

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
CITY CLERK DEPT.  
**COVER SHEET PG 1**  
05 APR 29 PM 4:38

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>10</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr</b> <b>Eduardo</b> NICKNAME LAST SUFFIX <b>Eddie</b> <b>Holguin</b> <b>Jr</b>
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 17641</b> <b>El Paso, TX 79917</b>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( )</b>
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs.</b> <b>Iliana</b> <b>N.</b> NICKNAME LAST SUFFIX <b>Holguin</b>
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>8528 San Miguel</b> <b>El Paso, TX 79907</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( )</b>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>4 / 8 / 05</b> <b>4 / 29 / 05</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>5 / 7 / 05</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>city representative #6</b>
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
CITY CLERK DEPT  
COVER SHEET PG 2

05 APR 29 PM 4:38

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

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 250.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4715.14

CONTRIBUTION BALANCE

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

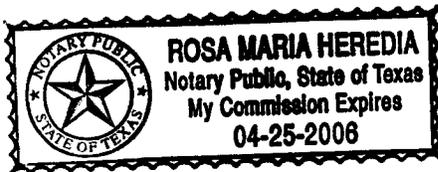
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 250

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 *29th* day of *April*, 20 *05*, to certify which, witness my hand and seal of office.

*Rosa Maria Heredia*  
Signature of officer administering oath

*ROSA MARIA HEREDIA*  
Printed name of officer administering oath

*NOTARY PUBLIC*  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
CITY CLERK DEPT.**

**05 APR 29 PM 4:38**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Eddie Holguin Jr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-21-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel Portillo</i>	7 Amount of contribution (\$) <i>250.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9280 Gateway East El Paso, TX 79907</i>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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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 (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**  
CITY CLERK DEPT.

05 APR 29 PM 4:38

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E:	
<b>2</b> FILER NAME Eddie Holgryn Jr		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
<b>5</b> Date of loan 4/18/05	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie + Iliana Holgryn		<b>9</b> Loan Amount (\$) 250.00
<b>6</b> Is lender a financial institution? Y            N	<b>8</b> Lender address;    City;    State;    Zip Code P.O. Box 17641 El Paso, TX 79917		<b>10</b> Interest rate 0
			<b>11</b> Maturity date n/a
<b>12</b> Principal occupation / Job title (See Instructions) self-employed		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none			
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code		<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer	
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			
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES**

**SCHEDULE F**  
CITY CLERK DEPT.

05 APR 29 PM 4:38

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Eddie Holguin		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/13/05	5 Payee name Benny Casillas 6 Payee address; City; State; Zip Code 8732 Winchester El Paso, TX 79907	7 Amount (\$) \$ 200
8 Purpose of payment (See instructions regarding type of information required.) signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/15/05	Payee name Carlos Casanti Payee address; City; State; Zip Code El Paso, TX	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) radio ads		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/20/05	Payee name US Postal Service Payee address; City; State; Zip Code Business mail entry unit El Paso, TX	Amount (\$) \$742.92
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**CITY CLERK DEPT. SCHEDULE G**

**05 APR 29 PM 4:38**

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 <i>4/8/05</i>	5 Payee name <i>Clearchannel</i>	8 Amount (\$) <i>\$370</i>
	6 Payee address; City; State; Zip Code <i>P.O. Box 847241 Dallas, TX</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>billboards</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/8/05</i>	Payee name <i>Clearchannel</i>	Amount (\$) <i>\$590</i>
	Payee address; City; State; Zip Code <i>P.O. Box 847241 Dallas, TX</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>billboards</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/7/05</i>	Payee name <i>Sonic</i>	Amount (\$) <i>11.54</i>
	Payee address; City; State; Zip Code <i>9505 Socorro Rd El Paso, TX</i>	
Purpose of expenditure (See instructions regarding type of information required.)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/9/05</i>	Payee name <i>Lowe's</i>	Amount (\$) <i>84.44</i>
	Payee address; City; State; Zip Code <i>El Paso, TX</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>supplies</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/11/05</i>	Payee name <i>Peter Piper Pizza</i>	Amount (\$) <i>16.50</i>
	Payee address; City; State; Zip Code <i>700 N. Zaragoza El Paso, TX</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>volunteer's food</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**CITY CLERK SCHEDULE G**  
**05 APR 29 PM 4:38**

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 <i>4/12/05</i>	5 Payee name <i>El Roble</i>	8 Amount (\$) <i>9.29</i>
	6 Payee address; City; State; Zip Code <i>8820 Alameda El Paso, TX</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Volunteer meeting</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/15/05</i>	Payee name <i>Big 8</i>	Amount (\$) <i>13.95</i>
	Payee address; City; State; Zip Code <i>9016 Alameda</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>cookout for volunteers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/15/05</i>	Payee name <i>Big 8</i>	Amount (\$) <i>7.77</i>
	Payee address; City; State; Zip Code <i>9016 Alameda</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>cookout for volunteers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/18/05</i>	Payee name <i>Taco Bell</i>	Amount (\$) <i>9.08</i>
	Payee address; City; State; Zip Code <i>91 S. Americas</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>food for volunteers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/15/05</i>	Payee name <i>Perla Gonzalez</i>	Amount (\$) <i>\$160.00</i>
	Payee address; City; State; Zip Code <i>El Paso, TX</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>campaign work</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**CITY CLERK SCHEDULE G**  
**05 APR 29 PM 4:38**

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

Wal-Mart

8 Amount (\$)

4/18/05

6 Payee address; City; State; Zip Code

El Paso, TX

105.77

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

early voting food + supplies

Reimbursement from political contributions intended

Date

Payee name

Lowe's

Amount (\$)

4/19/05

Payee address; City; State; Zip Code

El Paso, TX

60.66

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

supplies for signs

Reimbursement from political contributions intended

Date

Payee name

Rubber Ducky

Amount (\$)

4/19/05

Payee address; City; State; Zip Code

601 Dryden  
El Paso, TX

146.14

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

caps

Reimbursement from political contributions intended

Date

Payee name

Horizon Printing

Amount (\$)

4/13/05

Payee address; City; State; Zip Code

1125 N. Zaragoza  
El Paso, TX

270.63

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

envelopes

Reimbursement from political contributions intended

Date

Payee name

Clearchannel

Amount (\$)

4/21/05

Payee address; City; State; Zip Code

P.O. Box 847247  
Dallas, TX

590.00

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

bill boards

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G  
CITY CLERK DEPT.**

05 APR 29 PM 4:38

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 4/21/05	5 Payee name Clear channel	8 Amount (\$) \$370.00
	6 Payee address; City; State; Zip Code P.O. Box 847247 Dallas, TX	
7 Purpose of expenditure (See instructions regarding type of information required.) billboards		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/24/05	Payee name Taco Bell	Amount (\$) 18.34
	Payee address; City; State; Zip Code El Paso, TX	
Purpose of expenditure (See instructions regarding type of information required.) food for volunteers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/25/05	Payee name Church	Amount (\$) 20.00
	Payee address; City; State; Zip Code El Paso, TX	
Purpose of expenditure (See instructions regarding type of information required.) food for volunteers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/22/05	Payee name Capps	Amount (\$) 148.30
	Payee address; City; State; Zip Code 10330 Montana El Paso, TX	
Purpose of expenditure (See instructions regarding type of information required.) van rental		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/26/05	Payee name USA Postcards	Amount (\$) 345.42
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) printing		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G  
CITY CLERK DEPT.**

**05 APR 29 PM 4:38**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Eddie Holgwin Jr</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/7/05</i>	5 Payee name <i>City of El Paso</i> 6 Payee address; City; State; Zip Code <i>El Paso, TX</i>	8 Amount (\$) <i>\$250.<sup>00</sup></i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Filing fee</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>4/18/05</i>	Payee name <i>Campaign Secrets</i> Payee address; City; State; Zip Code <i>1765 Ridgmill Terrace Atlanta, GA</i>	Amount (\$) <i>24.19</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>website</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	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**