

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Edwards
NICKNAME LAST SUFFIX
Eddie Holguin Jr.

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 17641
El Paso, TX 79917

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT.
05 JUL 15 PM 4:55

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Iliana N.
NICKNAME LAST SUFFIX
Holguin

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8528 San Miguel El Paso, TX 79907

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
5 / 28 / 05 7 / 15 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
6 / 4 / 05

12 OFFICE

OFFICE HELD (if any)

City representative #6

13 OFFICE SOUGHT (if known)

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

Eddie Holguin Jr.

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

CITY CLERK DEPT.
05 JUL 15 PM 4:55

18 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)

\$

5,870.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

8,464.92

CONTRIBUTION BALANCE

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

\$

878.46

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.

E. Holguin Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Eddie Holguin Jr.*, this the *15th* day of *July*, 20 *05*, to certify which, witness my hand and seal of office.

Maria G. Richman

Signature of officer administering oath

Maria G. Richman

Printed name of officer administering oath

NOTARY

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

Eddie Holguin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/30/05

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

Anthony Cobos

6 Contributor address; City; State; Zip Code

4047 Emery
El Paso, TX 79922

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

CITY CLERK DEPT.
05 JUL 15 PM 4:55

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/31/05

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

Ana Silva

Contributor address; City; State; Zip Code

26911 Filly Ct.
Corona, CA 92883

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/05

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

Ruben + Rosalie Lopez

Contributor address; City; State; Zip Code

9340 Chantilly
El Paso, TX 79907

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/05

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

Elliot Shapleigh

Contributor address; City; State; Zip Code

701 N. St. Vrain
El Paso, TX 79902

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/05

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

Dale Linebarger

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

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

Eddie Holgwin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/5/05

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

Delgado, Acosta, Braden + Jones

6 Contributor address; City; State; Zip Code

El Paso, TX

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

CITY CLERK DEPT.
05 JUL 05 PH 4:55

Date

7/5/05

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

Joe Rosales

Contributor address; City; State; Zip Code

P.O. Box 370540
El Paso, TX 79937

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/5/05

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

Tomas Cardenas / Carmen Ochoa

Contributor address; City; State; Zip Code

5901 Pomona Ct.
El Paso, TX 79912

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/5/05

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

Santiago + Corina Holgwin

Contributor address; City; State; Zip Code

8736 Winchester
El Paso, TX 79907

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/05

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

Douglas Schwartz

Contributor address; City; State; Zip Code

P.O. Box 13611
El Paso, TX 79913

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

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

Eddie Holman Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/6/05

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

Jessica Mendoza

6 Contributor address; City; State; Zip Code

12528 Crystal Ridge
El Paso TX 79938

7 Amount of contribution (\$)

\$250.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

CITY CLERK DEPT.
05 JUL 05 PM 4:55

Date

7/6/05

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

Rosa Heredia

Contributor address; City; State; Zip Code

9343 Chantilly
El Paso TX 79907

Amount of contribution (\$)

\$100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/05

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

Bill Dempsey

Contributor address; City; State; Zip Code

6041 Camino Alegre
El Paso, TX 79912

Amount of contribution (\$)

\$200.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/05

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

Salvador Santana

Contributor address; City; State; Zip Code

168 Pendale
El Paso, TX 79907

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/05

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

Jan Engels

Contributor address; City; State; Zip Code

2219 King James Pl.
El Paso, TX 79903

Amount of contribution (\$)

\$20.⁰⁰

In-kind contribution description (if applicable)

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 Eddie Holguin Jr | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/6/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Teran | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 404 Rose Lane El Paso, TX 79915 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 7/6/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace Fierro | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 7112 Westover El Paso, TX 79912 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 7/6/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Williams | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 981021 El Paso, TX 79918 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 7/6/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Schmidt | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 500 Willow Glen Dr. El Paso, TX 79922 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 7/6/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Coca | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8761 Alameda El Paso, TX 79907 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

