

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:** 7

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 17726 APT / SUITE #: CITY: El Paso, TX STATE: ZIP CODE: 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:

OFFICE USE ONLY

Date Received: 08 JUN 10 AM 8:35
 CITY CLERK DEPT.

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed:

Date Imaged:

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

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: 7 / 16 / 07 THROUGH Month Day Year: 1 / 15 / 08

11 ELECTION

ELECTION DATE: Month Day Year: / / ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): City Rep. Dist. #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.
08 JAN 16 AM 8:35

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,507.⁵⁰

CONTRIBUTION BALANCE

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

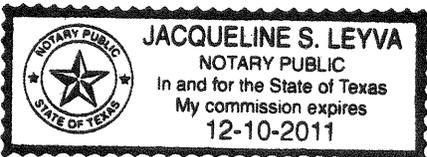
\$

OUTSTANDING LOAN TOTALS

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

\$ 3,370.⁹⁹

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 *08*, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva *Jacqueline S. Leyva* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

08 JAN 16 AM 8:35

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME **Eddie Holguin Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/16/07

5 Payee name
Prime New York LLC
6 Payee address; City; State; Zip Code
**233 Broadway, Ste. 702
New York, NY 10279**

7 Amount (\$)
\$250

8 Purpose of payment (See instructions regarding type of information required.)
phone calls
(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
7/16/07

Payee name
Wells Fargo
Payee address; City; State; Zip Code
**PO Box 1072
El Paso, TX 79907**

Amount (\$)
\$9.95

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

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

Date
8/7/07

Payee name
Juan Roman Ries
Payee address; City; State; Zip Code
**201 Maravilla Dr.
El Paso, TX 79907**

Amount (\$)
\$200

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

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

Date
8/9/07

Payee name
Apex Company
Payee address; City; State; Zip Code
**3911 Montana Ave
El Paso, TX 79903**

Amount (\$)
\$90

Purpose of payment (See instructions regarding type of information required.)
Star on the mountain
(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

08 JAN 16 AM 8:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Eddie Holguin Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/10/07	5 Payee name Wal-Mart	7 Amount (\$) \$34.63
6 Payee address; City; State; Zip Code 9441 Alameda El Paso, TX 79907		
8 Purpose of payment (See instructions regarding type of information required.) donuts for senior center (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 8/14/07	Payee name Wells Fargo	Amount (\$) \$9.95
Payee address; City; State; Zip Code PO Box 1072 El Paso, TX		
Purpose of payment (See instructions regarding type of information required.) bank fees (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/17/07	Payee name Wells Fargo	Amount (\$) \$9.95
Payee address; City; State; Zip Code PO Box 1072 El Paso, TX		
Purpose of payment (See instructions regarding type of information required.) bank fees (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/25/07	Payee name Clear Channel Outdoor	Amount (\$) \$100
Payee address; City; State; Zip Code 2305 Sparkman St. El Paso, TX 79903		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

08 JAN 16 AM 8:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Eddie Holguin Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/1/07	5 Payee name Peace + Justice Office 6 Payee address; City; State; Zip Code 499 St. Matthews El Paso, TX 79907	7 Amount (\$) \$200
8 Purpose of payment (See instructions regarding type of information required.) banquet table (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 10/9/07	Payee name Foundation for the Diocese of El Paso Payee address; City; State; Zip Code 499 St. Matthews El Paso, TX 79907	Amount (\$) \$100
Purpose of payment (See instructions regarding type of information required.) banquet ticket (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/07	Payee name Melina Castro Campaign Payee address; City; State; Zip Code 9932 Bullistic El Paso, TX 79924	Amount (\$) \$200
Purpose of payment (See instructions regarding type of information required.) contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/14/07	Payee name Bel-Air Optimist Club Payee address; City; State; Zip Code El Paso, TX	Amount (\$) \$30
Purpose of payment (See instructions regarding type of information required.) dance tickets (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

08 JAN 16 AM 8:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Eddie Holguin Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/15/07	5 Payee name Wells Fargo	7 Amount (\$) \$9.95
6 Payee address; City; State; Zip Code PO Box 1072 El Paso, TX		
8 Purpose of payment (See instructions regarding type of information required.) bank fees (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 10/25/07	Payee name Joe Pickett	Amount (\$) \$150
Payee address; City; State; Zip Code El Paso, TX 79936		
Purpose of payment (See instructions regarding type of information required.) contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/07	Payee name Wells Fargo	Amount (\$) \$9.95
Payee address; City; State; Zip Code PO Box 1072 El Paso, TX		
Purpose of payment (See instructions regarding type of information required.) bank fees (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/28/07	Payee name Iliana Holguin	Amount (\$) \$100
Payee address; City; State; Zip Code PO Box 17726 El Paso, TX 79917		
Purpose of payment (See instructions regarding type of information required.) reimbursement for Democratic Hall of Fame dinner (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

08 JAN 16 AM 8:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME <i>Eddie Holguin Jr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/14/07</i>	5 Payee name <i>Wells Fargo</i>	7 Amount (\$) <i>\$3</i>
6 Payee address; City; State; Zip Code <i>PO BOX 1072 EL PASO, TX</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>bank fees</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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