

# 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: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Eduardo</b>	MI
	NICKNAME <b>"Eddie"</b>	LAST <b>Holguin</b>	SUFFIX <b>Jr.</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <b>PO Box 17726</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>El Paso, TX 79917</b>
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: ( )	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Iliana</b>	MI <b>N.</b>
	NICKNAME	LAST <b>Holguin</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>501 E. Nevada Ave El Paso, TX 79902</b>		
	8 CAMPAIGN TREASURER PHONE AREA CODE: ( )	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>2 / 23 / 14</b>	THROUGH	Month Day Year <b>7 / 15 / 14</b>
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <b>City Representative</b>	13 OFFICE SOUGHT (if known)	

**OFFICE USE ONLY**

Date Received

**2014 JUL 15 PM 4:36**

CITY CLERK DEPT.

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Date Hand-delivered or Postmarked

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Receipt #      Amount

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Date Processed

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Date Imaged

**GO TO PAGE 2**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-27-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Rangel</b>	7 Amount of contribution (\$) <b>\$350</b>	8 In-kind contribution description (if applicable) <b>Food</b>
6 Contributor address; City; State; Zip Code <b>401 E. Nevada El Paso, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Barran</b>	Amount of contribution (\$) <b>\$35</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8721 Clavel El Paso, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lester Leiberman</b>	Amount of contribution (\$) <b>\$35</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>656 N. La Jolla Los Angeles CA 90048</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Castanon Williams</b>	Amount of contribution (\$) <b>\$35</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9009 El Dorado El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Monica Rosalez</b>	Amount of contribution (\$) <b>\$35</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>823 Destello El Paso, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>9</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-27-14	Courten Drake 6 Contributor address; City; State; Zip Code 4615 Bonds Ct El Paso, TX 79903	\$570 <small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 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)
2-27-14	Gilbert Pineda Contributor address; City; State; Zip Code 9201 Montana Ave El Paso, TX 79925	\$100 <small>(If travel outside of Texas, complete Schedule T)</small>	
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)
2-27-14	Terri Rozales Contributor address; City; State; Zip Code 5570 Counsel Dr El Paso, TX 79912	\$50 <small>(If travel outside of Texas, complete Schedule T)</small>	
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)
2-27-14	Anna Perez Contributor address; City; State; Zip Code 12249 Wauhol Dr El Paso, TX 79936	\$50 <small>(If travel outside of Texas, complete Schedule T)</small>	
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)
2-27-14	Sharon Selk Contributor address; City; State; Zip Code 516 E. University El Paso, TX 79902	\$300 <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irene Sosa Rangel</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>2-27-14</i>	Contributor address; City; State; Zip Code <i>4208 Park Hill Dr El Paso, TX 79902</i>	<i>\$100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Moreno</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2-27-14</i>	Contributor address; City; State; Zip Code <i>2016 Atlanta Ave El Paso, TX 79902</i>	<i>\$100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Armenta</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2-27-14</i>	Contributor address; City; State; Zip Code <i>6204 Bluff View El Paso, TX 79912</i>	<i>\$100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Bustamante</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2-27-14</i>	Contributor address; City; State; Zip Code <i>278 Comens El Paso, TX 79901</i>	<i>\$100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carren Jimenez</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>2-27-14</i>	Contributor address; City; State; Zip Code <i>9305 Camanra El Paso, TX 79907</i>	<i>\$100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-27-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Salvador Gomez</b>	7 Amount of contribution (\$) <b>\$40</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3445 Guthrie El Paso, TX 79935</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leo Dwan Sr</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>721 Wellesley Rd El Paso, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Manny Higgins</b>	Amount of contribution (\$) <b>\$20</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7344 Lakelhurst El Paso, TX 79919</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gerardo Bannolas</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3306 Donnell AA25</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DT Jacquez</b>	Amount of contribution (\$) <b>\$70</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>205 Liberty AA07</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>Eddie Holguin Jr</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-27-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mariana Chew</b>	7 Amount of contribution (\$) <b>\$60</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>420 Clayton Rd El Paso, TX 79932</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mannel Hinojosa</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>734 Lakelust El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Engels</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2219 King James Place El Paso, TX 79903</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christina Acosta</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9327 Elgin El Paso, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Augusto Jimenez</b>	Amount of contribution (\$) <b>\$200</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)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-27-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Bernal</b>	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>321 New Haven #3 El Paso, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Limon</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1301 Lanewood El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guillermo Arias</b>	Amount of contribution (\$) <b>\$20</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9307 Carranza El Paso, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yolanda Chavarinra</b>	Amount of contribution (\$) <b>\$5</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>648 Bluff Canyon El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe + Rachel Martinez</b>	Amount of contribution (\$) <b>\$60</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10285 Saigon El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>Eddie Holguin Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-27-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yolanda Clay</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>9557 Pistachudo 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>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Teodoro Espinoza</b>	Amount of contribution (\$) <b>\$35</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>8137 Tranquillo El Paso, TX 79907</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Enrique Lopez</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>817 Cessna El Paso, TX 79925</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara Carrasco</b>	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>971 Vereda del Valle El Paso, TX 79932</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Castaneda</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>700 E. Overland El Paso, TX 79901</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Eddie Holguin Jr		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-28-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juana Teixeira	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7224 Desert Eagle El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mose Flores	Amount of contribution (\$) \$1282.50	In-kind contribution description (if applicable) election night event
Contributor address; City; State; Zip Code PO Box 6012 El Paso, TX 79906		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME	Amount of contribution (\$) \$1500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1625 L Street NW Washington DC 20036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iliana Holguin	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 241 Elvin way El Paso, TX 79907		(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)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME: <b>Eddie Holguin Jr.</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <b>2-24-14</b>	5 Payee name: <b>H + H Dinero Tree</b>	
6 Amount (\$): <b>\$2700</b>	7 Payee address; City; State; Zip Code: <b>9431 Carnegie El Paso, TX 79925</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T): <b>mailer</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date: <b>2-27-14</b>	Payee name: <b>H + H Dinero Tree</b>	
Amount (\$): <b>\$3231.06</b>	Payee address; City; State; Zip Code: <b>9431 Carnegie El Paso, TX 79925</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T): <b>mailer</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date: <b>3-17-14</b>	Payee name: <b>Camino Real Media Service</b>	
Amount (\$): <b>\$1344</b>	Payee address; City; State; Zip Code: <b>510 Northwyck way El Paso, TX 79928</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T): <b>voter guide</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date: <b>2-28-14</b>	Payee name: <b>Facebook</b>	
Amount (\$): <b>\$250.55</b>	Payee address; City; State; Zip Code: <b>1601 Willow Rd Menlo Park, CA 94025</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T): <b>ad</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>Eddie Holguin Jr.</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4-8-14</b>	5 Payee name <b>Ring central</b>
-------------------------	-------------------------------------

