

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5224

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:
22

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
JOHN
NICKNAME LAST SUFFIX
VASQUEZ

OFFICE USE ONLY

Date Received

02 OCT - 11 PM 4: 54
FILED
DANA DEWITT
COUNTY CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX. APT / SUITE #, CITY, STATE, ZIP CODE
P.O. BOX 92524
AUSTIN TX 78709

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
SYLVIA
NICKNAME LAST SUFFIX
SALAZAR

Receipt #

Amount

Date Processed

Date Imaged

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 Month Day Year
7 / 1 / 02 THROUGH **9 / 26 / 02**

10 ELECTION

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

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ 30.96

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

\$ 5805.96

EXPENDITURE TOTALS

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

\$ 76.20

4. TOTAL POLITICAL EXPENDITURES

\$ 5532.75

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



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said John Vasquez, this the 7th day of Oct., 2002, to certify which, witness my hand and seal of office.

Armando R. Martinez
Signature of officer administering oath

Armando R. Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/1/02

5 Full name of contributor

out-of-state PAC (ID# _____)

VELVA L. PRICE

6 Contributor address; City; State; Zip Code

1601 RIDGEMONT DR
AUSTIN TX 78723

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7/22/02

Full name of contributor

out-of-state PAC (ID# _____)

LAW OFFICE OF SANDRA RITZ

Contributor address; City; State; Zip Code

1104 NUECES
AUSTIN TX 78701

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/1/02

Full name of contributor

out-of-state PAC (ID# _____)

ROBERT B.W + BETTIE S. GIRLING

Contributor address; City; State; Zip Code

2501 EL GRECO COVE
AUSTIN TX 78703

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/13/02

Full name of contributor

out-of-state PAC (ID# _____)

CAROLINE LEGETTE

Contributor address; City; State; Zip Code

2911 KASSARINE PASS
AUSTIN TX 78704

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/17/02

Full name of contributor

out-of-state PAC (ID# _____)

GORDON KARCHMER

Contributor address; City; State; Zip Code

1122 COLORADO, STE 2320
AUSTIN TX 78701

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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

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

4 Date 7/9/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAIN P. WHITWORTH	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 507 W. 10TH ST AUSTIN, TX 78701			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 6/24/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARY PEARL WILLIAMS	Amount of contribution (\$) 35	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3503 MT. BARKER DR AUSTIN TX 78731			

Principal occupation (Optional) Employer (Optional)

Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY SAUER	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1004 WEST AVE. AUSTIN TX 78701-2019			

Principal occupation (Optional) Employer (Optional)

Date 7/1/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KUHN, DOYLE & KUHN, P.C.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 603 W. EIGHTH ST. AUSTIN, TX 78701			

Principal occupation (Optional) Employer (Optional)

Date 7/9/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WHITEHURST, HARKNESS, OZMAN & ARCHULETA	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1802 AUSTIN TX 78767			

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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1 Total pages this Schedule A1:

2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/02

5 Full name of contributor

out-of-state PAC (ID#)

BALIE J. GRIFFITH

6 Contributor address; City; State; Zip Code

3711 TAYLORS DRIVE
AUSTIN TX 78703

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/4/02

Full name of contributor

out-of-state PAC (ID#)

WILLIAM H. ROGERS

Contributor address; City; State; Zip Code

7602 BENDER
AUSTIN TX 78749

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/26/02

Full name of contributor

out-of-state PAC (ID#)

CRAMPTON + ASSOCIATES, P.C.

Contributor address; City; State; Zip Code

2579 WESTERN TRAIL #100
AUSTIN, TX 78745-1565

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID#)

LAW OFFICE OF SANDRA C. RITZ

Contributor address; City; State; Zip Code

1104 NUECES
AUSTIN TX 78701

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID#)

LAW OFFICE OF KYLE LOWE

Contributor address; City; State; Zip Code

1411 WEST AVE STE. 200
AUSTIN TX 78701

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/02

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

TOM O'LEARY

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2512 S. IH-35 #300
AUSTIN TX 78704

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/4/02

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

CARLOS M. BARRERA

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1106 SAN ANTONIO AVE.
AUSTIN TX 78701

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

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

JUANITA SALAZAR

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1320 STRICKLAND DR.
AUSTIN TX 78748

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

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

LAW OFFICES OF MACK RAY HERNANDEZ

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

524 N. LAMAR BLVD STE 202
AUSTIN TX 78703

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

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

GLORIA SALAZAR

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1070 BRUTUS DRIVE
KYLE TX 78640

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME SIM EW BANK		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/4/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SIM EW BANK	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 911 CROSSWIND DR. SPICEWOOD, TX 78669			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9/4/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD S. MEYERSON	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8602 GREEN VALLEY AUSTIN TX 78759			
Principal occupation (Optional)		Employer (Optional)	
Date 7/29/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: H. ALLEN HILL	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 15TH STR STE 750 AUSTIN TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 9/4/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FITZGERALD & MEISSNER P.C.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 SAN ANTONIO, STE 400 AUSTIN TX 78701-2224			
Principal occupation (Optional)		Employer (Optional)	
Date 9/4/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE ELFANT	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 FAIRWOOD AUSTIN TX 78722			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/02

5 Full name of contributor

out-of-state PAC (ID# _____)

LAW OFFICE OF RUBEN I. BARRERA, P.C.

