

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:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *mr* FIRST *Eduardo* MI
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

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

CITY CLERK DEPT.
05 MAY 27 AM 4:43

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8529 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
4/30/05 THROUGH *5/27/05*

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

city representative #6

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

CITY CLERK DEPT.
05 MAY 27 PM 4:44

15 C/OH NAME

Eddie Holguin Jr

16 ACCOUNT # (Ethics Commission files)

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

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)

\$ 3,450

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,220.62

CONTRIBUTION BALANCE

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

\$ 942.50

OUTSTANDING LOAN TOTALS

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

\$

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 *27th* day of *May*, 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 MAY 27 PM 4:44

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A: 4

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

4 Date 5/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Bernal	7 Amount of contribution (\$) \$130	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 E. San Antonio #803 El Paso, TX 79901			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Heredia	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9343 Chantilly El Paso, TX 79907			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garry Porras	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6109 Yaqui Way Ste. E El Paso, TX 79925			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Barragan	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1823 Karl Myler El Paso, TX 79936			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Fong	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11701 Gateway West El Paso, TX 79930			

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
CITY CLERK DEPT.
05 MAY 27 PM 4:44

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

5/14/05

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

J.M. Navar

6 Contributor address; City; State; Zip Code

10828 Sombra Verde
El Paso, TX 79935

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/14/05

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

Cobina Jimenez

Contributor address; City; State; Zip Code

9308 Carranza
El Paso, TX 79907

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/05

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

Elva Olivas

Contributor address; City; State; Zip Code

2501 Scenic Crest
El Paso, TX 79930

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/05

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

Lorenzo Aguirre

Contributor address; City; State; Zip Code

7237 Tierra Alta
El Paso, TX 79912

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/05

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

Frederic a Patricia Dalbin

Contributor address; City; State; Zip Code

2409 Savannah
El Paso, TX 79930

Amount of contribution (\$)

\$150

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS CITY CLERK DEPT.

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

05 MAY 27 PM 4:44 Total Pledges Schedule A: 4

2 FILER NAME <i>Eddie Holguin Jr.</i>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date <i>5/14/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oscar Venegas</i> 6 Contributor address; City; State; Zip Code <i>516 Crossbend Ct. El Paso, TX 79932</i>	7 Amount of contribution (\$) <i>\$250</i>	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <i>5/23/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa de la Torre</i> Contributor address; City; State; Zip Code <i>10715 Hitchcock El Paso, TX 79935</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>5/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest Coca</i> Contributor address; City; State; Zip Code <i>8761 Alameda El Paso, TX 79907</i>	Amount of contribution (\$) <i>\$200.</i>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>5/28/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe A. Rosales</i> Contributor address; City; State; Zip Code <i>P.O. Box 370540 El Paso, TX 79937</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>5/16/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jan Engels</i> Contributor address; City; State; Zip Code <i>2219 King James Place El Paso, TX 79903</i>	Amount of contribution (\$) <i>\$80</i>	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.

POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form. 05 MAY 27 PM 4:44 Total pages Schedule A: 4

2 FILER NAME Eddie Holguin Jr	3 ACCOUNT # (Ethics Commission filers)
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4 Date 5/13/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Soto	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3465 Lee Blvd El Paso, TX			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
--	---------------------------------------

Date 5/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Teran	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Rose Lane El Paso, TX			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
--	------------------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
--	------------------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
--	------------------------------------

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 / 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.

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form.

05 MAY 27 PM 4:44

Total pages Schedule F: 2

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

4 Date <i>5/6/05</i>	5 Payee name <i>US Postal Service</i>	7 Amount (\$) <i>\$742.92</i>
6 Payee address; City; State; Zip Code <i>Business Mail Entry Unit El Paso, TX 79905</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>postage</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>5/17/05</i>	Payee name <i>Alexandro's</i>	Amount (\$) <i>9.68</i>
Payee address; City; State; Zip Code <i>5655 Gateway West El Paso, TX 79905</i>		

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

Date <i>5/17/05</i>	Payee name <i>One Stop Print Shop</i>	Amount (\$) <i>321.50</i>
Payee address; City; State; Zip Code <i>7800 North Loop El Paso, TX 79915</i>		

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

Date <i>5/23/05</i>	Payee name	Amount (\$) <i>31.25</i>
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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form.

05 MAY 27 PM 4:44

Total pages Schedule F: 2

2 FILER NAME

Eddie Holguin Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/19/05

US Postal Service

Payee address; City; State; Zip Code

Business Mail Entry Unit
El Paso, TX

829.55

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

Payee name

Amount (\$)

5/23/05

El Paso County

Payee address; City; State; Zip Code

El Paso TX 79901

\$10

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

voter list

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/23/05

PDX Printing

Payee address; City; State; Zip Code

100 Portirio Diaz
El Paso, TX 79902

\$362.60

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

literature

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/23/05

Horizon Printing

Payee address; City; State; Zip Code

125 North Zaragoza
El Paso, TX

\$200

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

printing

** 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 MAY 27 PM 1:44

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME
Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filer)

