



**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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.  
07 APR 12 PM 2:43

additional pages

18 CONTRIBUTION TOTALS

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

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *500.00*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *2942.09*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

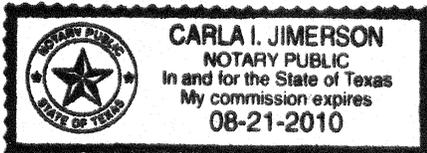
\$

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.

*Dan Chavez*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Carla I. Jimerson*

Signature of officer administering oath

Printed name of officer administering oath

Carla I. Jimerson notary

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:	
2 FILER NAME <b>DAN CHAVEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-31-07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMON JIMENEZ</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable) <b>CITY CLERK DISTRICT</b> <b>07 APR 12</b>
6 Contributor address; City; State; Zip Code <b>11344 LAKE GENEVA EL PASO TX 79936</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>COUNSELOR</b>		10 Employer (See Instructions) <b>EL PASO COMMUNITY COLLEGE</b>	
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)	
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)	
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)	
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

DAN CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒

\$

5 Date

4-3-07

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

ARMANDO ESTRADA

7 Pledgor address; City; State; Zip Code

3317 ROYAL JEWEL E CCASO, TX. 79936

8 Amount of pledge (\$)

VALUED PLEDGE \$125.00

9 In-kind description (if applicable)

4x8 SIGNS 5 EACH

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

Graphic Design

11 Employer (See Instructions)

OWNER

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

CITY CLERK DEPT. 07 APR 12 12:43

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(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**

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

DAW Chavez

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2-2-07

5 Payee name  
CITY CLERK

8 Amount (\$)  
250.00

6 Payee address; City; State; Zip Code  
EL Paso, TX

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)  
(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**

17 APR 12 PM 2:43  
 CLERK DEPT.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Dan Chavez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-3-07</i>	5 Payee name <i>Mike + Ana's Mexican Restaurant</i> 6 Payee address; City; State; Zip Code <i>1850 Trawood Dr. El Paso, TX 79935</i>	8 Amount (\$) <i>39.61</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign meeting</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-6-07</i>	Payee name <i>Applebee's Neighborhood Grill + Bar</i> Payee address; City; State; Zip Code <i>7956 Gateway East El Paso, TX 79936</i>	Amount (\$) <i>92.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign meeting</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-14-07</i>	Payee name <i>County Elections Department</i> Payee address; City; State; Zip Code	Amount (\$) <i>21.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>MAPS</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-14-07</i>	Payee name <i>Mike + Ana's Mexican Restaurant</i> Payee address; City; State; Zip Code <i>1850 Trawood Dr. El Paso, TX 79935</i>	Amount (\$) <i>6.76</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign meeting</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-17-07</i>	Payee name <i>Mike + Ana's Mexican Restaurant</i> Payee address; City; State; Zip Code <i>1850 Trawood Dr. El Paso, TX 79935</i>	Amount (\$) <i>13.81</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign meeting</i> (If travel outside of Texas, complete Schedule T)	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

CITY CLERK DEPT.  
07 APR 12 PM 2:13

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

5 Payee name

Eli Juarez Printing

6 Payee address; City; State; Zip Code

7858 La Senda El Paso, TX

8 Amount (\$)

603.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Signs and Postcards

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Eli Juarez Printing

Payee address; City; State; Zip Code

7858 La Senda El Paso, TX

Amount (\$)

167.00

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

Postcards

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Lucy's Kitchen

Payee address; City; State; Zip Code

1360 Lee Trevino Dr. El Paso, TX 79936

Amount (\$)

112.16

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

ANNOUNCEMENT

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Golden Corral Steakhouse

Payee address; City; State; Zip Code

Amount (\$)

11.99

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

Campaign meeting

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

The Home Depot

Payee address; City; State; Zip Code

11360 Rojas Dr. El Paso, TX 799

Amount (\$)

6.43

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

Sign Stamps

(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.  
 MAR 12 PM 2:43

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

5 Payee name

The Home Depot

6 Payee address; City; State; Zip Code

11360 Rojas Dr. El Paso, TX

8 Amount (\$)

4.07

7 Purpose of expenditure (See instructions regarding type of information required.)

Sign Stamps  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

The Home Depot

Payee address; City; State; Zip Code

11360 Rojas Dr. El Paso, TX

Amount (\$)

6.48

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

Sign Stamps  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Fedex Kinkos

Payee address; City; State; Zip Code

1410 Lee Trevino Dr. El Paso, TX 79936

Amount (\$)

10.81

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

Copies  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Walgreen Drug Store

Payee address; City; State; Zip Code

1831 N. Lee Trevino El Paso TX

Amount (\$)

4.15

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

Picture development  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Brady's Promotional Products

Payee address; City; State; Zip Code

12060 Jose Cisneros Dr. El Paso, TX 79936

Amount (\$)

565.00

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

Flyers  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

CITY CLERK DEPT.  
07 APR 12 PM 2:13

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Dan Chavez

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Brady's Promotional Products

6 Payee address; City; State; Zip Code

12060 Jose Cisneros Dr. El Paso, TX 79936

8 Amount

130.00

7 Purpose of expenditure (See instructions regarding type of information required.)

POST CARDS

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Target Stores

Payee address; City; State; Zip Code

1901 George Dieter Dr. El Paso, TX

Amount (\$)

30.30

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

CAMPAIGN IDENTIFICATION

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

SAM'S CLUB

Payee address; City; State; Zip Code

11360 Pellicano Dr. El Paso, TX

Amount (\$)

17.19

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

Labels

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Clear Channel Outdoor

Payee address; City; State; Zip Code

2305 Sparkman St. El Paso, TX 79903

Amount (\$)

810.00

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

POU BOARD SIGNS

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

SAM'S

Payee address; City; State; Zip Code

11360 Pellicano Dr. El Paso, TX

Amount (\$)

39.42

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

CAMPAIGN MEETING

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED