

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
of 6

15 C/OH NAME Ms. Rebecca "Becky" Vasquez 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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

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07 JUL 16 AM 10:54

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,100 -</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,362.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,264.06</u> <u>x +</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 11th day of July, 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

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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: 1 of 1 / 3 of 6	
2 FILER NAME <i>Vasquez, Rebecca (ms)</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>05/11/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maureen T. Franco</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5823 Kingsfield 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>05/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Cobos Campaign</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>407 Emory El Paso, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>05/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis/Miriam Rosenbaum</i>	Amount of contribution (\$) <i>\$1,000</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)	
Date <i>05/17/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>El Paso Assoc. of Builders PAC</i>	Amount of contribution (\$) <i>\$2,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6046 Surety Dr. El Paso, TX 79905</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>06/28/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gil M. Kimmelman</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>305 S. El Paso St. El Paso, TX 79901</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 EXPENDITURES CITY CLERK DEPT.
07 JUL 16 AM 10:54 **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
1 of 2 / 4 of 6

2 FILER NAME Vasquez, Rebecca (ms) 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
05/03/07	A.U.S. Printing	\$ 2,460.56
	6 Payee address; City; State; Zip Code 2020 MILLS AVENUE EL PASO, TX 79901	

8 Purpose of payment (See instructions regarding type of information required.) <u>Printing and mailing of Postcards</u> (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	Amount (\$)
05/11/07	SAMS CLUB	\$195 ⁵⁹ / _{XX}
	6 Payee address; City; State; Zip Code 7970 N. mesa EL PASO, TX 79912	

Purpose of payment (See instructions regarding type of information required.) <u>Food + Drinks for Campaign</u> (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	Amount (\$)
05/11/07	SAMS CLUB	\$26 ⁸⁸ / _{XX}
	6 Payee address; City; State; Zip Code 7970 N. mesa EL PASO, TX 79912	

Purpose of payment (See instructions regarding type of information required.) <u>FOOD + DRINKS FOR Campaign</u> (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	Amount (\$)
05/11/07	Circle K	\$50 ⁰⁰ / _{XX}
	6 Payee address; City; State; Zip Code 650 N. Resler EL PASO, TX 79912	

Purpose of payment (See instructions regarding type of information required.) <u>Gas for Campaign Vehicle</u> (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

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SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
2 of 2 / 5 of 6

2 FILER NAME Vasquez, Rebecca (ms)

3 ACCOUNT # (Ethics Commission filers)

4 Date
05/11/07

5 Payee name
FAST SIGNS
6 Payee address; City; State; Zip Code
4224 N. MESA
EL PASO, TX 79902

7 Amount (\$)
\$107¹⁷/_{xx} -

8 Purpose of payment (See instructions regarding type of information required.)
STANDS FOR SIGNS
(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
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(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
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(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
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** 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**

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SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1 of 1** ~~6 of 6~~

2 FILER NAME **Vasquez, Rebecca (ms)**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/11/07

5 Payee name
Sign Placement Services
6 Payee address; City; State; Zip Code
P.O. Box 640874 El Paso, TX 79904

8 Amount (\$)
\$522.44

7 Purpose of expenditure (See instructions regarding type of information required.)
Political Signs
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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

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