CITY CLERK DEPT.
05 JUL 15 PM 4:55

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

Eddie Holguin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/6/05

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

Elva Olivas

7 Amount of contribution (\$)

\$200.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2501 Scenic Crest
El Paso, TX 79930

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/6/05

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

Scott Weaver

Amount of contribution (\$)

\$200.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6376 La Pasta
El Paso, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/05

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

Richard + Alma Wilson

Amount of contribution (\$)

\$35.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

147 N. Davis
El Paso, TX 79907

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/7/05

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

Beth Flores

Amount of contribution (\$)

\$25.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2816 Taylor Ave
El Paso, TX 79930

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/8/05

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

Nicolas Bombach

Amount of contribution (\$)

\$800.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6397 Calle Azul
El Paso, TX 79912

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.

CITY CLERK DEPT.
05 JUL 05 PM 4:55

**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

Eddie Holguin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/12/05

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

Carmen Duarte

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4615 Bonds Ct.
El Paso, TX 79903

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

CITY CLERK DEPT.
05 JUL 2005 PM 4:55

Date

6/1/05

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

Ana Luisa Pablos

Amount of contribution (\$)

\$700

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

200 N. Alto Mesa
El Paso, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/05

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

Fermin Acosta

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1334 Loma Verde
El Paso, TX

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)

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)

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **Eddie Holguin Jr.** 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|--------------------------------------|--------------------------------|
| 4 Date 5/31/05 | 5 Payee name US Postmaster | 7 Amount (\$) 376.54 |
| 6 Payee address; City; State; Zip Code Business Mail Entry Unit El Paso, TX | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) postage | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|---|------------------------------------|------------------------------|
| Date 6/2/05 | Payee name US Postmaster | Amount (\$) 671.62 |
| Payee address; City; State; Zip Code Business Mail Entry Unit El Paso, TX | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) postage | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|---|-----------------------------|------------------------------|
| Date 6/2/05 | Payee name Kinkos | Amount (\$) 153.82 |
| Payee address; City; State; Zip Code 1410 Lee Trevino El Paso, TX 79936 | | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) copies | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|---|-------------------------------|------------------------------|
| Date 6/3/05 | Payee name wal-mart | Amount (\$) 139.75 |
| Payee address; City; State; Zip Code 9441 Alameda El Paso, TX 79907 | | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) supplies for election day volunteers | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

05 JUL 15 PM 4:55
CITY CLERK DEBT

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/28/05

Jaime Perez

350.00

6 Payee address; City; State; Zip Code

7600 Franklin
El Paso TX

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

consulting services

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/4/05

Potbelly's Pizza

145.00

Payee address; City; State; Zip Code

800 N. Zaragoza
El Paso, TX

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

pizza for volunteers

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/4/05

Okoli

514.78

Payee address; City; State; Zip Code

800 N. Zaragoza
El Paso, TX

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/10/05

Charlie Garcia Campaign

75.00

Payee address; City; State; Zip Code

El Paso, TX

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

Campaign contribution

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7/6/05

Wynap
 Payee address; City; State; Zip Code
 122 S. Arreola
 El Paso, TX

192.55

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

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

Date

Payee name

Amount (\$)

7/15/05

Eddie + Iliana Holguin
 Payee address; City; State; Zip Code
 8528 San Miguel
 El Paso, TX 79907

3,750.00

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

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

loan repayment

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

05 JUL 15 PM 4:58
 CITY CLERK DEPT.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|--|---|
| 4 Date 5/24/05 | 5 Payee name Family Dollar | 8 Amount (\$) 13.83 |
| | 6 Payee address; City; State; Zip Code store # 05923 El Paso, TX | |
| 7 Purpose of expenditure (See instructions regarding type of information required.) water for volunteers | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|---|
| Date 5/25/05 | Payee name Little Caesars | Amount (\$) 27.06 |
| | Payee address; City; State; Zip Code 9411 Alameda El Paso, TX | |
| Purpose of expenditure (See instructions regarding type of information required.) pizza for volunteers | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date 5/30/05 | Payee name Wal-Mart | Amount (\$) 44.64 |
| | Payee address; City; State; Zip Code 9441 Alameda El Paso, TX | |
| Purpose of expenditure (See instructions regarding type of information required.) snacks for volunteers | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date 5/30/05 | Payee name Wal-Mart | Amount (\$) 154.92 |
| | Payee address; City; State; Zip Code 9441 Alameda El Paso, TX | |
| Purpose of expenditure (See instructions regarding type of information required.) volunteer party supplies/food | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|---|
| Date 5/28/05 | Payee name Voicenet | Amount (\$) 392.00 |
| | Payee address; City; State; Zip Code P.O. Box 986 Los Altos, CA | |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