4 Date 5/2/05	5 Payee name Goodtime #44	8 Amount (\$) 23.47
	6 Payee address; City; State; Zip Code 9052 Alameda El Paso TX	
7 Purpose of expenditure (See instructions regarding type of information required.) drinks for volunteers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/3/05	Payee name Whataburger	Amount (\$) 9.03
	Payee address; City; State; Zip Code 12140 Montwood 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 5/3/05	Payee name us Postal Service	Amount (\$) 18.40
	Payee address; City; State; Zip Code Ysleta Station El Paso TX	
Purpose of expenditure (See instructions regarding type of information required.) Stamps		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/3/05	Payee name KFC	Amount (\$) 10.81
	Payee address; City; State; Zip Code store # 4343302 El Paso TX	
Purpose of expenditure (See instructions regarding type of information required.) food for employees		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/5/05	Payee name Wal-mart	Amount (\$) 87.19
	Payee address; City; State; Zip Code El Paso TX	
Purpose of expenditure (See instructions regarding type of information required.) food/drinks for ice chests		<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
CITY CLERK DEPT.
05 MAY 27 PM 4:44

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

5/7/05

Okali

405.⁶⁰

6 Payee address; City; State; Zip Code

800 N. Zaragoza
El Paso, TX

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

election day party

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

5/7/05

Juanito's Liquor

65.¹⁴

Payee address; City; State; Zip Code

7810 N. Loop
El Paso, TX

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

election day party

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

5/7/05

Fat Belly's Pizza

100.⁰⁰

Payee address; City; State; Zip Code

El Paso, TX

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

pizza for poll workers

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

5/7/05

Goodtime

42.⁰⁶

Payee address; City; State; Zip Code

9052 Alameda
El Paso, TX

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

election day supplies

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

5/16/05

Clear Channel Outdoor

960.⁰⁰

Payee address; City; State; Zip Code

2305 Sparkman
El Paso, TX

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

billboards

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
05 MAY 27 PM 1:44

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Office Depot

8 Amount (\$)

5/10/05

6 Payee address; City; State; Zip Code

1313 George Dieter
El Paso, TX

11.31

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

envelopes

Reimbursement from political contributions intended

Date

Payee name

Office Depot

Amount (\$)

5/10/05

Payee address; City; State; Zip Code

1313 George Dieter
El Paso, TX

54.09

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

Supplies

Reimbursement from political contributions intended

Date

Payee name

Kwang In

Amount (\$)

5/16/05

Payee address; City; State; Zip Code

9411 Alameda
El Paso, TX 79907

32.42

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

lunch for volunteers

Reimbursement from political contributions intended

Date

Payee name

Campaign Secrets

Amount (\$)

5/16/05

Payee address; City; State; Zip Code

1765 Ridgeway Terrace
Atlanta GA

21.00

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

processing fee

Reimbursement from political contributions intended

Date

Payee name

Clearchannel

Amount (\$)

5/17/05

Payee address; City; State; Zip Code

2305 Sparkman
El Paso, TX

590.00

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

billboards

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE G
05 MAY 27 PM 4:44

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **5**

2 FILER NAME

Eddie Holgryn Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Home Depot

8 Amount (\$)

5/18/05

6 Payee address; City; State; Zip Code

**11360 Rojas
El Paso, TX**

35.64

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

Sign supplies

Reimbursement from political contributions intended

Date

Payee name

Edge of Texas

Amount (\$)

5/20/05

Payee address; City; State; Zip Code

El Paso, TX

25.79

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

Campaign dinner

Reimbursement from political contributions intended

Date

Payee name

Office Depot

Amount (\$)

5/23/05

Payee address; City; State; Zip Code

**1313 George Dieter
El Paso, TX**

16.98

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

envelopes

Reimbursement from political contributions intended

Date

Payee name

McDonald's

Amount (\$)

5/23/05

Payee address; City; State; Zip Code

**9451 Alameda
El Paso, TX**

20.12

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

Food for volunteers

Reimbursement from political contributions intended

Date

Payee name

Goodtime

Amount (\$)

5/23/05

Payee address; City; State; Zip Code

**9052 Alameda
El Paso, TX**

30.00

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

gas

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
05 MAY 27 PM 4:44

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **5**

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

US Postal Service

8 Amount (\$)

76.95

6 Payee address; City; State; Zip Code

**Business Mail Entry Unit
El Paso, TX**

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

Postage

Reimbursement from political contributions intended

Date

Payee name

One Stop Print Shop

Amount (\$)

516.35

Payee address; City; State; Zip Code

**7800 North Loop
El Paso, TX**

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

Literature

Reimbursement from political contributions intended

Date

Payee name

Campaign Secrets

Amount (\$)

24.19

Payee address; City; State; Zip Code

**1765 Ridgemoor Terrace
Atlanta, GA**

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

Website

Reimbursement from political contributions intended

Date

Payee name

US Postal Service

Amount (\$)

123.58

Payee address; City; State; Zip Code

**Usleta Station
El Paso, TX**

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

Stamps

Reimbursement from political contributions intended

Date

Payee name

Horizon Printing

Amount (\$)

\$200

Payee address; City; State; Zip Code

**1125 N. Zaragoza
El Paso, TX**

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED