

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:** 6

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR FIRST: EDUARDO MI:
 NICKNAME: EDDIE LAST: HOLGUIN SUFFIX: JR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: PO BOX 17226 APT / SUITE #: CITY: STATE: ZIP CODE: EL PASO, TX 79917
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: () PHONE NUMBER: EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: Mrs. FIRST: ILIANA MI: N.
 NICKNAME: LAST: HOLGUIN SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): 501 E. NEVADA APT / SUITE #: CITY: STATE: ZIP CODE: EL PASO, TX 79902

8 CAMPAIGN TREASURER PHONE
 AREA CODE: () PHONE NUMBER: EXTENSION:

9 REPORT TYPE
 January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED
 Month Day Year: 7 / 16 / 06 THROUGH Month Day Year: 1 / 15 / 07

11 ELECTION
 ELECTION DATE: Month Day Year: 5 / 7 / 07 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): City Rep. Dist. #6

13 OFFICE SOUGHT (if known)
 same

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

OFFICE USE ONLY
 CITY CLERK DEPT.
 Date Received: JAN 16 PM 1:58
 Date Hand-delivered or Date Postmarked:
 Receipt # Amount:
 Date Processed:
 Date Imaged:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH COVER SHEET PG 2**

CITY CLERK DEPT.

07 JAN 16 PM 4:58

15 C/OH NAME Eddie Holguin Jr. 16 ACCOUNT # (Ethics Commission Filers)

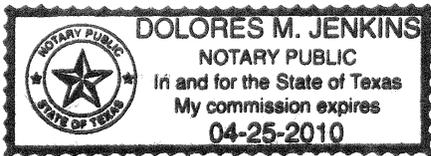
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 1,900. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3263. ⁸³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4261. ¹⁶
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 EDUARDO HOLGUIN, this the 16TH day of January, 20 07, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

DOLORES M. JENKINS
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. **SCHEDULE A**
07 JAN 16 PM 4:58

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Eddie Holguin Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date \$/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley Jobe	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 3318 El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 12/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Teran	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Rose Lane El Paso, TX 79915		(If travel outside of Texas, complete Schedule T)	

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

Date 12/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Dill	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1300 W. Vandell El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugenio Mesta	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 Gary Lane El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 12/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Fierro	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11612 Tony Tejada El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

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

CITY CLERK DEPT. SCHEDULE F

07 JAN 16 PM 4:58

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME *Eddie Holguin Jr*

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/26/06

5 Payee name
H + H Diners Tree
6 Payee address; City; State; Zip Code
*9020 Mayflower Ave
El Paso, TX*

7 Amount (\$)
\$675.25

8 Purpose of payment (See instructions regarding type of information required.)
printing + postage
(If travel outside of Texas, complete Schedule T)

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

Date
12/26/06

Payee name
Wal-Mart
Payee address; City; State; Zip Code
*9441 Alameda
El Paso, TX*

Amount (\$)
\$132.34

Purpose of payment (See instructions regarding type of information required.)
supplies
(If travel outside of Texas, complete Schedule T)

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

Date
12/29/06

Payee name
Artype Printing
Payee address; City; State; Zip Code
3530 Work Dr. Ft Myers FL 33916

Amount (\$)
\$1352.85

Purpose of payment (See instructions regarding type of information required.)
signs
(If travel outside of Texas, complete Schedule T)

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

Date
1/8/07

Payee name
Home Depot
Payee address; City; State; Zip Code
*11360 Rojas
El Paso, TX*

Amount (\$)
\$368.30

Purpose of payment (See instructions regarding type of information required.)
supplies
(If travel outside of Texas, complete Schedule T)

-- 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

CITY CLERK DEPT.

SCHEDULE F

07 JAN 16 PM 4:58

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Eddie Holguin Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/10/07

Horizon Printing

6 Payee address; City; State; Zip Code

1125 N. Zaragoza
El Paso, TX 79907

\$145.05

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

invitations

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/10/07

US Postal Service

Payee address; City; State; Zip Code

Ysleta Station, El Paso, TX
79907

\$117.00

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

postage

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/11/07

Xpedex

Payee address; City; State; Zip Code

6800 Gateway East
El Paso, TX 79925

\$97.04

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

stationary

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/11/07

Clear Channel Outdoor

Payee address; City; State; Zip Code

2305 Sparkman El Paso 79903

\$340.00

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

Billboards

** 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.
07 JAN 16 PM 4:58

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Eddie Holguin Jr</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12/21/06</u>	5 Payee name <u>US Postal Service</u> 6 Payee address; City; State; Zip Code <u>Ysleta Station, El Paso, TX</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>POSTAGE</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$36.⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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