05 JUL 15 PM 4:56

CITY CLERK DEPT.

Printed on recycled paper

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Eddie Holgwin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/28/05

5 Payee name

Prime New York

6 Payee address; City; State; Zip Code

233 Broadway
New York, NY

8 Amount (\$)

525.⁰⁰

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

Reimbursement from political contributions intended

Date

5/29/01

Payee name

Denny's

Payee address; City; State; Zip Code

El Paso, TX

Amount (\$)

37.⁰⁹

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

Volunteer Lunch

Reimbursement from political contributions intended

Date

5/29/05

Payee name

USA Postcards

Payee address; City; State; Zip Code

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

post cards

Amount (\$)

278.¹²

Reimbursement from political contributions intended

Date

5/31/05

Payee name

McDonald's

Payee address; City; State; Zip Code

El Paso, TX

Amount (\$)

28.⁵¹

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

Volunteer Lunch

Reimbursement from political contributions intended

Date

6/1/05

Payee name

USA Postcards

Payee address; City; State; Zip Code

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

post cards

Amount (\$)

227.¹²

Reimbursement from political contributions intended

ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME *Eddie Holguin Jr.*

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code | 8 Amount (\$) |
|---------------|---|---|
| <i>6/1/05</i> | <i>Buddha Chinese Buffet</i> <i>El Paso, TX</i> | <i>19.45</i> |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer lunch</i> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <i>6/2/05</i> | <i>Kinko's</i> <i>1410 Lee Trevino</i> <i>El Paso, TX</i> | <i>2.38</i> |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>Computer use</i> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <i>6/2/05</i> | <i>US Postmaster</i> <i>Business Mail Entry Unit</i> <i>El Paso, TX</i> | <i>69.⁰⁰</i> |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps</i> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <i>6/2/05</i> | <i>Wing It</i> <i>El Paso, TX</i> | <i>15.33</i> |
| | Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer lunch</i> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| <i>6/3/05</i> | <i>USA Post cards</i> <i>post cards</i> | <i>40.⁰⁰</i> |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

05 JUL 15 PM 4:56
CITY CLERK DEPT

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6/4/05

Juanito's Liquor Store

78.⁹⁰

6 Payee address; City; State; Zip Code

7810 N. Loop
El Paso, TX

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

Key for election day party

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6/4/05

Walgreens

9.⁰⁸

Payee address; City; State; Zip Code

800 N. Zaragoza Rd.
El Paso, TX

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

water bottles

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6/4/05

Diamond Shamrock

8.⁰⁵

Payee address; City; State; Zip Code

840 Zaragoza Rd.
El Paso, TX

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

ice

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6/5/05

Okoli Cafe

43.⁹⁷

Payee address; City; State; Zip Code

300 Zaragoza
El Paso, TX

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

volunteer lunch

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

6/26/05

Zee K's

57.⁰⁰

Payee address; City; State; Zip Code

115 Ysleta Ln.
El Paso, TX

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

meeting luncheon

Reimbursement from political contributions intended

55 JUL 15 PM 4:56 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 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------|---|---|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| 6/18/05 | Campaign Secrets 1765 Ridgeway Terrace Atlanta, GA | 24.19 |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| | website | |

| | | |
|------|---|--|
| 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 |

| | | |
|------|---|--|
| 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 |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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05 JUL 15 PM 4:56