



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** JOHN JASQUEZ **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. ..

<input type="checkbox"/> GENERAL	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

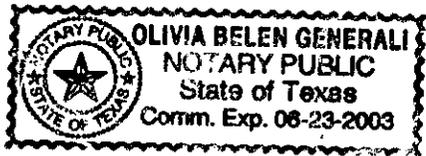
additional pages

**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.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 610
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4287.49
<b>OUTSTANDING LOAN TOTALS</b>	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 Jasquez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN JASQUEZ, this the 26<sup>th</sup> day of October, 2002, to certify which, witness my hand and seal of office.

Olivia B. Generali  
Signature of officer administering oath

Olivia B. Generali  
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: <b>2</b>	
2 FILER NAME <b>JOHN VASQUEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/10/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JIM DREW</b>	7 Amount of contribution (\$) <b>250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5431 INWOOD HOUSTON TX 77056</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/1/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ELIZABETH F. MAXFIELD</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7202 BREEZY PASS COVE AUSTIN, TX 78749</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/5/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RAUL/PATRICIA CANTU</b>	Amount of contribution (\$) <b>30</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8104 DOE MEADOW DR AUSTIN, TX 78749</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/6/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ANDY LEFAVE</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5006 DESERT OAK CIR AUSTIN TX 78749</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/5/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROLANDO/MARIA TERESA BENAVIDEZ</b>	Amount of contribution (\$) <b>30</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5900 KABAYE AUSTIN TX 78749</b>			
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: <b>2</b>	
2 FILER NAME <b>JOHN VASQUEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/4/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SANDRA R. NICHOLAS</b>	7 Amount of contribution (\$) <b>50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3220 BONNIE RD AUSTIN TX 78703</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>THOM FARRELL</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3223 PARK HILLS DR AUSTIN TX 78746</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/5/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SYLVIA SALAZAR</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable) <b>Food</b>
Contributor address; City; State; Zip Code <b>8113 DOE MEADOW AUSTIN TX 78749</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# 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)

**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

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:  
**3**

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

4 Date <b>9/27/02</b>	5 Payee name <b>BOB ALLEN</b>	7 Amount (\$) <b>200</b>
6 Payee address; City; State; Zip Code <b>4800 BROKEN BOW PASS AUSTIN TX 78745</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>SIGN LABOR</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>10/3/02</b>	Payee name <b>NOKOA THE OBSERVER NEWSPAPER</b>	Amount (\$) <b>200</b>
Payee address; City; State; Zip Code <b>1154 ANGELINA STREET AUS</b>		

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

Date <b>10/8/02</b>	Payee name <b>BOB ALLEN</b>	Amount (\$) <b>200</b>
Payee address; City; State; Zip Code <b>4800 BROKEN BOW PASS AUSTIN TX 78745</b>		

Purpose of payment (See instructions regarding type of information required.) <b>SIGN LABOR</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>10/21/02</b>	Payee name <b>OAK HILL GAZETTE</b>	Amount (\$) <b>251.60</b>
Payee address; City; State; Zip Code <b>7200 W HIGHWAY 71 AUSTIN TX 78735</b>		

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

JOHN UASQUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/02

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

7 Amount (\$)

2450

6 Payee address; City; State; Zip Code

4201 S. CONGRESS, SUITE 302  
AUSTIN TX 78745

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

10/23/02

Payee name

KINKOS

Amount (\$)

25.35

Payee address; City; State; Zip Code

2901 MEDICAL ARTS STREET  
AUSTIN TX 78750

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

Date

10/23/02

Payee name

AUSTIN WOMENS POLITICAL CAUCUS

Amount (\$)

722.47

Payee address; City; State; Zip Code

C/O B.S. ENRIQUEZ  
2800 METCALFE RD  
AUSTIN TX 78741

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

PRINTING &amp; POSTAGE

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

Candidate / Officeholder name

Office sought

Office held

Date

LA PRENSA

Amount (\$)

200

Payee address; City; State; Zip Code

1704 E. 5TH STREET  
AUSTIN TX 78702

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

AD

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
3

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

4 Date <b>10/24/02</b>	5 Payee name <b>OFFICE DEPOT</b>	7 Amount (\$) <b>37.87</b>
6 Payee address; City; State; Zip Code <b>5300 SOUTH MO PAC EXPRESSWAY AUSTIN, TX 78749</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>SUPPLIES</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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: <b>1</b>
2 FILER NAME <b>JOHN VASQUEZ</b>	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

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule H: <div style="text-align: center; font-size: 2em;">1</div>
<b>2</b> FILER NAME <div style="font-size: 1.5em; font-family: cursive;">JOHN JASQUEZ</div>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name  ..... <b>6</b> Business address; City; State; Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I: <u>1</u>
2 FILER NAME <u>JOHN VASQUEZ</u>	3 ACCOUNT # (Ethics Commission filers)

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

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

Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME JOHN UASQUEZ

3 ACCOUNT # (Ethics Commission filers)

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

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 SAHWA UASQUEZ	2 ACCOUNT # (Ethics Commission filers)
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### 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