

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 DAW A
 NICKNAME LAST SUFFIX
 CHAVEZ

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 Change of Address 11448 LAKE ERIE EL PASO, TX 79936

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (915) 598-7553

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Holly m
 NICKNAME LAST SUFFIX
 Jimenez

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 11448 LAKE ERIE EL PASO, TX 79936

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (915) 497-7964

9 REPORT TYPE
 January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 6th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED
 Month Day Year Month Day Year
 4/13/07 THROUGH 5/2/07

11 ELECTION
 ELECTION DATE: Month Day Year 05/12/07
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) N/A **13 OFFICE SOUGHT (if known)** City Representative DIST 5

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 -- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --
 Name:
 Address / PO Box: Apt. / Suite #: City: State: Zip Code:
 additional pages

OFFICE USE ONLY

Date Received

07 MAY 11 PM
CITY CLERK DEPT.

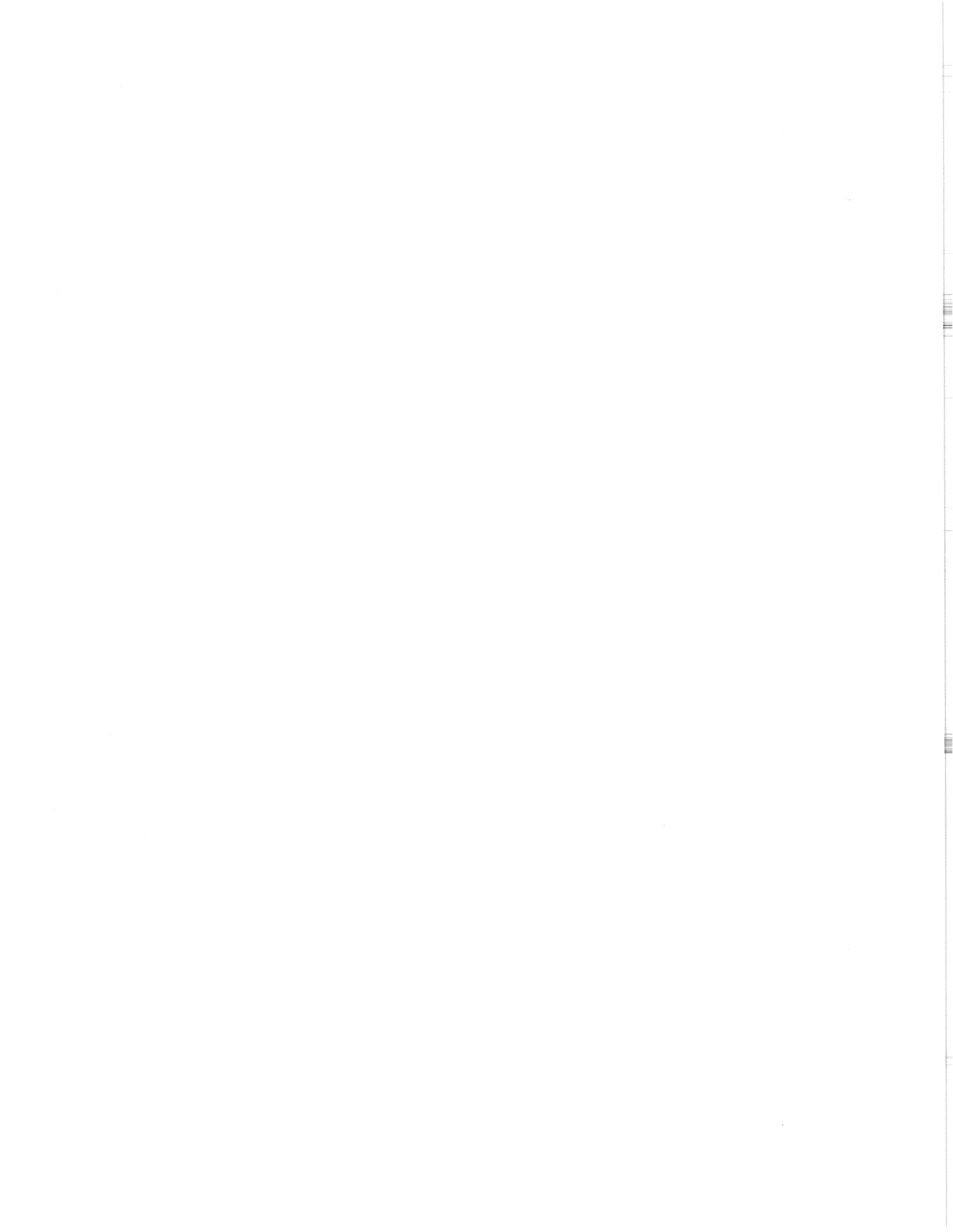
Date Hand-delivered or Date Postmarked

Receipt # Amount: \$1

Date Processed

Date Imaged

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DAN CHAVEZ 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

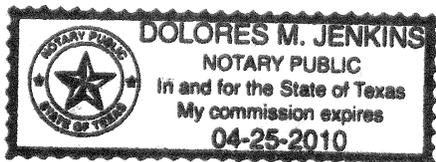
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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

CITY CLERK DEPT.
07 MAY -4 PM 1:51

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 214.85
	4. TOTAL POLITICAL EXPENDITURES	\$ 2873.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1200.00
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

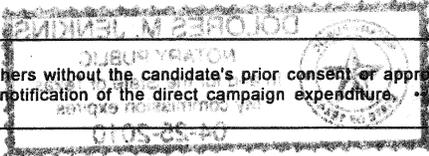
Sworn to and subscribed before me, by the said Daniel A Chavez, this the 4th day of May, 20 07, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Signature of officer administering oath
DOLORES M. JENKINS Printed name of officer administering oath
Notary Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / /		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		



GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>DAN CHAVEZ</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-2-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAMON JIMENEZ</i> 6 Contributor address; City; State; Zip Code <i>11344 LAKE GENEVA EL PASO, TX 79936</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable) <i>07 MAY 07 AM 1:51 CITY CLERK DEPT.</i>
9 Principal occupation / Job title (See Instructions) <i>COUNSELOR</i>		10 Employer (See Instructions) <i>EL PASO COMMUNITY COLLEGE</i>	
Date <i>4-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROSA GONZALEZ</i> Contributor address; City; State; Zip Code <i>1690 N LEE TRWIND EL PASO TX 79936</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>4-19-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holly Jimenez</i> Contributor address; City; State; Zip Code <i>11448 LAKE ERIE EL PASO, TX 79936</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions)	
Date <i>4-18-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbi Rivera</i> Contributor address; City; State; Zip Code <i>10757 VALLEY DR E EL PASO, TX 79915</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Housewife</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages this Schedule B:

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

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ **\$**

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME DAN CHAVEZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4-4-07</u>	5 Payee name <u>DON KINGWAY</u> 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Help Walk</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>140.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Date <u>4-07</u>	Payee name <u>Debbi Rivera</u> Payee address; City; State; Zip Code <u>10757 VALLEY DALE EL PASO, TX 79927</u> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>55.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

Date <u>4-07</u>	Payee name <u>MONICA CHAVEZ</u> Payee address; City; State; Zip Code <u>7817 WEST DRIVE EL PASO, TX 79915</u> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>55.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

Date <u>4-13-07</u>	Payee name <u>BRADY'S PROMOTIONAL PRODUCTS</u> Payee address; City; State; Zip Code <u>12060 JOSE CISNEROS DR. 79936</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Brochures</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>150.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

Date <u>4-18-07</u>	Payee name <u>BRADY'S PROMOTIONAL PRODUCTS</u> Payee address; City; State; Zip Code <u>12060 JOSE CISNEROS DR. 79936</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Brochure</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>186.00</u> <input checked="" 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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule H:
-----------------------------------------------------------	---------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	----------------------------------------

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 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
------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

CITY CLERK DEPT.
07 MAY -4 PM '11

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME DAN CHAUER

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-19-07

5 Payee name
U.S. POST OFFICE
6 Payee address; City; State; Zip Code
Boeing 8401 ECPass, TX. 79925

8 Amount (\$)
560.00

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

Reimbursement from political contributions intended

Date
4-19-07

Payee name
U.S. POST OFFICE
Payee address; City; State; Zip Code
Boeing 8401 ECPass, TX. 79925

Amount (\$)
181.30

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

Reimbursement from political contributions intended

Date
4-20-07

Payee name
U.S. POST OFFICE
Payee address; City; State; Zip Code
Boeing 8401 ECPass, TX. 79925

Amount (\$)
315.84

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

Reimbursement from political contributions intended

Date
4-25-07

Payee name
US Post Office
Payee address; City; State; Zip Code
Boeing 8401 ECPass, TX. 79925

