

# 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:**

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI | <b>OFFICE USE ONLY</b>                 |                                       |
|   | NICKNAME LAST SUFFIX                                       |  |                                       |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE     | Date Received                          | CITY CLERK DEPT<br>07 JUL 12 PM 12:05 |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION                           | Date Hand-delivered or Date Postmarked |                                       |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI | Receipt #                              | Amount                                |
|   | NICKNAME LAST SUFFIX                                       | Date Processed                         | Date Imaged                           |

**7 CAMPAIGN TREASURER ADDRESS** (Residence or business)  
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     8th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)

**10 PERIOD COVERED**  
Month Day Year    THROUGH    Month Day Year  
4/27/07    05/5/07

**11 ELECTION**

ELECTION DATE: Month Day Year    ELECTION TYPE

05/5/07     Primary     Runoff     General     Special

**12 OFFICE** OFFICE HELD (if any)    **13 OFFICE SOUGHT** (if known)  
CITY Rep. 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

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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | COMMITTEE ADDRESS                    |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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)

\$ *2500*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

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

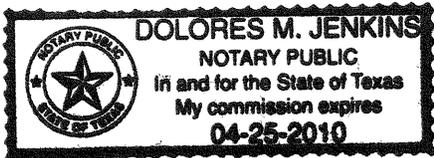
\$ *0*

OUTSTANDING LOAN TOTALS

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

\$ *0*

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 *DANIEL A CHAVEZ*, this the *12<sup>th</sup>* day of *July*, 20 *07*, to certify which, witness my hand and seal of office.

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

DAN CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-24-07

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

RANDALL J. Bowling

6 Contributor address; City; State; Zip Code

4655 COHEN EL PASO, TX. 79921

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-24-07

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

GREGORY B. Bowling

Contributor address; City; State; Zip Code

533 Woodfield Dr. EL PASO, TX. 79932

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-07

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

JOHN O. LARSEN, JAN N. LARSEN

Contributor address; City; State; Zip Code

3245 High Point Dr. EL PASO, TX. 79904

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-07

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

Robert L. Bowling, IV, JOANNE Bowling

Contributor address; City; State; Zip Code

6705 Pearl Ridge EL PASO, TX. 79912

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-07

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

LAURA P. Cortez

Contributor address; City; State; Zip Code

12438 PASO BLANCO, EL PASO, TX. 79928

Amount of contribution (\$)

100.00

In-kind contribution 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**

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 FILER NAME

DAN CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-24-07

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

Sylvia SANDOVAL, DANIEL ROJAS

6 Contributor address; City; State; Zip Code  
10900 LOMA DE COLOR DR. EL PASO, TX 79934

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-24-07

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

MAIDA P. QUINONES

Contributor address; City; State; Zip Code  
1497 PASEO DE FLOR ST. EL PASO, TX 79928

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-25-07

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

FORREST C. WEATHERS, ANITA WILLIAMSON

Contributor address; City; State; Zip Code  
3216 PARK NORTH DR. EL PASO, TX 79904

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-07

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

BOB BOWLING

Contributor address; City; State; Zip Code  
PO. BOX 4136 EL PASO, TX 79914

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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