

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

TITLE MR. DANIEL A. MI
NICKNAME DAN LAST CHAVEZ SUFFIX

OFFICE USE ONLY

Date Received

CITY CLERK DEPARTMENT
APR 3 PM 3 01

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2028 GUS MORAN
EL PASO, TX 79936

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE MR. DONALD E. MI
NICKNAME DON LAST KINGERY SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11340 TOM ULLOZAS EL PASO, TX 79936

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 598-4361

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 Month Day Year
01/01/03 THROUGH 03/23/03

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
05/03/03 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Rep DIST 5

13 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

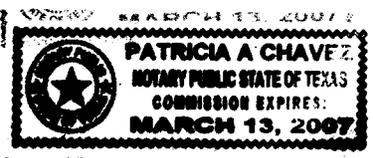
14 C/OH NAME	15 ACCO UNT # (Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

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	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 947.91
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,275.24
OUTSTANDING LOAN TOTALS	5. 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 Dan Chavez, this the 2nd day of April, 2003, to certify which, witness my hand and seal of office.

Patricia A. Chavez Patricia A. Chavez 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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **1**

2 FILER NAME

DAN CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-10-03

5 Full name of contributor

BASILIO SILVA

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1629 Billy Casper, EL PASO, TX 79936

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2-24-03

Full name of contributor

Rich Cain

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2027 Airway

Principal occupation (Optional)

Employer (Optional)

Date

2-17-03

Full name of contributor

Rich Cain

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2027 Airway

Fundraisee Beverages

Principal occupation (Optional)

Employer (Optional)

Date

3-21-03

Full name of contributor

EL PASO Mun. Police Officers Assn.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *1 of 2*

2 FILER NAME *DAN CHAVEZ*

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-30-03

5 Payee name
U S Postal Service
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$ 74.00

8 Purpose of payment (See instructions regarding type of information required.)
mailer

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

Date
2-3-03

Payee name
U S postal Service
Payee address; City; State; Zip Code

Amount (\$)
\$ 51.80

Purpose of payment (See instructions regarding type of information required.)
mailer

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

Date
1-31-03

Payee name
U S Postal Service
Payee address; City; State; Zip Code

Amount (\$)
\$ 92.50

Purpose of payment (See instructions regarding type of information required.)
mailer

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

Date
2-10-03

Payee name
U S Postal Service
Payee address; City; State; Zip Code

Amount (\$)
\$ 105.82

Purpose of payment (See instructions regarding type of information required.)
mailer

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *2 of 2*

2 FILER NAME *Dan Chavez*

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-26-03

5 Payee name
US Postal Service

7 Amount (\$)
\$113.59

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)
mail

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

Date
3-20-03

Payee name
US Postal Service

Amount (\$)
\$92.50

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
mail

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

Date
3-4-03

Payee name
Home Depot

Amount (\$)
\$58.09

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
rebar

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

Date
3-22-03

Payee name
Castillo Choice meats

Amount (\$)
\$84.49

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
Campaign meeting

** 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **183**

2 FILER NAME **Dan Chavez**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3-20-03	5 Payee name US Postal Service	8 Amount (\$) \$1100.00
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) mail		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3-20-03	Payee name U S Postal Service	Amount (\$) \$150.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) mail		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-3-03	Payee name US Postal Service	Amount (\$) \$185.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) mail		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-22-03	Payee name Home Depot	Amount (\$) \$67.73
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) wooden stakes		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-15-03	Payee name DuraAd	Amount (\$) \$56.28
	Payee address; City; State; Zip Code 2624 Dundon EPTx 79925	
Purpose of expenditure (See instructions regarding type of information required.) Buttons		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
2 of 3

2 FILER NAME *Dan Chavez*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1-28-03</i>	5 Payee name <i>Foil Printing</i>	8 Amount (\$) <i>\$410.27</i>
	6 Payee address; City; State; Zip Code <i>7230 Gateway East, EPT (15)</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>flyers, cards, magnetic signs</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-25-03</i>	Payee name <i>Maser Bench Ads</i>	Amount (\$) <i>\$200.00</i>
	Payee address; City; State; Zip Code <i>1715 Montana, EPT (02)</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Bench ads</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-12-03</i> <i>2-12-03</i> <i>2-28-03</i> <i>3-11-03</i>	Payee name <i>Clear Channel</i>	Amount (\$) <i>\$1500</i> <i>\$1070</i> <i>\$590</i> <i>\$740</i> <i>3,900</i>
	Payee address; City; State; Zip Code <i>4705 Pershing, EPT (03)</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Billboards + Poy Boards</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-17-03</i>	Payee name <i>Hilton Inn</i>	Amount (\$) <i>\$313.84</i>
	Payee address; City; State; Zip Code <i>@ airport</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Announcement</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1-31-03</i>	Payee name <i>David's Banners</i>	Amount (\$) <i>\$768.58</i>
	Payee address; City; State; Zip Code <i>9911 Carnegie, EPT (25)</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>signs</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: **3 of 3**

2 FILER NAME: **Dan Chavez**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **2-17-03**

5 Payee name: **Montwood HS Mariachi's**

8 Amount (\$): **\$150.00**

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.):
music for announcement

Reimbursement from political contributions intended

Date: **3-11-03**

Payee name: **Foil printing**

Amount (\$): **\$102.84**

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name: **U S Postal Service**

Amount (\$): **\$404.41**

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date: **2-17-02**

Payee name: **City of El Paso**

Amount (\$): **\$250.00**

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

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