6 Contributor address; City; State; Zip Code

608 W. OLTORF ST.
AUSTIN TX 78704-5320

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID# _____)

EMMA BARRIENTOS

Contributor address; City; State; Zip Code

2906 GEM CIRCLE
AUSTIN TX 78704

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID# _____)

BOLTON DOBGETT

Contributor address; City; State; Zip Code

P.O. BOX 3882
AUSTIN TX 78764-3882

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID# _____)

LISA J MONTAYA

Contributor address; City; State; Zip Code

502 LIGHTSEY RD
AUSTIN TX 78704

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

out-of-state PAC (ID# _____)

ANNE C. MAFFEE

Contributor address; City; State; Zip Code

4831 TIMBERLINE DRIVE
AUSTIN TX 78746-5630

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/02

5 Full name of contributor

SAM A. TURNER

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6603 SUNSTRIP DR
AUSTIN, TX 78745

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/3/02

Full name of contributor

SILVIA B. KENIS, INC.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2102 KEYWEST COVE
AUSTIN TX 78746

Principal occupation (Optional)

Employer (Optional)

Date

7/27/02

Full name of contributor

BRUCE S. FOX

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

404 W. 13TH ST
AUSTIN TX 78701-1825

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

MARY SANE CARLETT

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5638 WAGON TRAIN RD
AUSTIN TX 78749

Principal occupation (Optional)

Employer (Optional)

Date

9/4/02

Full name of contributor

RONALD ESTRADA

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13505 BRIAR HOLLOW DRIVE
AUSTIN TX 78729

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME JOHN UASQUEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/3/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MIKE K. LUNA	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2301 E CESAR CHAVEZ ST AUSTIN TX 78702			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9/5/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KAREN M. BRIMBLE	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1511 WOODLAWN BLVD AUSTIN TX 78703-3330			
Principal occupation (Optional)		Employer (Optional)	
Date 9/3/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAM B. GAMMON	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1119 W. 9TH ST AUSTIN TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 8/29/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF RUSS SABLATURA	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13706 RESEARCH BLVD STE 308 AUSTIN TX 78750			
Principal occupation (Optional)		Employer (Optional)	
Date 9/2/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ELSIE F. CRAVEN, P.C.	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 WEST AVE AUSTIN TX 78701			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME JOHN JASQUEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/3/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDGE DIETZ CAMPAIGN	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 162793 AUSTIN TX 78716-2793			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9/2/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMANDO PENA	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5801 MAGEE BLVD AUSTIN TX 78749			
Principal occupation (Optional)		Employer (Optional)	
Date 8/29/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTOPHER M. GUNTER, P.O.	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W. NINTH ST AUSTIN TX 78701-2212			
Principal occupation (Optional)		Employer (Optional)	
Date 8/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MRS. E. S. DONSBACH	Amount of contribution (\$) 15	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5005 6529 GLEN COE CIR AUSTIN TX 78745-1744			
Principal occupation (Optional)		Employer (Optional)	
Date 9/25/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH S. BONZAES	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 724 WALES WAY AUSTIN TX 78748-6531			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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

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

4 Date 8/30/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANGELA S. RITTER	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4159 STECK No 240 AUSTIN TX 78759			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 8/29/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF SCOTT C. SMITH, P.C.	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1304 NUECES STREET AUSTIN TX 78701			

Principal occupation (Optional) Employer (Optional)

Date 9/3/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GEORGE R. SOMERVILLE, III	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2302 HANCOCK DR. AUSTIN TX 78756			

Principal occupation (Optional) Employer (Optional)

Date 9/5/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOMAS GARZA LAW OFFICE	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 SAN ANTONIO, STE 9-15 AUSTIN, TX 78701			

Principal occupation (Optional) Employer (Optional)

Date 8/20/02 8/20/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSO & TURNER	Amount of contribution (\$) 425 425	In-kind contribution description (if applicable) POSTAGE POSTAGE
Contributor address; City; State; Zip Code 1000 E. 7TH STE 208 AUSTIN TX 78702			

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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

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

2 **FILER NAME** 3 ACCOUNT # (Ethics Commission filers)
 JOHN ~~DA~~ UASQUEZ

4 Date 9/4/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LA FERIA RESTAURANT	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable) REST FACILITIES ↓ FOOD
6 Contributor address; City; State; Zip Code 2010 S. LAMAR BLVD AUSTIN TX 78704			

9 Principal occupation (Optional) 10 Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

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

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: **1**

2 FILER NAME

JOHN VASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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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

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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:

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

4 Date 7/23/02	5 Payee name AMERICAN PRINTING	7 Amount (\$) 1516.32
6 Payee address; City; State; Zip Code 1606 HEADWAY CIR STE 100 AUSTIN TX 78754		

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 8/14/02	Payee name OLIVIA GENERALI	Amount (\$) 135.33
Payee address; City; State; Zip Code 1602 E. 7TH AUSTIN TX 78702		

Purpose of payment (See instructions regarding type of information required.) PAPER + ENVELOPES	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	--

Date 9/4/02	Payee name TEXAS PRINTING CO	Amount (\$) 3094.84
Payee address; City; State; Zip Code 1209 E. CESAR CHAVEZ AUSTIN TX 78702		

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 9/6/02	Payee name TEXAS PRINTING CO	Amount (\$) 450
Payee address; City; State; Zip Code 1209 E. CESAR CHAVEZ AUSTIN TX 78702		

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
--	--

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JOHN UASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/19/02

OLIVIA GENERALI

6 Payee address; City; State; Zip Code

1602 E 7TH
AUSTIN TX 78702

60.06

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

Payee name

Amount (\$)

9/23/02

BOB ALLEN

Payee address; City; State; Zip Code

4800 BROKEN BOW PASS
AUSTIN TX 78745

200

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

LABOR FOR SIGNS

** 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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

JOHN VASQUEZ

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

JOHN VASQUEZ

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:

2 FILER NAME

JOHN UASQUEZ

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.)	

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

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

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

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

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CREDITS (optional)

SCHEDULE K

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

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

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

JOHN VASQUEZ

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