Amount (\$)
97.15

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

Reimbursement from political contributions intended

Date
4-25-07

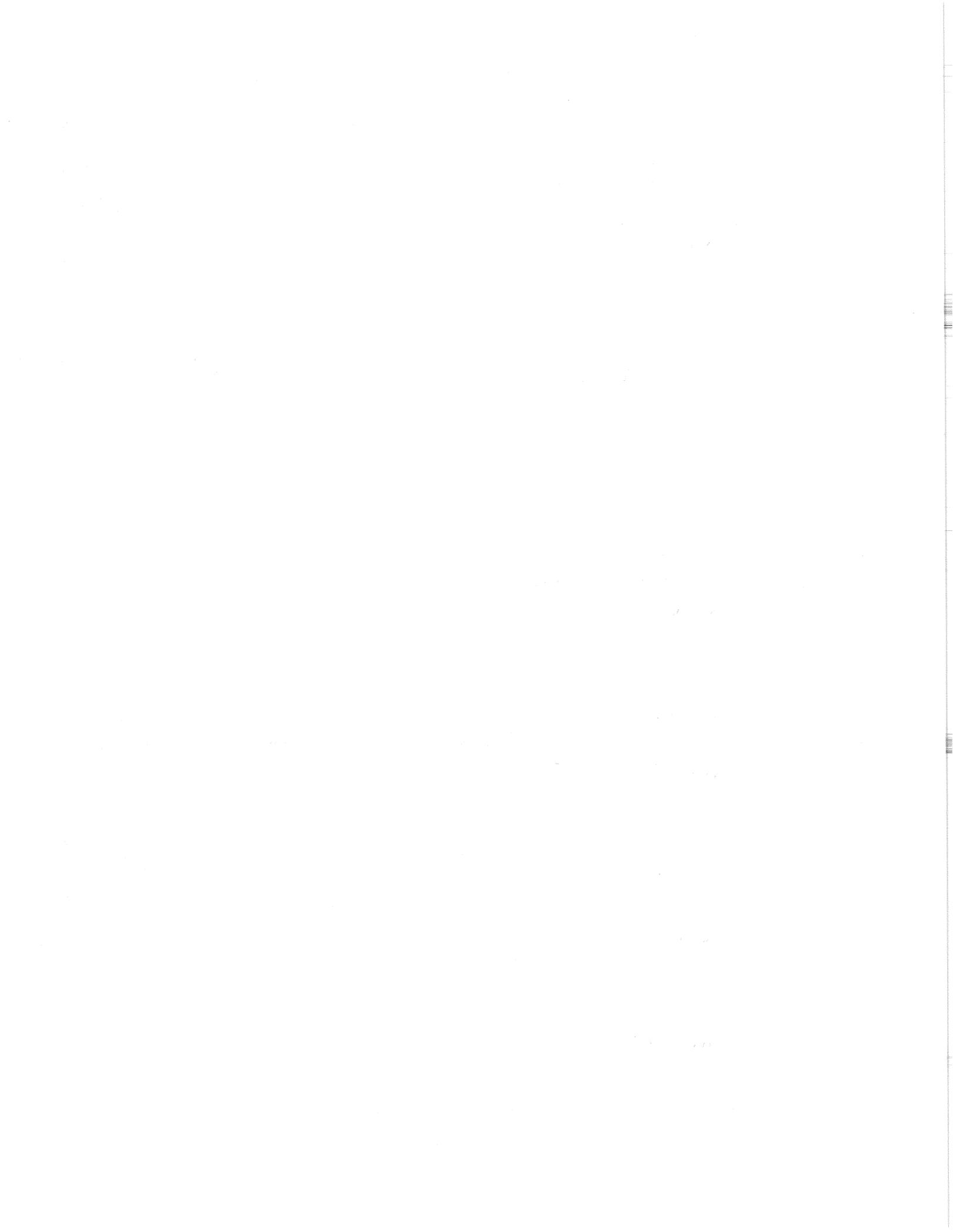
Payee name
U.S. Post Office
Payee address; City; State; Zip Code
Boeing 8401 ECPass, TX. 79925

Amount (\$)
100.00

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

CITY CLERK DEPT.
07 MAY -4 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME DAN CHAVEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-26-07	5 Payee name US Post Office 6 Payee address; City; State; Zip Code Box 8401 EL PASO, TX 79925	8 Amount (\$) 104.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) MAIL (If travel outside of Texas, complete Schedule T)		
Date 4-27-07	Payee name U.S. Post Office Payee address; City; State; Zip Code Box 8401 EL PASO, TX 79925	Amount (\$) 99.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) MAIL (If travel outside of Texas, complete Schedule T)		
Date 5-1-07	Payee name US Post Office Payee address; City; State; Zip Code Box 8401 EL PASO, TX 79925	Amount (\$) 56.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) MAIL (If travel outside of Texas, complete Schedule T)		
Date 4-28-07	Payee name Brady Promotional Products Payee address; City; State; Zip Code 12060 JOSE CISNEROS DR. 79936	Amount (\$) 751.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Brochures (If travel outside of Texas, complete Schedule T)		
Date 5-2-07	Payee name U.S. Post Office Payee address; City; State; Zip Code Box 8401 EL PASO, TX 79925	Amount (\$) 27.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) MAIL (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

