

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Eduardo NICKNAME                      LAST                      SUFFIX "Eddie"                      Holguin                      Jr.	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <hr/> Date Received  Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE PO Box 17726 El Paso, TX 79917	07 JUL 6 PM 4:54 CITY CLERK DEPT.	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (                      )	Receipt #                      Amount Date Processed Date Imaged	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Iliana                      N. NICKNAME                      LAST                      SUFFIX Holguin	Date Received Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 501 E. Nevada                      El Paso, TX 79902	Date Received Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (                      )	Date Received Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 5 / 5 / 07                      THROUGH                      7 / 15 / 07		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 5 / 12 / 07	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> City Rep. Dist. #6                      same		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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		

**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)  
  
 additional pages

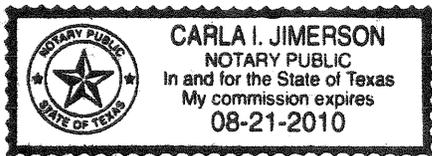
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

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

CITY CLERK DEPT.  
07 JUL 16 PM 4:56

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)	\$ 8,000. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,939. <sup>17</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,778. <sup>29</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, this the 11th day of July, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson Carla I. Jimerson Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME **Eddie Holguin Jr**

3 ACCOUNT # (Ethics Commission filers)

4 Date **5-4-07**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert L. Bowling IV**

7 Amount of contribution (\$) **\$250**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**6705 Pearl Ridge  
El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **5-7-07**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ismael Rincon**

Amount of contribution (\$) **\$50**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5629 Rosa Ave  
El Paso, TX 79905**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5-7-07**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Manuel Portillo**

Amount of contribution (\$) **\$350**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**9280 Gateway East # B  
El Paso, TX 79907**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4-20-07**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gerald Rubin**

Amount of contribution (\$) **\$1000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**801 River Oaks  
El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5-7-07**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**El Paso Assoc. of Builders**

Amount of contribution (\$) **\$2000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6046 Surety Dr.  
El Paso, TX 79905**

(If travel outside of Texas, complete Schedule T)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Eddie Holguin Jr**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5-4-07**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Joanne Bowling**

6 Contributor address; City; State; Zip Code

**6705 Pearl Ridge  
El Paso, TX 79912**

7 Amount of contribution (\$)

**\$250**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**5-9-07**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**People for the American Voters**

Contributor address; City; State; Zip Code

**2000 M St. NW Ste. 400  
Washington DC 20036**

Amount of contribution (\$)

**\$250**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5-11-07**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Robert Saab**

Contributor address; City; State; Zip Code

**8340 Gateway East  
El Paso, TX 79907**

Amount of contribution (\$)

**\$1000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5-11-07**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**George Cruz**

Contributor address; City; State; Zip Code

**324 Buena Vista  
El Paso, TX 79905**

Amount of contribution (\$)

**\$250**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5-24-07**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Bob Bowling**

Contributor address; City; State; Zip Code

**PO Box 4136  
El Paso, TX 79914**

Amount of contribution (\$)

**\$500**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

OFFICE CLERK  
 DEPT  
 16 PM  
 54

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-24-07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randall Bowling</b>	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4655 Cohen El Paso, TX 79924</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>5-24-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gregory Bowling</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5533 Woodfield Dr. El Paso, TX 79932</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>6-27-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian S. Foster</b>	Amount of contribution (\$) <b>\$1000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>El Paso, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>5-12-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gus Gimenez</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5844 Teal El Paso, TX 79924</b>		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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 EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Eddie Holguin Jr		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-7-07	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Yoleta Station El Paso, TX 7 Purpose of expenditure (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$14.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5-8-07	Taco Bell 91 S. Americas Ave El Paso, TX food for volunteers (If travel outside of Texas, complete Schedule T)	\$26.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5-12-07	C & R Chevron 8500 Alameda El Paso, TX bags of ice (If travel outside of Texas, complete Schedule T)	\$13.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5-12-07	Good Time Store 1895 George Dieter El Paso TX bags of ice (If travel outside of Texas, complete Schedule T)	\$12.54 <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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Eddie Holguin Jr</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-7-07</b>	5 Payee name <b>Hugh Art Gallery</b>	7 Amount (\$) <b>\$500.<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>504 N. Stanton</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Volunteer Party</b> (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 <b>5-7-07</b>	Payee name <b>Paso del Norte Civil Rights Project</b>	Amount (\$) <b>\$250.<sup>00</sup></b>
Payee address; City; State; Zip Code <b>2300 Missouri El Paso, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Fundraiser</b> (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 <b>5-9-07</b>	Payee name <b>Sanni's Club</b>	Amount (\$) <b>\$211.<sup>00</sup></b>
Payee address; City; State; Zip Code <b>11360 Pellicano El Paso, TX</b>		<b>CITY CLERK DEPT. 07 APR 16 PM 4:54</b>
Purpose of payment (See instructions regarding type of information required.) <b>Supplies</b> (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 <b>5-9-07</b>	Payee name <b>Zeki's Meat Market</b>	Amount (\$) <b>\$75.<sup>50</sup></b>
Payee address; City; State; Zip Code <b>115 Yoleta Lane El Paso, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Volunteer cook-out</b> (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

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: <span style="font-size: 1.5em; margin-left: 20px;">10</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Eddie Holguin Jr.</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em; margin-left: 10px;">5-14-07</span>	5 Payee name <span style="font-size: 1.2em; margin-left: 10px;">Refugio Chavira</span>	7 Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$260.<sup>00</sup></span>
6 Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">7404 Franklin #B El Paso, TX 79915</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">food, gas, supplies stipend</span> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5-12-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Papa John's Pizza</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$204.<sup>14</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">11360 Montwood El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">pizza for volunteers</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5-12-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Papa John's Pizza</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$186.<sup>00</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">455 N. Harborway Dr El Paso, TX</span>		<span style="font-size: 0.8em; display: block; text-align: center;">CITY CLERK DEPT. 07 JUL 16 PM 4:54</span>
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">pizza for volunteers</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5-11-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Fed Ex Kinko's</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$79.99</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">1410 Lee Trevino El Paso, TX 79936</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">push cards</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>10</b>
<b>2</b> FILER NAME <b>Eddie Holguin Jr.</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <b>5-10-07</b>	<b>5</b> Payee name <b>La Pila</b> <b>6</b> Payee address; City; State; Zip Code <b>8714 Alameda El Paso, TX</b>	<b>7</b> Amount (\$) <b>\$19.30</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>food for volunteers</b> (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5-9-07</b>	Payee name <b>H + H Diner Tree</b> Payee address; City; State; Zip Code <b>9030 mayflower El Paso, TX</b>	Amount (\$) <b>\$1752.41</b>
Purpose of payment (See instructions regarding type of information required.) <b>mail-owl + postage</b> (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 <b>5-11-07</b>	Payee name <b>El Diario de El Paso</b> Payee address; City; State; Zip Code <b>425 N. Kansas St. El Paso, TX</b>	Amount (\$) <b>\$168.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>newspaper ads</b> (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 <b>5-11-07</b>	Payee name <b>OKoli</b> Payee address; City; State; Zip Code <b>1201 Bob Hope El Paso, TX</b>	Amount (\$) <b>\$399.76</b>
Purpose of payment (See instructions regarding type of information required.) <b>volunteer party</b> (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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Eddie Holguin Jr</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-12-07</b>	5 Payee name <b>El Roble Mexican Restaurant</b> 6 Payee address; City; State; Zip Code <b>El Paso, TX</b>	7 Amount (\$) <b>\$23.70</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>food for volunteers</b> (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 <b>5-14-07</b>	Payee name <b>Refugio Chavira</b> Payee address; City; State; Zip Code <b>7404 Franklin #B</b> <b>El Paso, TX 79915</b>	Amount (\$) <b>\$500.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>volunteer food, gas, supply</b> (If travel outside of Texas, complete Schedule T) <b>stipend</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5-18-07</b>	Payee name <b>Refugio Chavira</b> Payee address; City; State; Zip Code <b>7404 Franklin #B</b> <b>El Paso, TX 79915</b>	Amount (\$) <b>\$300.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>signs</b> (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 <b>5-25-07</b>	Payee name <b>Rachel Quintana Campaign</b> Payee address; City; State; Zip Code <b>11038 Johnny Miller</b> <b>El Paso, TX 79936</b>	Amount (\$) <b>\$1000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>campaign contribution</b> (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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **10**

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

4 Date <b>6-6-07</b>	5 Payee name <b>US Postmaster</b>	7 Amount (\$) <b>\$48.00</b>
6 Payee address; City; State; Zip Code <b>Yleta Station, El Paso, TX</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>campaign PO Box</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>6-9-07</b>	Payee name <b>Sami's</b>	Amount (\$) <b>\$149.01</b>
Payee address; City; State; Zip Code <b>11360 Pellicano El Paso, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>party dishware</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>6-7-07</b>	Payee name <b>Judge Alfredo Chavez Campaign</b>	Amount (\$) <b>\$100</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>campaign contribution</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>6-13-07</b>	Payee name <b>Horizon Printing</b>	Amount (\$) <b>\$279.54</b>
Payee address; City; State; Zip Code <b>1125 N. Zaragoza El Paso, TX 79907</b>		

