18/02	Payee name OFFICE DEPOT	Amount (\$) 37.86
Payee address; City; State; Zip Code 5300 Mopac Expy South #10A 5300 MOPAC EXPWAY SOUTH #10A, AUSTIN, TX, 78749		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 4

2 FILER NAME JOHN VASQUEZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/18/02</u>	5 Payee name <u>OFFICE DEPT</u>	7 Amount (\$) <u>42.60</u>
6 Payee address; City, State; Zip Code <u>5300 MOPAC EXPRY SOUTH #101 AUSTIN, TX 78749</u>		

8 Purpose of payment (See instructions regarding type of information required.) Envelope Paper <u>ENVELOPES & PAPER</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	---

Date <u>6/20/02</u>	Payee name <u>TRAVIS COUNTY DEMOCRATIC PARTY</u>	Amount (\$) <u>106.21</u>
Payee address; City, State; Zip Code <u>4201 S. CONGRESS STE 392 AUSTIN, TX 78745</u>		

Purpose of payment (See instructions regarding type of information required.) <u>POSTAGE</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	---

Date <u>6/20/02</u>	Payee name <u>OLIVIA GENERALI</u>	Amount (\$) <u>26.10</u>
Payee address; City, State; Zip Code <u>1602 E 7TH AUSTIN TX 78702</u>		

Purpose of payment (See instructions regarding type of information required.) <u>FOOD</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	---

Date <u>6/20/02</u>	Payee name <u>OFFICE DEPT</u>	Amount (\$) <u>43.34</u>
Payee address; City, State; Zip Code <u>5300 MOPAC EXPRY SOUTH #101 AUSTIN TX 78749</u>		

Purpose of payment (See instructions regarding type of information required.) <u>NAME TAGS, PENS, TAPE & OTHER OFFICE SUPPLIES</u>	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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

SOHAN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/25/02

KINKO'S

6 Payee address; City; State; Zip Code

5601 BRODIE LANE
AUSTIN TX 78749

52.80

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

PRINTING

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/25/02

DELIA STINSON

Payee address; City; State; Zip Code

1800 HOLLONTREE BLVD
ROUND ROCK, TX 78681

60

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

FOOD

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/27/02

OFFICE DEPT

Payee address; City; State; Zip Code

5300 MOPAC EXPNY SOUTH #101
AUSTIN, TX 78749

28.63

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

Payee name

Amount (\$)

6/27/02

KINKOS

Payee address; City; State; Zip Code

5601 BRODIE LANE
AUSTIN, TX 78745

19.40

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

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 Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/2/02

TRAVIS COUNTY

6 Payee address; City; State; Zip Code

TRAVIS COUNTY COURTHOUSE
AUSTIN, TX 78701

500

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

FILING FEE

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.)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder