

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; vertical-align: middle;">9</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE <i>Mr.</i> FIRST <i>Eduardo</i> MI NICKNAME <i>Eddie</i> LAST <i>Holguin</i> SUFFIX <i>Jr.</i>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>8736 Winchester El Paso TX 79907</i>	Date Received <i>2003 APR 23 PM 1 45</i> Date Hand-delivered or Date Postmarked Receipt # <i>95</i> Date Processed Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE <i>Mr.</i> FIRST <i>Rodolfo</i> MI <i>A</i> NICKNAME <i>Rudy</i> LAST <i>Trancoso</i> SUFFIX <i>Jr.</i>	CITY CLERK DEPARTMENT	
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>9301 San Lorenzo El Paso Texas 79907</i>		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (    )		
<b>8 REPORT TYPE</b>	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <i>4 / 03 / 03</i> <i>4 / 23 / 03</i>		
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year <i>05 / 03 / 03</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> <i>City Representative District 7</i>	
<b>13 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**

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 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ *0-*

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

\$ *435.-*

EXPENDITURE TOTALS

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

\$ *0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *1903.53*

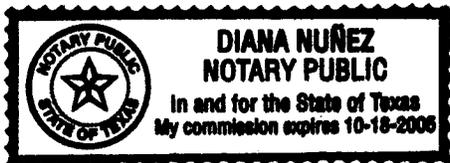
OUTSTANDING LOAN TOTALS

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

\$ *300.-*

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 *Eddie Holguin Jr.*, this the *23rd* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.

*Diana Nuñez*

Signature of officer administering oath

*Diana Nuñez*

Printed name of officer administering oath

*Notary*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

Rudy Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

Lopez Lumber

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

EL PASO TX 79907

125. -

9 Principal occupation (Optional)

wooden stakes

10 Employer (Optional)

Date

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

EL Paso Builders Association

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

300. -

Principal occupation (Optional)

Employer (Optional)

Date

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

Bob Strong

Contributor address; City; State; Zip Code

Winchester  
EL PASO TX 79907

Amount of contribution (\$)

In-kind contribution description (if applicable)

10. -

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan  
4/16/03

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Eddie Holguin Jr.

9 Loan Amount (\$) 300.-

6 Is lender a financial Institution?  
Y  N

8 Lender address; City; State; Zip Code  
8736 Winchester  
EL Paso, Tx 79907

10 Interest rate 0

11 Maturity date N/A

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  
 not applicable

14 Name of guarantor N/A  
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan  
Is lender a financial Institution?  
Y  N

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Lender address; City; State; Zip Code

Loan Amount (\$)  
Interest rate  
Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Rodolfo Troncoso**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

**4/4/03**

**Sam's**

6 Payee address; City; State; Zip Code

**72.52**

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

**gift bags**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**4/15/03**

**H & H Diner Tree**

Payee address; City; State; Zip Code

**9020 mayflower  
El Paso TX 79925**

**493.92**

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

**mailing**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**4/15/03**

**Rock's T-shirts**

Payee address; City; State; Zip Code

**1212 Yarbrough #106B  
El Paso TX 79925**

**161.02**

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

**T-shirts**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**4/17/03**

**Rock's T-shirts**

Payee address; City; State; Zip Code

**1212 Yarbrough #106B  
El Paso TX 79925**

**161.02**

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

**T-shirts**

\*\* 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**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *2 of 2*

2 FILER NAME *Rodolfo Troncoso*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*4/17/03*

5 Payee name  
*Smartz Printing*

7 Amount (\$)

6 Payee address; City; State; Zip Code  
*9627 Sims  
El Paso TX 79925*

*411.-*

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

*mail-outs*

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/14/03</u>	5 Payee name <u>Dat Screen Printing</u>	8 Amount (\$) <u>120.-</u>
	6 Payee address; City; State; Zip Code <u>7358 Alameda EL PASO TX 79915</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>SIGNS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4/14/03</u>	Payee name <u>Lopez Lumber</u>	Amount (\$) <u>159.12</u>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <u>wooden stakes</u>		<input type="checkbox"/> Reimbursement from political contributions intended

Date <u>4/18/03</u>	Payee name <u>Piscis</u>	Amount (\$) <u>14.23</u>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <u>Lunch early voting working</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4/19/03</u>	Payee name <u>Peter Piper Pizza</u>	Amount (\$) <u>57.48</u>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <u>food for workers (Parade)</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4/21/03</u>	Payee name <u>Circle K</u>	Amount (\$) <u>23.56</u>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <u>coke's campaign workers early voting</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: *2 of 3*

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/3/03</i>	5 Payee name <i>Wyng's</i>	8 Amount (\$) <i>90.-</i>
	6 Payee address; City; State; Zip Code <i>1215 Old Pueblo El Paso TX 79907</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign workers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/4/03</i>	Payee name <i>Sam's</i>	Amount (\$) <i>30.-</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>water for worker's</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/4/03</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>20.65</i>
	Payee address; City; State; Zip Code <i>8701 Gateway Wst El Paso</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>stickers - Eddie Holguin</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/12/03</i>	Payee name <i>Walmart</i>	Amount (\$) <i>7.00</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>colas for workers</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4/12/03</i>	Payee name <i>Pistol Pete's Pizza</i>	Amount (\$) <i>10.84</i>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <i>certificate for constituent</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: *3 of 3*

2 FILER NAME *Rodolfo*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*4/25/03*

5 Payee name  
*Whataburger*  
6 Payee address; City; State; Zip Code

8 Amount (\$)  
*15.16*

7 Purpose of expenditure (See instructions regarding type of information required.)  
*food for campaign workers early voting*

Reimbursement from political contributions intended

Date

Payee name  
*Rock's T-Shirts*  
Payee address; City; State; Zip Code  
*1212 Yarbrough  
El Paso TX 79915*

Amount (\$)  
*56.01*

Purpose of expenditure (See instructions regarding type of information required.)  
*T-shirts*

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**