Purpose of payment (See instructions regarding type of information required.) <b>inaugural invitations</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4-26-07</b>	5 Payee name <b>Landrip Seafood House</b> 6 Payee address; City; State; Zip Code <b>6801 Gateway East El Paso, TX</b>	7 Amount (\$) <b>\$4.50</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>fundraiser expense</b> (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 <b>5-11-07</b>	Payee name <b>Prime New York LLC</b> Payee address; City; State; Zip Code <b>233 Broadway, Suite 702 New York, NY 10279</b>	Amount (\$) <b>\$235.90</b>
Purpose of payment (See instructions regarding type of information required.) <b>phone calls</b> (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 <b>5-14-07</b>	Payee name <b>Diamond Shamrock</b> Payee address; City; State; Zip Code <b>El Paso, TX</b>	Amount (\$) <b>\$25.98</b>
Purpose of payment (See instructions regarding type of information required.) <b>gas for rental car</b> (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 <b>5-14-07</b>	Payee name <b>Diamond Shamrock</b> Payee address; City; State; Zip Code <b>El Paso, TX</b>	Amount (\$) <b>\$17.53</b>
Purpose of payment (See instructions regarding type of information required.) <b>gas for rental car</b> (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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 1.5em; margin-left: 100px;">10</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Eddie Holguin Jr.</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em; margin-left: 10px;">5-12-07</span>	5 Payee name <span style="font-size: 1.2em; margin-left: 10px;">Avis Rent-A-Car</span>	7 Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$84.26</span>
6 Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">El Paso International Airport El Paso TX</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">election day rental car (If travel outside of Texas, complete Schedule T)</span>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5-12-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Alamo Car Rental</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$70.26</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">El Paso International Airport El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">election day rental car (If travel outside of Texas, complete Schedule T)</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5-12-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Circle K</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$15.00</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">gas for rental car (If travel outside of Texas, complete Schedule T)</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">4-17-07</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Flowerama of America</span>	Amount (\$) <span style="font-size: 1.2em; margin-left: 10px;">\$75.00</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 10px;">El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 10px;">flowers (If travel outside of Texas, complete Schedule T)</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 1.5em; margin-left: 20px;">10</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Eddie Holguin Jr.</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em;">5-15-07</span>	5 Payee name <span style="font-size: 1.2em;">Nolan Richardson Charity Golf</span>	7 Amount (\$) <span style="font-size: 1.5em;">\$ 100.00</span>
6 Payee address; City; State; Zip Code <span style="font-size: 1.2em;">El Paso, TX</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Campaign Ad</span> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em;">5-7-07</span>	Payee name <span style="font-size: 1.2em;">Ciro's</span>	Amount (\$) <span style="font-size: 1.5em;">\$36.55</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em;">9111 Montana El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">food for volunteers</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em;">5-7-07</span>	Payee name <span style="font-size: 1.2em;">FR. Martinez Senior Center</span>	Amount (\$) <span style="font-size: 1.5em;">\$50.00</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em;">El Paso, TX</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">bingo prize donation</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em;">5-7-05</span>	Payee name <span style="font-size: 1.2em;">Refugio Chavira</span>	Amount (\$) <span style="font-size: 1.5em;">\$50.00</span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em;">7404 Franklin #B El Paso, TX 79915</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">volunteer food, gas stipend</span> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-10-07</b>	5 Payee name <b>PDX Printing</b> 6 Payee address; City; State; Zip Code <b>100 Portirio Diaz El Paso, TX</b>	7 Amount (\$) <b>\$405.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>mail-out</b> (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 <b>5-10-07</b>	Payee name <b>Universal Graphics, Inc.</b> Payee address; City; State; Zip Code <b>1217 Barranca, Unit B El Paso, TX 79935</b>	Amount (\$) <b>\$630.02</b>
Purpose of payment (See instructions regarding type of information required.) <b>post cards</b> (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 <b>5-14-07</b>	Payee name <b>Wynaps Restaurant</b> Payee address; City; State; Zip Code <b>122 S. Pueblo Rd. El Paso, TX</b>	Amount (\$) <b>\$74.08</b>
Purpose of payment (See instructions regarding type of information required.) <b>volunteer dinner</b> (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 <b>5-14-07</b>	Payee name <b>Home Depot</b> Payee address; City; State; Zip Code <b>11360 Rojas El Paso, TX</b>	Amount (\$) <b>\$85.11</b>
Purpose of payment (See instructions regarding type of information required.) <b>wood for signs</b> (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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>10</b>
2 FILER NAME <b>Eddie Holguin Jr</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-6-07</b>	5 Payee name <b>Office Depot</b>	7 Amount (\$) <b>\$4.32</b>
6 Payee address; City; State; Zip Code <b>1313 George Dieter El Paso TX</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>envelopes</b> (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 <b>5-9-07</b>	Payee name <b>Wal-Mart</b>	Amount (\$) <b>\$112.76</b>
Payee address; City; State; Zip Code <b>9441 Alameda El Paso, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>supplies</b> (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 <b>5-8-07</b>	Payee name <b>Wal-Mart</b>	Amount (\$) <b>\$38.76</b>
Payee address; City; State; Zip Code <b>9441 Alameda El Paso, TX</b>		
Purpose of payment (See instructions regarding type of information required.) (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 <b>6-5-07</b>	Payee name <b>Prime New York LLC</b>	Amount (\$) <b>\$250</b>
Payee address; City; State; Zip Code <b>233 Broadway Suite 702 New York, NY 10279</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Political contribution to Rachel Quintana Campaign</b> (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

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