



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Vasquez, Rebecca (Ms.)

15 ACCOUNT # (Ethics Commission filers)  
11111111

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 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,700.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	8,468.33
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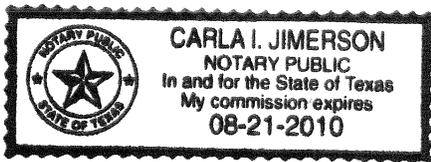
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,188.05
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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.

*Rebecca Vasquez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Vasquez, this the 12<sup>th</sup> day of April, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson Carla I Jimerson notary  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/4 Report: 3/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

**4** Date  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
03/22/2007 Camarillo, Marco A. (Mr.)

**7** Amount of contribution (\$)  
\$25.00

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
9636 Stonehaven Dr.  
El Paso, TX 79925

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
02/08/2007 Cane, Richard (Mr.)

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2027 Airway Blvd  
El Paso, TX 79925

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
03/03/2007 Cane, Richard (Mr.)

Amount of contribution (\$)  
\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2027 Airway Blvd  
El Paso, TX 79925

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
01/16/2007 Castillo, Jesse J. (Mr.)

Amount of contribution (\$)  
\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6401 Upper Valley Rd  
El Paso, TX 79932

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
02/18/2007 Cobos, Anthony G. (Mr.)

Amount of contribution (\$)  
\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
407 Emory  
El Paso, TX 79922

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 2/4 Report: 4/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

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

11111111

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Cortez, Laura P. (Ms.)

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

**8** In-kind contribution description (if applicable)

01/15/2007

**6** Contributor address; City; State; Zip Code  
12438 Paseo Blanco  
El Paso, TX 79928

\$200.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Demetrio Jimenez and/or Leticia Jimenez

Amount of contribution (\$)

In-kind contribution description (if applicable)

01/11/2007

Contributor address; City; State; Zip Code  
6600 Quail Cove  
El Paso, TX 79912

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
El Paso Sheriff's Officers Association

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/14/2007

Contributor address; City; State; Zip Code  
747 E. San Antonio # 103  
El Paso, TX 79901

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Forest C. Weatherly & Annita Williamson

Amount of contribution (\$)

In-kind contribution description (if applicable)

02/06/2007

Contributor address; City; State; Zip Code  
3216 Park North Dr.  
El Paso, TX 79904

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Kimmelman, Gil M. (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

01/10/2007

Contributor address; City; State; Zip Code  
305 S. El Paso St.  
El Paso, TX 79901

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/4 Report: 5/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

**4** Date  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Larsen, John & Jan

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

01/12/2007  
.....  
**6** Contributor address; City; State; Zip Code  
3245 High Point Dr.  
El Paso, TX 79904

\$200.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Lechuga, Edward and Alicia

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

02/18/2007  
.....  
Contributor address; City; State; Zip Code  
10620 Vista Lomas Dr.  
El Paso, TX 79935

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
May, Denise M.

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

01/11/2007  
.....  
Contributor address; City; State; Zip Code  
1420 Cloud Ridge Dr.  
El Paso, TX 79912

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Morales, Andres (Mr.)

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

01/11/2007  
.....  
Contributor address; City; State; Zip Code  
10328 Newport  
El Paso, TX 79924

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Quinones, Maida P. (Ms.)

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

01/11/2007  
.....  
Contributor address; City; State; Zip Code  
1497 Paseo de Flor St  
El Paso, TX 79928

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/4 Report: 6/12	
<b>2</b> FILER NAME Vasquez, Rebecca (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111	
<b>4</b> Date  02/18/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenbaum, Louis (Mr.)  ..... <b>6</b> Contributor address; City; State; Zip Code 315 E. Rim El Paso, TX 79902	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenbaum, Noel R. (Mr.)  ..... Contributor address; City; State; Zip Code 405 Val Plano El Paso, TX 79912	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rubinstein, Jaime & Martha  ..... Contributor address; City; State; Zip Code 7416 Luz de Lumbre El Paso, TX 79912	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sylvia Sandoval and/or Daniel Rojas  ..... Contributor address; City; State; Zip Code 10900 Loma del Color El Paso, TX 79934	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/5 Report: 7/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

4 Date	5 Payee name	7 Amount (\$)
02/20/2007	Payee name Barrel House Liquors  Payee address; City; State; Zip Code 420 W. Redd Rd El Paso, TX 79912	\$69.67

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Alcohol for fundraiser	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
03/09/2007	Payee name City of El Paso  Payee address; City; State; Zip Code 2 Civic Center Plaza El Paso, TX 79901	\$250.00

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

Date	Payee name	Amount (\$)
01/31/2007	Payee name Clarke American  Payee address; City; State; Zip Code 5734 Farinon Dr. San Antonio, TX 78249	\$14.00

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

Date	Payee name	Amount (\$)
01/15/2007	Payee name Escobar, David (Mr.)  Payee address; City; State; Zip Code 8811 Alameda El Paso, TX 79907	\$110.00

Purpose of payment (See instructions regarding type of information required.) Copies and Prining	** 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** PAGE #  
Schedule: 2/5 Report: 8/12**2** FILER NAME Vasquez, Rebecca (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
11111111

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
03/08/2007	Eureka Media Group	\$489.19
	<b>6</b> Payee address; City; State; Zip Code 600 Sunland Park Dr. # 500 El Paso, TX 79912	

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

Date	Payee name	Amount (\$)
02/02/2007	H & H Mailing Services	\$1,222.05
	Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	

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

Date	Payee name	Amount (\$)
02/20/2007	Little Diner	\$52.17
	Payee address; City; State; Zip Code 7029 7th Street Canutillo, TX 79835	

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

Date	Payee name	Amount (\$)
01/29/2007	Office Depot	\$40.45
	Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	

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

# POLITICAL EXPENDITURES

# SCHEDULE F

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

**1** PAGE #  
Schedule: 3/5 Report: 9/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

<b>4</b> Date	<b>5</b> Payee name Office Depot	<b>7</b> Amount (\$)
02/08/2007	<b>6</b> Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	\$330.07

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

Date	Payee name Office Depot	Amount (\$)
02/10/2007	Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	\$169.60

Purpose of payment (See instructions regarding type of information required.) Printing /folding/stamps	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Office Depot	Amount (\$)
02/27/2007	Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	\$30.76

Purpose of payment (See instructions regarding type of information required.) Brochure Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Office Depot	Amount (\$)
03/05/2007	Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	\$15.72

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

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/5 Report: 10/12
<b>2</b> FILER NAME Vasquez, Rebecca (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111111
<b>4</b> Date  03/25/2007	<b>5</b> Payee name Office Depot  <b>6</b> Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	<b>7</b> Amount (\$)  \$347.22
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office Supplies, Stamps, Letter Folding		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/02/2007	Payee name Office Depot  Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	Amount (\$)  \$80.67
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  02/17/2007	Payee name Sam's Club  Payee address; City; State; Zip Code 7970 North Mesa El Paso, TX 79932	Amount (\$)  \$332.07
Purpose of payment (See instructions regarding type of information required.) Snacks, Drinks and Cups for fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/29/2007	Payee name Valley Printers  Payee address; City; State; Zip Code 710 B. North Clark El Paso, TX 79905	Amount (\$)  \$568.31
Purpose of payment (See instructions regarding type of information required.) Brochure and Envelopes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/5 Report: 11/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

**4** Date  
  
01/29/2007

**5** Payee name  
Vasquez, Rebecca (Ms.)  
  
.....  
**6** Payee address; City; State; Zip Code  
7275 Luz de Ciudad  
El Paso, TX 79912

**7** Amount  
(\$)  
  
\$4,000.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Reimbursement for loan previously made from personal funds

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 12/12

**2** FILER NAME Vasquez, Rebecca (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
11111111

<b>4</b> Date  03/06/2007	<b>5</b> Payee name Office Depot  <b>6</b> Payee address; City; State; Zip Code 801 Sunland Park Dr. Space B El Paso, TX 79912	<b>8</b> Amount (\$)  \$346.38
<b>7</b> Purpose of expenditure Computer Program Ms Word/ Publisher		<input checked="" type="checkbox"/> Reimbursement from political contributions intended