

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE (GP)

RECEIVED FEB 6 - 2015

Please type or print in ink.

NAME OF FILER (LAST) Vasquez (FIRST) John (MIDDLE) M.
15 FEB -9 PM 4:50

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
County of Solano
Division, Board, Department, District, if applicable
Board of Supervisors, District 4
Your Position
Supervisor, District 4

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Delta Protection Commission Position: Alternate

2. Jurisdiction of Office (Check at least one box)

State
 Multi-County Contra Costa, Sacramento, San Joaquin,
 City of Solano, and Yolo
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of _____
 Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ____/____/____, through December 31, 2014.
 Assuming Office: Date assumed 01 / 06 / 2015
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 8
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. I certify that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, and I certify under penalty of perjury under the laws of the State of California that the information furnished herein is true and complete.
Date Signed FEB 03 2015
(month, day, year)

SCHEDULE B

Interests in Real Property

(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
620 East Main Street

CITY
Vacaville, CA 95688

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

_____/_____/ 14 _____/_____/ 14
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
620 East Main Street

CITY
Vacaville, CA 95688

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

_____/_____/ 14 _____/_____/ 14
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Housing Successor Agency to Redevelopment**

ADDRESS (Business Address Acceptable)
40 Eldridge Avenue, Suite F, Vacaville, CA 95688

BUSINESS ACTIVITY, IF ANY, OF LENDER
City Government and Agency

INTEREST RATE TERM (Months/Years)
1 % None 25 years

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
Successor Agency to Redevelopment**

ADDRESS (Business Address Acceptable)
40 Eldridge Avenue, Suite F, Vacaville, CA 95688

BUSINESS ACTIVITY, IF ANY, OF LENDER
City Government and Agency

INTEREST RATE TERM (Months/Years)
1 % None 15

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: ** Agency of City of Vacaville. See Second Schedule B for additional loan Umpqua Bank (1of 2)

SCHEDULE B

Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
John M. Vasquez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
620 East Main Street

CITY
Vacaville, CA 95688

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Umpqua Bank

ADDRESS (Business Address Acceptable)
403 Davis Street, Vacaville, CA 95688

BUSINESS ACTIVITY, IF ANY, OF LENDER
Bank

INTEREST RATE TERM (Months/Years)
8 % None 10 years

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: Second Schedule B form (2 of 2)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
 John M. Vasquez

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Shelli A. Vasquez</u></p> <p>ADDRESS (Business Address Acceptable) <u>354 Woodcrest Drive, Vacaville, CA 95688</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>United States Postal Service</u></p> <p>YOUR BUSINESS POSITION <u>Non-carrier postal employee</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address _____ City _____</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: _____

SCHEDULE D
Income – Gifts

Name
John M. Vasquez

▶ NAME OF SOURCE (Not an Acronym)
JPW Development Company

ADDRESS (Business Address Acceptable)
2743 Mankas Corner Rd, Fairfield, CA 94534

BUSINESS ACTIVITY, IF ANY, OF SOURCE
General Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>09</u> / <u>14</u>	\$ <u>45.00</u>	<u>Wine</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Republic Services

ADDRESS (Business Address Acceptable)
2901 Industrial Court

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>02</u> / <u>14</u>	\$ <u>50.00</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Travis Air Force Base Officer Spouses' Club

ADDRESS (Business Address Acceptable)
P.O Box 1475, Travis Air Force Base, CA 94535

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Service Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>11</u> / <u>14</u>	\$ <u>37.50</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Solano County Deputy Sheriff's Association

ADDRESS (Business Address Acceptable)
P.O Box 1, Suisun City, CA 94585

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01</u> / <u>11</u> / <u>14</u>	\$ <u>80.00</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Vacaville Volunteer Firemen's Association

ADDRESS (Business Address Acceptable)
420 Vine Street, Vacaville, CA 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
fire district volunteer association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02</u> / <u>22</u> / <u>14</u>	\$ <u>25.00</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

ADDRESS (Business Address Acceptable)
1 Quality Drive, Vacaville, CA 95688

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>08</u> / <u>14</u>	\$ <u>50.00</u>	<u>Dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

Comments: SCHEDULE D (1 of 3)

SCHEDULE D
Income – Gifts

Name
John M. Vasquez

▶ NAME OF SOURCE (Not an Acronym)
California Waterfowl
 ADDRESS (Business Address Acceptable)
1346 Blue Oaks Blvd., Roseville, CA 95678
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Conservation Society

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	<u>\$ 100.00</u>	<u>lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Bondolio Olive Oil Company
 ADDRESS (Business Address Acceptable)
P.O Box 2100, Davis, CA 95617
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Olive Oil Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 04 / 14</u>	<u>\$ 32.00</u>	<u>Olive Oil</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
ICON Aircraft
 ADDRESS (Business Address Acceptable)
12511 Beatrice Street, Los Angeles, CA 90066
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sport Aircraft Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 07 / 14</u>	<u>\$ 235.00</u>	<u>Desk Model Aircraft</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
NorthBay Healthcare
 ADDRESS (Business Address Acceptable)
4500 Business Center Drive, Fairfield, CA 94534
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 14</u>	<u>\$ 49.93</u>	<u>Jacket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Solano County Fair Association
 ADDRESS (Business Address Acceptable)
900 Fairgrounds, Vallejo, CA 94598
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Fair July 30- August 3, 2014

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 11 / 14</u>	<u>\$ 300.00</u>	<u>Fair tkts/given to staff</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Tedmond Szeto
 ADDRESS (Business Address Acceptable)
472 McCall Dr, Benicia, CA 94510
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
personal gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 14</u>	<u>\$ 29.99</u>	<u>Christmas tower box</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: SCHEDULE D (2 of 3)

SCHEDULE D
Income – Gifts

Name
John M. Vasquez

▶ NAME OF SOURCE *(Not an Acronym)*
California Contractors Alliance

ADDRESS *(Business Address Acceptable)*
1855 Gateway Blvd; Ste 135; Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 14	\$ 50.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Ducks Unlimited Annual Dinner

ADDRESS *(Business Address Acceptable)*
655 South First Street; Dixon, CA 95620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restoration & protection of wetlands

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 14	\$ 65.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Northern California Carpenters Regional Council

ADDRESS *(Business Address Acceptable)*
265 Hegenberger Road; Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
"Moose Feed Luncheon" Carpenters Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 12 / 14	\$ 50.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Bayseng Spice Company

ADDRESS *(Business Address Acceptable)*
296 Camino Sobrente; Orinda, CA 94563

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wholesale organic bay leaf

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	\$ 50.00	Bay Wreath
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Solano Resource Conservation District

ADDRESS *(Business Address Acceptable)*
1170 N. Lincoln; Ste. 110; Dixon, CA 95620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Special District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 14	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: SCHEDULE D (3 of 3)