

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE MR. FIRST Daniel MI A
NICKNAME DAD LAST Chavez SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2003 JUL 5 PM 3 22
CITY CLERK DEPARTMENT

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2028 Sus Moran
El Paso, TX 79936

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE MR. FIRST Donald MI E.
NICKNAME Don LAST Kingrey SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

11340 Jon 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
03/24/03 THROUGH 07/15/03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Representative

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

DAN CHAVEZ

15 ACCOUNT #(Ethics Commission filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

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)

\$ 500.00

EXPENDITURE TOTALS

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

\$ 50.89

4. TOTAL POLITICAL EXPENDITURES

\$ 7172.60

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 15th day of July, 2003, to certify which, witness my hand and seal of office.

Patricia A. Chavez
Signature of officer administering oath

Patricia A. Chavez
Printed name of officer administering oath

Notary Public
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 4-3-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert M. or Cynthia Manzanares	7 Amount of contribution (\$) \$ 125.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 401 Crown Point, EPT 79912			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4-2-03	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Martin Silva	Amount of contribution (\$) \$ 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 13571 El Paso, TX 79913			
Principal occupation (Optional)		Employer (Optional)	
Date 4-8-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Ann Martinez	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2120 Escarpa El Paso, TX 79935			
Principal occupation (Optional)		Employer (Optional)	
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		
Principal occupation (Optional)		Employer (Optional)	
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		
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**

2 FILER NAME

DAN CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-29-03

MASEX Bench

6 Payee address; City; State; Zip Code

\$ 300.00

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

Bench ads

9 **** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-4-03

X-Ped-X

Payee address; City; State; Zip Code

\$ 93.59

**+
4-7-03**

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

envelopes

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-25-03

County Elections

Payee address; City; State; Zip Code

\$ 57.00

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

Vote list

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-25-03

Office Max

Payee address; City; State; Zip Code

\$ 51.94

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

mailing labels

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

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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: *1 of 2*

2 FILER NAME *DAN Chavez*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3-27-03</i> + <i>4-25-03</i>	5 Payee name <i>David's Banners</i>	8 Amount (\$) <i>\$ 779.40</i>
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-3-03</i> + <i>4-11-03</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$ 158.50</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>Building materials</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Dates <i>4-8-03 4-25-03</i> <i>4-9-03 4-25-03</i> <i>4-9-03 4-28-03</i> <i>4-10-03 4-30-03</i> <i>4-11-03 4-29-03</i> <i>4-11-03 4-29-03</i> <i>4-14-03</i>	Payee name <i>U.S. Post Master</i>	Amount (\$) <i>\$ 2,179.69</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>Postage</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-15-03</i> + <i>5-1-03</i>	Payee name <i>El Paso Times</i>	Amount (\$) <i>\$ 712.50</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>Political ads</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-8-03</i> <i>4-9-03</i> <i>4-28-03</i>	Payee name <i>Foil printing</i>	Amount (\$) <i>\$ 392.73</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>flyers</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: *2 of 2*

2 FILER NAME *DAN CHAVEZ*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-30-03</i>	5 Payee name <i>Walmart</i>	8 Amount (\$) <i>\$ 110.01</i>
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Electon night gathering (food)</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-18-03</i>	Payee name <i>Entavision</i>	Amount (\$) <i>\$ 1172.00</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>Radio ad</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-21-03</i>	Payee name <i>Clear Channel</i>	Amount (\$) <i>\$ 1114.35</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>Radio Ad</i>		<input checked="" type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> Reimbursement from political contributions intended

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