

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Vasquez, Rebecca (ms) 16 ACCOUNT # (Ethics Commission Filers)

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

18 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 9,585

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 7,158 ⁷⁹/_{xx}

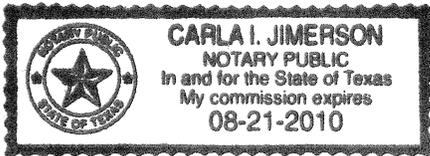
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,004 ²⁶/_{xx}

OUTSTANDING LOAN TOTALS

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

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.

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 3rd day of May, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson Carla I. Jimerson notary
Signature of officer administering oath Printed 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 Total pages Schedule A: <i>Schedule (A) 1 of 6 / 3 of 13</i>	
2 FILER NAME <i>Vasquez, Rebecca (ms.)</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>04/25/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Bassuk</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4329 MARCUS URIBE El Paso, TX 79934</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT F. FOSTER</i>	Amount of contribution (\$) <i>\$1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1790 Lee Trevino suite #601 El Paso, TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carl H. Green</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1205 Rim Rd. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marvin D. Rosenbaum</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1183 El Paso, TX 79947</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irene Epperson</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>825 Lakeway Dr. El Paso, TX 79932</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>Schedule (A) 2 of 6 / 4 of 13</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>04/25/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Batkin</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 99100 El Paso, TX 79999</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tsai Ming A. Hsu</i>	Amount of contribution (\$) <i>\$400</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11551 James Grant DR. El Paso, TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hae L. Kimyoo</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6536 Isla Del Rey El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Rosenbaum</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 544 El Paso, TX 79944</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wontae Kim</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2930 Huntington DR. Las Cruces New Mexico 88011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>Schedule (A) 3 of 6 / 5 of 13</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>04/25/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sookhee Kim</i>	7 Amount of contribution (\$) <i>\$300</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>852 Agua Caliente El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Chagra</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2500 Scenic Crest Circle El Paso, TX 79930</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Haixiao Li</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1404 Maple Ridge Way El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Escobar</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8811 Alameda El Paso, TX 79907</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miriam Rosenbaum</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 E. Rim Rd. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>Schedule (A) 4 of 6 / 6 of 13</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>04/25/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Ward Campaign</i>	7 Amount of contribution (\$) <i>\$250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5601 CORTINA DR El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd & Susan Mick</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10723 Whitesands DR El Paso, TX 79924</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edith L & Michael Zuvanich</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1272 A.L. Gil El Paso, TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David & Kim Tidball</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>915 Park DR El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/25/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph & Virginia Richards</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 137 Fair acres, New Mexico 88033</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule (A) 5 of 6 / 7 of 13	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/25/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Chun	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 417 IRONDALE #H EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/25/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pauline SCOTT	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 CALLE COLINA EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/25/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime OLIVAS	Amount of contribution (\$) \$175	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 210 N. CAMPBELL EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 04/25/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Joseph Perez	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 210 N. CAMPBELL EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 04/25/07	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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>Schedule (A) 6 of 6 / 8 of 13</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>05/02/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G.E. Spinner</i>	7 Amount of contribution (\$) <i>\$200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5351 Painted Sky Lane El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>05/02/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>El Paso Sheriff's Officers Assoc.</i>	Amount of contribution (\$) <i>\$1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>747 E. SAN ANTONIO #103 El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/23/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martie Jobe</i>	Amount of contribution (\$) <i>\$400</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>210 N. Campbell EL PASO, Texas 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>04/17/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eugene I. Finke, Ph.D</i>	Amount of contribution (\$) <i>\$210</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>701 La Cruz Drive El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>/</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>/</i>	Amount of contribution (\$) <i>/</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>/</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
Sched. F 1 of 5 / 9 of 13

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

04/12/07

Office Depot

6 Payee address; City; State; Zip Code

*801 Sunland Park Dr. Space # B
 El Paso, TX 79912*

7 Amount (\$)

\$33⁷⁵

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

office Supplies

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

04/16/07

office Depot

Payee address; City; State; Zip Code

*801 Sunland Park Dr. #B
 El Paso, TX 79912*

Amount (\$)

