

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; margin-left: 100px;">5</span>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR NICKNAME	FIRST <i>Yamil</i>	MI <i>E.</i>	<b>OFFICE USE ONLY</b>
		LAST <i>Chaheine</i>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1605 Wainwright Dr. El Paso, TX. 79903</i>			
	Date Received <i>09 APR - 9 4 11:59</i>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	<i>(915)</i>	<i>626-9529</i>	<i>---</i>	Receipt # Amount
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR NICKNAME	FIRST <i>Yamil</i>	MI <i>E.</i>	Date Processed
		LAST <i>Chaheine</i>	SUFFIX	Date Imaged
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1605 Wainwright Dr. El Paso, TX. 79903</i>			
	AREA CODE PHONE NUMBER EXTENSION <i>(915) 626-9529</i>			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month Day Year <i>03/09/09</i>		THROUGH	Month Day Year <i>03/31/09</i>
	<b>11 ELECTION</b>			
ELECTION DATE Month Day Year <i>05/09/09</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>N/A</i>		<b>13 OFFICE SOUGHT (if known)</b> <i>City Representative Dist. 2</i>	
	<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>			
** 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				
<input type="checkbox"/> additional pages				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

09 APR -9 AM 11:59

CITY CLERK DEPT.

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)

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 356.75

CONTRIBUTION BALANCE

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

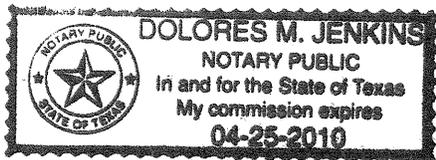
\$ 0

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 356.75

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yamil E. Chahine, this the 9<sup>th</sup> day of April, 2009, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Dolores M. Jenkins

Printed name of officer administering oath

*[Handwritten Signature]*

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: <u>1</u>	
2 FILER NAME <i>Yamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	
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)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

CITY CLERK DEPT.  
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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <u>1</u>
<b>2</b> FILER NAME <i>Yamil E. Chahine</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
<b>5</b> Date of loan <i>3/9/09</i>	<b>7</b> Name of lender <i>self</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$) <i>\$351.25</i>
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address;   City;   State;   Zip Code  <i>2605 Wainwright Dr. El Paso, TX. 79905</i>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;   City;   State;   Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> 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		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

09 APR -9 AM 11:59

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Yamil E. Chavesine</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/9/09</u>	5 Payee name <u>City of El Paso</u> 6 Payee address; City; State; Zip Code	7 Amount (\$) <u>\$250.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Filing fee</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
Date <u>3/29/09</u>	Payee name <u>FedEx Kinko's</u> Payee address; City; State; Zip Code <u>4190 N. Mesa El Paso, TX. 79902</u>	Amount (\$) <u>\$58.46</u>
Purpose of payment (See instructions regarding type of information required.) <u>copies</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>3/10/09</u>	Payee name <u>ZIPPY Printing Center</u> Payee address; City; State; Zip Code <u>2855 Pershing El Paso, TX. 79903</u>	Amount (\$) <u>\$27.06</u>
Purpose of payment (See instructions regarding type of information required.) <u>copies</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>4/2/09</u>	Payee name <u>one stop print shop</u> Payee address; City; State; Zip Code <u>2800 North 200P</u>	Amount (\$) <u>\$16.23</u>
Purpose of payment (See instructions regarding type of information required.) <u>copies</u> (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