



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Dorian M Chavez 15 Filer ID (Ethics Commission Filers)

16 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>                    </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,475.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>                    </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>181.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,926.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>700.00</u>

18 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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dorian Chavez, this the 15<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

LeAnn M. Quinn  
Printed name of officer administering oath

City Sec  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,475.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 667.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 700.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 181.10
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/5

2 FILER NAME

Dorian Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/2019

5 Full name of contributor

Jon Jewitt

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

7 Amount of contribution (\$)

\$ 30.00

6 Contributor address:

402 Kidgetop Bend  
Cedar Park, TX. 78613

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/2019

Full name of contributor

David Engle

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

Amount of contribution (\$)

\$ 500.00

Contributor address:

PO Box 1302  
Cedar Park, TX. 78613

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2019

Full name of contributor

Scott Maczuga/Vortex

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

Amount of contribution (\$)

\$ 200.00

Contributor address:

10210 E. Crystal Falls Pkwy  
STE C, Leander, TX 78641

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2019

Full name of contributor

Susan Mernick

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

Amount of contribution (\$)

\$ 100.00

Contributor address:

1715 Cattle Drive  
Cedar Park, TX. 78613

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/5

2 FILER NAME

Dorian Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/2019

5 Full name of contributor

Patricia Vick

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City;

State;

Zip Code

TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/9/2019

Full name of contributor

Steven Wayne

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

12420 Everglade st.  
Los Angeles, CA. 90066

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2019

Full name of contributor

Tim Kelly

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

1727 Warwick Way  
Cedar Park, TX. 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/2019

Full name of contributor

April Lira

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

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

701 Starwood Dr.  
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/5

2 FILER NAME

Dorian Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/2019

5 Full name of contributor

James Harrell

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

7 Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

PO Box 496  
Liberty Hills, TX. 78642

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/17/2019

Full name of contributor

Steven Barrick

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

2413 Hunter Creek  
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2019

Full name of contributor

Don Zimmerman

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

13492 Research Blvd Ste 120-141  
Austin, TX. 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2019

Full name of contributor

David Engle

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

PO Box 1302  
CP, TX. 78630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 / 5</b>
2 FILER NAME <b>Dorian Chavez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Shipley</b>	7 Amount of contribution (\$) <b>\$ 25.00</b>
6 Contributor address; City; State; Zip Code <b>1704 Hill Country Dr Cedar Park, TX 78613</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Dale</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>104 Breakaway Rd Cedar Park, TX 78613</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tracy Shannon</b>	Amount of contribution (\$) <b>\$ 300.00</b>
Contributor address; City; State; Zip Code <b>14015 Windwood Falls LN Humble, TX 77396</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/17/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Pollard</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>512 Tyree Road Cedar Park, TX 78613</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/5

2 FILER NAME

Dorian Chavez

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/2019

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

Andy Pitts

7 Amount of contribution (\$)

\$ 5000.00

6 Contributor address; City; State; Zip Code

3705 Lajitas  
Leander, TX. 78641

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self Employed

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Dorian Chavez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>667.00</b>	
5 Date <b>12/17/2019</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Engle</b>	8 Amount of Contribution \$	9 In-kind contribution description <b>Campaign Event, Food, Drinks, and staff</b>
7 Contributor address; City; State; Zip Code <b>P.O. Box 1302 Cedar Park, TX 78613</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Business Owner, Self Employed</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Dorian Chavez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>700.00</u>
5 Date of loan <u>10/27/2019</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Dorian M. Chavez</u>	9 Loan Amount (\$) <u>\$700.00</u>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>504 Clover Flat Road</u> <u>Cedar Park, TX, 78613</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>N/A.</u>
12 Principal occupation / Job title (See Instructions) <u>Regional Account Executive</u>		13 Employer (See Instructions) <u>Micronova</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Dorian Chavez	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2019	5 Payee name Vista Prints
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6 Amount (\$) \$75.76	7 Payee address: Vista Prints Netherland BV Hudsonweg 8 Venlo NL 5928LW	City: Venlo	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Printing Expense	(b) Description Campaign Business Cards.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/2019	Payee name EIG Bluehost
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Amount (\$) \$105.34	Payee address: 10 Corporate Drive Suite #300 Burlington, MA 01803	City: Burlington	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Website Host / Advertising	Description Campaign Website.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED