

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: 8												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR.</i> <i>Yamil</i> <i>E.</i> NICKNAME LAST SUFFIX Chahaine	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center; vertical-align: middle;"> 09 MAY - 1 11:3:09 </td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	09 MAY - 1 11:3:09	Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	09 MAY - 1 11:3:09														
Date Hand-delivered or Date Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1605 Wainwright Dr. El Paso, TX 79903														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 626-9529														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Chahaine														
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1605 Wainwright Dr. El Paso, TX 79903														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 626-9529														
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)				
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 1 / 09 4 / 30 / 09														
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Representative Dist. 2													
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

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

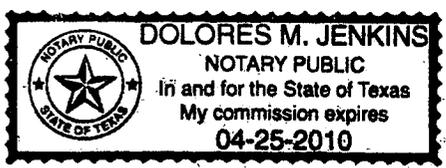
15 C/OH NAME <u>Yamil E. Chahaine</u>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	• This box is for notice of political contributions accepted or political expenditures made 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
09 MAY - 1 PM 3:00

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)	\$ <u>4,138.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,365.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>769.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>688.41</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Yamil E. Chahaine, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

<u>Dolores M. Jenkins</u> Signature of officer administering oath	<u>Dolores M. Jenkins</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
COUNTY - 1 PA 3:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME <i>Yamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/15/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Octavio + Lorena Torres</i>	7 Amount of contribution (\$) <i>\$30.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1143 Calle Parque 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>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theresa Caballero</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2726 Richmond Ave. El Paso, TX 79930</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha L. Mendez</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3165 Crazy Horse Dr. El Paso, TX 79926</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise M. May</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1420 Cloud Ridge Dr. El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Sandoval + Daniel Rojas</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10900 Loma De Color Dr. El Paso, TX 79934</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

CITY CLERK DEPT.
09 MAY - 1 PM 3:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>3</u>	
2 FILER NAME <i>Yamil E. Chahaine</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/15/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maida P. Quinones</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1497 Paseo de Flor St. El Paso, TX. 79928</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura P. Cortez</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12438 Paseo Blanco Dr. El Paso, TX 79928</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melanie K. + George C. Wayne</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5595 Westside Dr. El Paso, TX. 79932</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DW + AR Chambliss</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5435 Lur Mer Dr. El Dorado Hills, Ca. 95762</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darnelle + James Little</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1971 Brook Mar Dr. El Dorado Hills, Ca 95762</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORMS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
09 MAY -1 PM 3:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME <i>Yamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/15/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven F. + Renee A. Bouck</i>	7 Amount of contribution (\$) <i>\$2,000.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8085 Warren Court Granite Bay, Ca. 95746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise M. May</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1420 Cloud Ridge Dr. El Paso, TX. 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James H. Reardon</i>	Amount of contribution (\$) <i>\$5.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>613 Regan Dr. El Paso, TX. 79903</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	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)	
Date	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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09 MAY -1 PM 3:08
CITY CLERK DEPT.

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 2em;">1</div>
2 FILER NAME <i>Kamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		<i>\$336.66</i>
5 Date of loan <i>4/2/09</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>self</i>	9 Loan Amount (\$) <i>\$336.66</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1605 Wainwright Dr, El Paso, TX, 79903</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
MAY 1 PM 3:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME <i>Yamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/2/09</i>	5 Payee name <i>one stop print shop</i> 6 Payee address; City; State; Zip Code <i>7800 N. LOOP DR. EL PASO, TX. 79915</i>	7 Amount (\$) <i>\$336.66</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Flyers</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
Date <i>4/13/09</i>	Payee name <i>one stop print shop</i> Payee address; City; State; Zip Code <i>7800 N. LOOP DR. EL PASO, TX. 79915</i>	Amount (\$) <i>\$171.06</i>
Purpose of payment (See instructions regarding type of information required.) <i>Push cards</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/17/09</i>	Payee name <i>Paloma Marinelarena</i> Payee address; City; State; Zip Code <i>7868 La Senda El Paso, TX. 79915</i>	Amount (\$) <i>\$250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign worker</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/22/09</i>	Payee name <i>Paloma Marinelarena</i> Payee address; City; State; Zip Code <i>7868 La Senda El Paso, TX. 79915</i>	Amount (\$) <i>\$250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign worker</i> (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

CITY CLERK DEPT.
MAY -1 PM 3:08

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME *Yamil E. Chahine* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/24/09</i>	5 Payee name <i>JM Printing Co.</i>	7 Amount (\$) <i>\$1,254.62</i>
6 Payee address; City; State; Zip Code <i>1208 Texas Ave. El Paso, TX, 79901</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Political mailers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4/24/09</i>	Payee name <i>H+H Dinero Tree, Inc. Mailing services</i>	Amount (\$) <i>\$852.90</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>mailing service</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4/29/09</i>	Payee name <i>Paloma Marinela Rona</i>	Amount (\$) <i>\$250.00</i>
Payee address; City; State; Zip Code <i>7868 La Senda El Paso, TX, 79915</i>		

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

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