



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made 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. ..

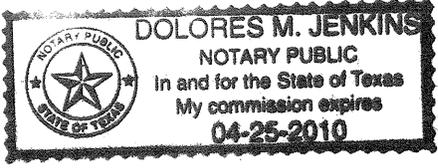
<input type="checkbox"/> COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

09 JAN 15 PM 5:00  
 CITY CLERK DEPT.

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)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	/
	4. TOTAL POLITICAL EXPENDITURES	\$	1017. <sup>64</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	2082. <sup>33</sup>
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 Jr., this the 15<sup>th</sup> day of January, 20 09, to certify which, witness my hand and seal of office.

Dolores M. Jenkins      Dolores M. Jenkins      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
	Wells Fargo Bank P.O. Box 1072 El Paso, TX 79958	\$ 18. <sup>00</sup>
8 Purpose of payment (See instructions regarding type of information required.) July - Jan, Bank Fees (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
8-25-08	Isela Castañon Williams 9009 El Dorado El Paso, TX 79925	\$ 75. <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) DNC Donation (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
9-9-08	Iliana Holguin P.O. Box 1726 El Paso, TX 79907	\$ 68. <sup>69</sup>
Purpose of payment (See instructions regarding type of information required.) July 4th Parade Re-inburtment (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
9-26-08	Perry Political 1030 Baranda Mountain View, CA 94040	\$ 100. <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Software (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

CITY CLERK DEPT  
ORGAN IS PH 5:00

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	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11/07/08	Lulac Council # 4888 6 Payee address; City; State; Zip Code 7852 Jersey El Paso, TX 79915	\$ 500. <sup>00</sup>

8 Purpose of payment (See instructions regarding type of information required.) Table - Reyes (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/19/08	Paul Moreno Campaign Payee address; City; State; Zip Code 2314 Montana El Paso, TX 79903	\$ 250. <sup>00</sup>

Purpose of payment (See instructions regarding type of information required.) Campaign Contribution (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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Date	Payee name	Amount (\$)
11/15/09	Wells Fargo Payee address; City; State; Zip Code P.O. Box 1072 El Paso, TX 79958	\$ 6. <sup>00</sup>

Purpose of payment (See instructions regarding type of information required.) ck - Copies (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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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED