Texas Ethics Commission P O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

OFFICE USE ONLY

Date Received: 2003 JUL 15 PM 3 02 CITY CLERK DEPARTMENT

Receipt #

HD / PM Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Daniel | MI: S.

NICKNAME | LAST: Power | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 3436 Proud Eagle | APT / SUITE #: | CITY: El Paso | STATE: TX | ZIP CODE: 79936

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Terri | MI: J.

NICKNAME | LAST: Power | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3436 Proud Eagle | APT / SUITE #: | CITY: El Paso | STATE: TX | ZIP CODE: 799

7 CAMPAIGN TREASURER PHONE

AREA CODE: 915 | PHONE NUMBER: 593-8780 | EXTENSION:

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 04 26 03 THROUGH Month Day Year: 07 15 03

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Rep. District 5

12 OFFICE SOUGHT (if known): City Rep. - District 5

13 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

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Daniel Power Election Committee

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

•• This listing includes 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	COMMITTEE NAME
☑ GENERAL	Daniel Power Election Committee
☐ SPECIFIC	COMMITTEE ADDRESS: 3436 Proud Eagle - El Paso TX 79936
	COMMITTEE CAMPAIGN TREASURER NAME: Terri Power
	COMMITTEE CAMPAIGN TREASURER ADDRESS: 3436 Proud Eagle, El Paso TX 79936

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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)	$ 1,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. TOTAL POLITICAL EXPENDITURES	$ 3,869.10
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
DONNA MARIE MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
My commission expires
November 01, 2006

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.

Daniel S. Power
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel S. Power, this the 18th day of July, 19 02, to certify which, witness my hand and seal of office.

Donna Marie Martinez — Donna Marie Martinez — Notary
Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

Printed on recycled paper

(Effective 09/01/1997)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Daniel S. Power

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
5/5/03	Ray and Susan DeLaVega 1420 Hawthorne El Paso TX.	200.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
4/28/03	Robert E. Jones P.O. Box 221048 El Paso TX 79913	500.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
4/26/03	Randal Oleary 10657 Vista Del Sol Ste B. El Paso	200.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
4/26/03	Dan O'Leary P.O. Box [illegible] El Paso TX 79913	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
4/26/03	Randy or Margo Kuykendall 10225 Parkwood El Paso TX. (25)	200.00	

Principal occupation	Employer (optional)

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Daniel S. Power

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/26/03	Bill and April Terrell 34 Cielo Vista, Anthony, NM 88021	200.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/03	Gary Pottas 4606 Memphis St Paso TX 79903	500.00	

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation	Employer (optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Daniel S. Power

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/24	Diamond Shamrock 11302 Montana, El Paso, TX 79936	30.00

8 Purpose of expenditure: gasoline expenditure

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/30	David's Banners 9911 Carnegie, El Paso, TX 79925	189.44

Purpose of expenditure: signs.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/01	Home Depot 11360 Rojas, El Paso, TX 79936	69.44

Purpose of expenditure: materials for signs.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/05	Ruben Munoz	200.00

Purpose of expenditure: labor to remove signs.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. 4

2 FILER NAME Daniel S. Power

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/05	U.S. Postmaster	3.85

8 Purpose of expenditure: postage.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/05	Lauren Publishing Group, 1420 Geronimo. El Paso. Tx.	219.00

Purpose of expenditure: advertisements (The Monitor)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/05	The Olive Garden, 8401 Gateway West. 79905	486.82

Purpose of expenditure: Celebration party workers (for campaign)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Albertsons, 11320 Montwood. El Paso. Tx 79936	47.65

Purpose of expenditure: food for BBQ for campaign staff.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Daniel S. Power

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/22	Art Fierro 1308 Montana Ave El Paso TX 79902	2000.00

8 Purpose of expenditure: Campaign management fee.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/22	Springers 6966 Gateway East. El Paso. TX 79915	467.52

Purpose of expenditure: world globes for Pebble Hills Elem.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/22	Albertsons. 11320 Montwood. El Paso. TX. 79936	82.48

Purpose of expenditure: Sandwich trays for community meeting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/04	Lucy's 4119 N. Mesa. El Paso. TX 79902	11.55

Purpose of expenditure: luncheon meeting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. 4

2 FILER NAME Daniel S. Power

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/04	U.S. Postmaster	11.10

8 Purpose of expenditure: postage.

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/10	Whataburger, 1755 N. Lee Trevino, El Paso, TX 79935	35.72

Purpose of expenditure: goodies for council meeting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Lucy's, 4119 N. Mesa, El Paso, TX. 79902	14.53

Purpose of expenditure: Lunch Meeting Visitor info Ctr.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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