6 Amount (\$) <b>\$77.15</b>	7 Payee address; City; State; Zip Code
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>robocalls</b>
--------------------------	--	---

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

Date <b>7-14-14</b>	Payee name <b>Horizon Printing</b>
------------------------	---------------------------------------

Amount (\$) <b>\$134.22</b>	Payee address; City; State; Zip Code <b>1125 N. Zaragoza El Paso, TX 79907</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>printing</b>	Description (If travel outside of Texas, complete Schedule T) <b>push cards</b>
------------------------	---	--

Complete ONLY 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
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Eddie Holguin Jr</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2-21-14</b>	5 Payee name <b>US Postmaster</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$9.00</b>	7 Payee address; City; State; Zip Code <b>8401 Boeing 79910 El Paso, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>event</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>stamps</b>
Date <b>3-1-14</b>	Payee name <b>US Postmaster</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$106.00</b>	Payee address; City; State; Zip Code <b>8401 Boeing El Paso, TX 79910</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event</b>	Description (If travel outside of Texas, complete Schedule T) <b>stamps</b>
Date <b>3-1-14</b>	Payee name <b>Walgreens</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$104.04</b>	Payee address; City; State; Zip Code <b>1309 George Decker El Paso, TX 79934</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event</b>	Description (If travel outside of Texas, complete Schedule T) <b>prints</b>
Date <b>3-4-14</b>	Payee name <b>Wal Mart</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$49.63</b>	Payee address; City; State; Zip Code <b>9441 Alameda El Paso, TX 79905</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>food/beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>snacks</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Eddie Holguin</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3-4-14</b>	5 Payee name <b>Valero</b>
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6 Amount (\$) <b>\$50</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>230 S America El Paso, TX 79907</b>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>polling expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>gas</b>
--------------------------	--	---

Date <b>3-4-14</b>	Payee name <b>Holiday Inn</b>
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Amount (\$) <b>\$210.33</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6655 Gateway West El Paso, TX 79925</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>election night</b>
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Eddie Holguin Jr.*

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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additional pages

17 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)

\$

*6,482.<sup>58</sup>*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*8,367.<sup>98</sup>*

CONTRIBUTION BALANCE

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

\$

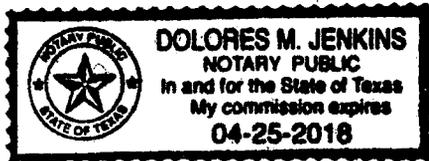
*0*

OUTSTANDING LOAN TOTALS

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

\$

18 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 *15<sup>th</sup>* day of *July*, 20 *14*, 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