\$49⁷⁵

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

office Supplies

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

04/17/07

Arduinos Pizza

Payee address; City; State; Zip Code

*865 N. Resler
 El Paso, TX 79912*

Amount (\$)

\$19⁹⁹

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

Lunch during Door to Door Campaign

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

04/17/07

Office Depot

Payee address; City; State; Zip Code

*801 Sunland Park Dr. #B
 EL Paso, TX 79912*

Amount (\$)

\$28¹³

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

office Supplies

(If travel outside of Texas, complete Schedule T)

** 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:
 Sched. (F) 2 of 5 / 10 of 13

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>04/19/07</i>	5 Payee name <i>Valley Printers</i>	7 Amount (\$) <i>\$784⁸²</i>
6 Payee address; City; State; Zip Code <i>710 B North Clark El Paso, TX 79905</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Printing of Brochure</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/20/07</i>	Payee name <i>H & H mailing Service</i>	Amount (\$) <i>\$904⁴⁰</i>
Payee address; City; State; Zip Code <i>9020 mayflower El Paso, TX 79925</i>		

Purpose of payment (See instructions regarding type of information required.) <i>mailing Services</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/21/07</i>	Payee name <i>Running Bear</i>	Amount (\$) <i>\$35</i>
Payee address; City; State; Zip Code <i>900 E. Redd Rd. El Paso, TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Gas for Campaign vehicle walking & Brochure printing</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/25/07</i>	Payee name <i>Valley Printers</i>	Amount (\$) <i>\$903⁶²</i>
Payee address; City; State; Zip Code <i>710 B North Clark El Paso, TX 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing of Brochure</i> (If travel outside of Texas, complete Schedule T)	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:
 Sched (F) 3 of 5 / 11 of 13

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/26/07

Running Bear
 6 Payee address; City; State; Zip Code
 900 E. Redd Rd.
 El Paso, Tx 79912

\$35.00

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

Gas for Campaign Vehicle walking & printing of brochures
 (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

4/26/07

Office Depo T
 Payee address; City; State; Zip Code
 801 Sonland Park Dr. #B
 El Paso, Tx 79912

\$132⁶²

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

Paper + Ink
 (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

4/27/07

Ardivinos Pizza
 Payee address; City; State; Zip Code
 865 N. Reslor
 El Paso, Tx 79912

\$20

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

Lunch during Door to Door Campaign
 (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

4/27/07

H & H mailing Services
 Payee address; City; State; Zip Code
 9020 may flower
 El Paso, Tx 79925

\$1,025⁸⁹

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

mailing Services
 (If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
 Sched (F) 4 of 5 / 12 of 13

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>04/27/07</i>	5 Payee name <i>A.U.S. Services</i>	7 Amount (\$) <i>\$2,893⁵⁴</i>
6 Payee address; City; State; Zip Code <i>2020 Mills Ave. El Paso, TX 79901</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Printing & mailing services</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/30/07</i>	Payee name <i>Diamond Shamrock</i>	Amount (\$) <i>\$60-</i>
Payee address; City; State; Zip Code <i>6040 N. mesa El Paso, TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Gas for Campaign Vehicle</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<i>walking</i> <i>Brochure Printing</i>	

Date <i>04/30/07</i>	Payee name <i>Verizon Wireless</i>	Amount (\$) <i>\$129⁸⁸</i>
Payee address; City; State; Zip Code <i>655 Sunland Park EL PASO, TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Phone Accessories for Phonebank</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>5/2/07</i>	Payee name <i>Apple Bees</i>	Amount (\$) <i>\$54¹⁸</i>
Payee address; City; State; Zip Code <i>440 E. Rodd Rd El Paso, TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Lunch for Campaign workers & Campaign Strategy meeting</i> (If travel outside of Texas, complete Schedule T)	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:
Sched. (F) 5 of 5 / 13 of 13

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/2/07</i>	5 Payee name <i>Circuit City</i> 6 Payee address; City; State; Zip Code <i>655 Sunland Park El Paso, TX 79912</i>	7 Amount (\$) <i>\$4820</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Phone Accessories for Phone Banking</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
<i>/</i>	<i>/</i>	<i>/</i>

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
<i>/</i>	<i>/</i>	<i>/</i>

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
<i>/</i>	<i>/</i>	<i>/</i>

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED