		ATE / OFFICE E REPORT	HOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how	r to complete this form.	Filter ID (Device Constitution Pilers)	2 Total pages Siect
3 CANDIDATE / OFFICEHOLDER NAME	MCTAMBINE	Enrique Hair	A.	OFFICE USE ONLY
4 CANDIDATE! OFFICEHOLDER MAILING ADDRESS Charge of Addissa	ADDRESS / PO BOX.	APT / STATE & DITY	STATE 70 CODS	CITY CLERK DE 2020 DEC 7 AME
S CANDIDATE! OFFICEHOLDER PHONE	AREA CODE	INDAS MINER	EATENEON	Date Hand-delivered or Date Postmerhold
6 CAMPAIGN TREASURER NAME	WAL-	Julian Holanin	Mr SUFFEX	Itade-pt II J. Amgurt 3  Citic Processor  Date Imagee
7 CAMPAIGN TREASURER ADDRESS (Residence or Susmess)	9778EET ADDRESS (	NO PO BOX PLEASES: APT I SUITE	Elpaso	174 7905
8 CAMPAIGN TREASURER PHONE	(915) 3	21 - 230 )	EXTENSION.	
REPORT TYPE	January 15	30th day before plucie	Exceeded Modified	15h sey sher sampaign trassurer apparecement (Chartealow Ooly) Final Report (Asach CICH - FR)
10 PERIOD COVERED	teards //	001 Nov 03 /2020	Muliparoosing Limit Month /2	/ 04 / 2020
ti ELECTION	Shorth Day 12 / 12	Year Pre-ery	Runell Description  Booksel	
12 OFFICE	OFFICE HELD (Fary)		13 OFFICE SOUGHT (Fangue	n)
NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSONY, CANDIDATES	SHOLDER, THESE EXPENDITURES MA MAG DPFICEHOLDERS ARE REQUIRED	EPTED OR POLITICAL EXPENDITURES I YHAVE MEEN MADE INTHOUT THE CAN TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT MINISTERS OR OPPICATION AGENT KNOWLESOE OR THEY RECEIVE WOTICE OF BUCH EXPENSIVEES.
-1-7	GOMMITTEE TYPE	COMMITTEE HAVE		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIN TREASU	BER HAME	
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		GO TO PA	GE 2	

JUDICIAL ( CAMPAIGN	FINA	ANCE REPO	RT			FO COVER S	HEET PG
5 JC/OH NAME Enrique Al	on 50	Holguin			16 F	ler ID (Ethics C	ommission Filers)
7 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED P PLEDGES, LOANS, OR CONTRIBUTIONS MAD	R GUARANTEES OF	OANS, OR	ions (other than ans, or \$2,345		15.00
	2.	TOTAL POLITICAL C		RANTEES OF LO	DANS)	\$ 2,30	15.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED PO	OLITICAL EXPENDIT	URE.		\$	
	4.	TOTAL POLITICAL EX	XPENDITURES			\$ 7,0	670.94
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CON OF REPORTING PERIO	TRIBUTIONS MAINT	AINED AS OF TH	HE LAST DAY	\$ 6	ju.06
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMO	OUNT OF ALL OUTS	ANDING LOANS	AS OF THE	\$ 6,0	DO . 00
			complete eith			e/Officeholder	
) <b>Affidavit</b> NOTARY STAMP/SEAL		OLGA RA Notary Public, S Comm. Expires Notary ID 12	AMOS state of Texas s 10-18-2022 25871200	er option b	elow:		
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NOTARY STAMP/SEAL worn to and subscribed  to certify  Output  gnature of officer administe  Unsworn Declaration  y name is  y address is	before me which, with ring oath	OLGA RANOTARY Public, S Comm. Expires Notary ID 12  e by Enrique ness my hand and seal of of of the printed name  (street)	AMOS State of Texas S	thi	elow: s the	Title of office	(country)

9	FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,345.0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
	SCHEDULE E: LOANS	\$ (2,000.00
i.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 996.88
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s
e e	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CAF.D	\$
e l	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
V.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
ŽI.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
Or	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Enrique A. Holguin 7 Amount of contribution (\$) \$ 50.00 State; Zip Code 8 Contributor's principal occupation Contributor's job title tele communications 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC ID#: Lucila Flores Camarena 11/09/2020 \$ 00.00 Contributor address; State; Zip Code Contributor's principal occupation Contributor's job title Altorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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ut-of-state PAC ID#:

State: Zip Code

Contributor's job title

Law firm of contributor's spouse (if any)

City;

Amount of contribution (\$)

Revised 11/4/2020

\$100.00

Date

11 13/2020

Contributor's principal occupation

Forms provided by Texas Ethics Commission

If contributor is a child, law firm of parent(s) (if any)

HOSpitality Contributor's employer/law firm

Full name of contributor

## MONETARY POLITICAL CONTRIBUTIONS

(JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form 1 Total pages Schedule A(J)1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Enrique A. Holguin 7 Amount of contribution (\$) \$20.00 State; Zip Code 8 Contributor's principal occupation 9 Contributor's job title 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#:\_\_ Amount of contribution (\$) Dennis Moore 11/20/2020 State; Zip Code Contributor's principal occupation Contributor's job title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC IDN:\_ Amount of contribution (\$) Lilia Hernandez 11/21/2020 \$ 200.00 Contributor's principal occupation Home Maker Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any)

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

Forms provided by Texas Ethics Commission

If contributor is a child, law firm of parent(s) (if any)

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## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$300.00 8 Contributor's principal occupation 9 Contributor's job title Insurance Agent 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_\_\_ Amount of contribution (\$) Carlos Cardenas Contributor address; City; Slate: Zin Code \$ 100.00 City; Slate; Zip Code Contributor's principal occupation Contributor's job title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) \$ 50.00 State: Zip Code Contributor's principal occupation Altorney Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction Guide explains how to complete to	his form.	1 Total pages Schedule A(J)1:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers
Enriqu	e A. Holguin		S That ID (Ethics Commission Filer
4 Date	5 Full name of contributor out-of-state P.  Arthur Werge 6 Contributor address; City;	AC ID#:	7 Amount of contribution (\$)
Atturn	_	9 Contributor's job title	
O Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)
2 If contributor	is a child, law firm of parent(s) (if any)		
	Contributor address:		4 100
Contributor's	Contributor address; City;	State; Zip Code  Contributor's job title	₫ 150·00
Attorne	principal eccupation	Contributor's job title	
Contributor's	principal eccupation  Apriloger/law firm	01. 0000-2	
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Attorne Contributor's	principal occupation  A proployer/law firm  s a child, law firm of parent(s) (if any)  Full name of contributor	Contributor's job title  Law firm of contributor's	spouse (if any)
AHune Contributor's e If contributor is Date	principal occupation  Appropriate firm  a a child, law firm of parent(s) (if any)  Full name of contributor out-of-state PAC  Felix Valenzuelx  Contributor address: City:	Contributor's job title  Law firm of contributor's	
Attorne Contributor's e  If contributor is  Date  [13] Tolo  Contributor's pi Attorney	principal occupation  A principal occupation  S a child, law firm of parent(s) (if any)  Full name of contributor out-of-state PAC  Felix Valenauela  Contributor address: City:	Contributor's job title  Law firm of contributor's	spouse (if any)  Amount of contribution (\$)
Attorne Contributor's e  If contributor is  Date  [13] Tolo  Contributor's pi Attorney	principal occupation  A proposition by the principal occupation or parent(s) (if any)  Full name of contributor out-of-state PAC  Felix Valenauela  Contributor address: City:	Contributor's job title  Law firm of contributor's	Amount of contribution (\$)
Atturne Contributor's e  If contributor is  Date    13  70  0  Contributor's particular is particular in particular is particular in particula	principal occupation  A principal occupation  S a child, law firm of parent(s) (if any)  Full name of contributor out-of-state PAC  Felix Valenauela  Contributor address: City:	Contributor's job title  Law firm of contributor's  ID#:  Stale: Zip Code  Contributor's job title	Amount of contribution (\$)

#### MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form 1 Total pages Schedule A(J)1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Enrique A. Holquin Out-of-state PAC ID#:\_ 7 Amount of contribution (\$) Rudy Romero 6 Contributor address; City: \$ 300.00 11/23/2020 State; Zip Code 8 Contributor's principal occupation Contributor's job title Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) 11/34/3050 Ben Ivey \$ 100.00 Contributor address; City; State; Zip Code Contributor's principal occupation Contributor's job title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) John Williams Contributor address: \$ 100.00 State: Zip Code Contributor's principal occupation Contributor's job title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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#### MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Enrique A. Holguin out-of-state PAC ID#: 7 Amount of contribution (\$) 6 Contributor address; \$ 250.00 11/24/2020 State: Zip Code 8 Contributor's principal occupation Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_\_ Amount of contribution (\$) Carlos Martinez 11/24/2020 \$100.00 Contributor address; City; State; Zip Code Contributor's principal occupation Contributor's job title Grocer Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) 11/24/2010 Enrique \$100.00 State: Zip Code Contributor's principal occupation Contributor's job title A Horney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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### MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form 1 Total pages Schedule A(J)1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Enrique A. Holguin 5 Full name of contributor ut-of-state PAC ID#: 7 Amount of contribution (\$) Davidson Smith 6 Contributor address; City: 11/24/2020 \$100.00 City: State: Zip Code 8 Contributor's principal occupation 9 Contributor's job title A Horney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Law firm of contributor's spouse (if any)

Forms provided by Texas Ethics Commission

If contributor is a child, law firm of parent(s) (if any)

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Holguin		3 Filer ID (Ethics Commission Files
FEMIZED LOANS		\$ (2,000.00
7 Name of lender out-of-state_PAC (	(ID#:	Q Loop Amount (C)
		( soo soo soo
8 Lender address; City;	State; Zip Code	10 Interest rate
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	140	11 Maturity date
occupation	13 Lender's Job Title	
aw Firm	15 Law Firm of lender's spo	use (if any)
w firm of parent(s) (if any)		
eral	18 Check if perso	nal funds were deposited into political
	account (See	Instructions)
20 Name of guarantor Enrique A. Holquin		22 Amount Guaranteed (\$)
21 Guarantor address; City;	State; Zip Code	
651 Val Verde El Paso	Tx 79905	
Occupation	24 0	
eu	11.	
r/Law Firm		spouse (if anv)
, law firm of parent(s) (if any)		
,		
	Name of lender   out-of-state PAC    First light Federal Credit U  8 Lender address; City;  1656 Lee treding El Paso  Accupation  aw Firm  The firm of parent(s) (if any)  Peral  20 Name of guarantor  Enrique A. Holdwin  21 Guarantor address; City;  Le 51 Val Verde El Paso  Occupation  Accupation  Accupation  Accupation	7 Name of lender

## SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT include th	is page in the rep	ort.
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees Office O Food/Beverage Expense Polling B Gift/Awards/Memorials Expense Prin ing	payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F		complete this form.	2 Files ID (falls 0
1 06 13	Enrique A. Holavin		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2020	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$103.00	11302 Montana Av.	Elpaso	T+ 79936
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	L	A CONTROL OF SERVICE AND A CONTROL OF SERVICE	
EXPENDITURE	transportation	gas	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
11/18/2020	circle K		
Amount (\$)	Payee address;	City;	State; Zip Code
#17.15	4302 Montana Av.	El paso	TX 79936
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	transportation	945	
	Check if travel outside of Texas. Complete Schedule f.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
11/19/2020	Alon OK		
Amount (\$)	Payee address;	City;	State; Zip Code
34.00	3601 Montana Ave.	EI Pass	Tx 79936
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	transportation	gas	
	Check if travel outside of Texas. Complete Schedule ".	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/o	Candidate / Officeholder name	Office sought	Office held

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mission www.ethics.state.tx.us

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	Enrique A. Holguin		3 Filer ID (Ethi	cs Commission Filers
	5 Payee name Home Depot			
Amount (\$)	7 Payee address;	City: El Paso	State;	Zip Code 49938
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DOLLING ORPHISE	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date 11 19 12020	Payee name Vista quality			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$30.00	31/Le N. Piedras	El pass	TX	79902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food   Beverage expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11 120120	Payee name Speedway			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 62.11	490 Doniphan	El paso	TX	79912
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Transportution	Description		
	Check if travel outside of Texas. Complete Schedule 1.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	
rms provided by Texas Eth	cs Commission www.ethics.state.tx.	us		Revised 11/4/2

## POLITICAL EXPENDITURES MADE FROM

POLITICAL CONTRIBUTIONS SCHEDULE F1 If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGOR ES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District
Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 66 13 Enrique A Holquin 4 Date 5 Payee name 11/21/2020 Yadira N. Baron 6 Amount (\$) City; State; 4350.00 Zip Code 11748 Autumn Wheat 79934 TX EI Paso 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries Wages Contract OF EXPENDITURE Check if travel outside of Texas. Complete Schedule 1 Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/21/2020 Jesus Roacho Amount (\$) Payee address: ₩350.00 City; State; Zip Code 1304 Michaelangelo Dr. 79936 TX El paso Category (See Categories listed at the top of this schedule Description PURPOSE Salan's | Wages | EXPENDITURE Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/22/2020 Lowes Amount (\$) Payee address: City: State: Zip Code 4437.73 11950 Rojas

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PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

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Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T

Polling expense

Candidate / Officeholder name

El paso

Description

Office sought

TX

Check if Austin, TX, officeholder living expense

Revised 11/4/2020

79936

Office held

POLITICAL I	EXPENDITURES MADE FROM CONTRIBUTIONS	1	s	CHEDULE F1
	ormation is not applicable, DO NOT include t	his nage in the ren	ort	
	EXPENDITURE CATEGORIE		OI L.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Poling Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense g Expense ig Expense es/Wages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule		, , , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/23/2020	5 Payee name Burser King			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$11.89	6085 Montana	El Paso	Tx	19902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule  Food   Beverage Expense  (c)   Check if travel outside of Texas. Complete Schedule T.	_	S 980	
9 Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	in, TX, officeholder livin	Office held
Date 	Payee name  Idea Spreaders			
Amount (\$)	Payee address;	City;	State:	Zip Code
(00).00	12220 Alameda	clint	TX	79836
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	avnance
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought		Office held
Date 11/23   2020	Payee name Food city			
Amount (\$)	Payee address; 54 ou Alameda Aue	City: El Paso	State;	Zip Code 79915
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule, Food   Beverage Expense	Description		

Forms provided by Texas Ethics Commission

Complete ONLY if direct expenditure to benefit C/OH

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Check if travel outside of Texas. Complete Schedule T

Candidate / Officeholder name

Revised 11/4/2020

Office held

Check if Austin, TX, officeholder living expense

Office sought

## POLITICAL EXPENDITURES MADE FROM

#### POLITICAL CONTRIBUTIONS SCHEDULE F1 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Losh Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 50613 Envigue A. Holguin 4 Date Dollar General 11124/2020 City; Zip Code 35.78 2400 EI PUSO 79912 TX Elpaso 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Printing expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/24/2010 Elpaso Mail & Print Amount (\$) City; State; Zip Code 4,031.68 1144 Vista deoro Dr. El Paso TY 79935 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense EXPENDITURE

Forms provided by Texas Ethics Commission

Complete ONLY if direct

11/24/2000 Amount (\$)

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

110.40

expenditure to benefit C/OH

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

2100 N. Zaragoza RO.

Category (See Categories listed at the top of this schedule

Check if travel outside of Texas. Complete Schedule 1

Candidate / Officeholder name

Alon DK

transportation

Candidate / Officeholder name

Payee name

Payee address;

Revised 11/4/2020

Office held

Zip Code

Office held

79936

Check if Austin, TX, officeholder living expense

State:

TX

Office sought

City;

El paso

Description

Office sought

gas/truiter

Check if Austin, TX, officeholder living expense

## POLITICAL EXPENDITURES MADE FROM

The second secon	CONTRIBUTIONS	. 2000 mark and all thinks in the		CHEDULE F1
ii the requested intol	mation is not applicable, DO NOT include t		ort.	
Advertising Expense		an Repayment/Reimbursement fice Overhead/Rental Expense fling Expense in ing Expense tries/Wages/Contract Labor  over to complete this form		
1 Total pages Schedule F1:	2 FILER NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
11/24/2020	Ruley J. Raminez			
Amount (\$)	304 Ronguillo Lane	City; El Paso	State;	Zip Code 79967
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salan'es   Wages	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
11/25/20	Payee name  Walaneln's store			
Amount (\$)	Payee address;	City;	State;	Zip Code
102.36	2879 Mesa	EI Pass	TX	79912
PURPOSE	Category (See Categories listed at the top of this schedule) Food   Burages	Description Prinks for	- Valuateus	
EXPENDITURE	1 to 1 South yes	0-	2010111120	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/25/2020	Home Depot			
Amount (\$)	Payee address;	City;	State:	Zip Code
126.14	12221 Montwood Dr.	El Paso	TX	79938
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description		

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Complete ONLY if direct expenditure to benefit C/OH

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Check if travel outside of Texas. Complete Schedule T

Candidate / Officeholder name

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Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7913 Enrique. 4 Date 25/2020 6 Amount (\$) State: Zip Code 349.72 1924 Montana Ave 79902 El Paso TX (a) Category (See Categories listed at the top of this schedule) (b) Description Bareage expenses PURPOSE Volunteer GOTY EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 11/212020 Rafas Burritos 20C Amount (\$) Payee address; City; State: Zip Code 426.74 1831 Montana AVC, Elpaso 19902 1-4 Category (See Categories listed at the top of this schedule) Description PURPOSE pood Beverage expense Onlier Lunch EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11/27/2020 J. Ramírez Amount (\$) City: State; Zip Code 122.50 304 Ronguillo Lane E Paso TX 79907 Category (See Categories listed at the top of this schedule Description **PURPOSE** Salaries | Wages EXPENDITURE

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Complete ONLY if direct

expenditure to benefit C/OH

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Check if travel outside of Texas, Complete Schedule

Candidate / Officeholder name

Revised 11/4/2020

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saluries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	Enrique A. Holguin		3 Filer ID (Ethics Commission File
11/29/2020	5 Payee name Epic El (Pasu		
Amount (\$)	7 Payee address;	City;	State; Zip Code
<b>4</b> 26.57	510 N. Stanton st	El paso	T+ 79901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food   Bourage Clens e	(b) Description	*
	(c) Check if travel outside of Texas, Complete Schedule 1.	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
N/29/2020	Salow Mexicano		
Amount (\$)	Payee address:	City;	0
420.57	-1	100 mg	State; Zip Code
- W-	510 N. Stanton St.	El Paso	Tx 79901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food Beverge Expense	Description	
	Check if travel outside of Texas. Complete Schedule To	Check if Austin T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/501 2020	Tacoholics		
Amount (\$)	Payee address;	211	
\$ 16.99	1 613 N. Zara goza Rd H di	City;	State; Zip Code
10.	1 acc 10. Form Joth 100 15 de	FIPAN	TX 79936
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food   Bourage gipinse	Volunteer	unch
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	CONTRIBUTIONS			CHEDULE F1
If the requested infor	mation is not applicable, DO NOT include t	his page in the rep	ort.	
	EXPENDITURE CATEGORIE			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Gandidate/Officeholder/Politic Credit Card Payment	Event Expense Loans Fees Office Food/Beverage Expense Poiling Gift/Awards/Memorials Expense Printing	tepayment/Reimbursement Overhead/Rental Expense (Expense g Expense is/Wages/Contract Labor	Travel In District	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Enrique A. Holquin	o complete this form.	3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/30/2020	5 Payee name Dunkin' Donuts			
6 Amount (\$)	7 Payee address;	City;	State:	7:- 0:-1
24.17	6045 Montana Ave Suft 100	El paso	Tン	Zip Code 79925
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage elpense	(b) Description		
14	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	1/2017/00/
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	in, in, olinceralider livin	Office held
N/30/2610	Payee name  Panda & press			
Amount (\$)	Payee address;	City;	State;	Zin Cod-
\$30.94	700 N. Zaragoza Rd.	Elpaso	TX	79901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food   Beurage expense	Description		
	Check if travel outside of Texas, Complete Schedule T	Check if Austin	. TX. officeholder living	NAMES 2000
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TA, Vincendider living	Office held
Date 30   2020	Payee name Starbucks store			
Amount (\$)	Payee address;	014		
1 70.0g	1881 Joe Battle Blyd.	El Pass	State;	Zip Code 7993 6
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food   Beverye expuse	Description		

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Complete ONLY if direct expenditure to benefit C/OH

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Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Revised 11/4/2020

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Losn Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Enclique A. Holguin		3 Filer ID (Ethi	cs Commission File
4 Date 12/01/2020	5 Payee name Lowe's			
6 Amount (\$) ♣ 96.56	7 Payee address: 430 Redd Rd.	city: El Paso	State;	Zip Code 79912
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Adversising expense	(b) Description		===
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n. TX, officeholder livin	T OVDOROG
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TAL DIRECTIONS IT IT	Office held
2  01   2020	Payee name Yadira Barron			
Amount (\$)	Payee address;	City;	State:	Zip Code
3 90.0°	11748 Autumn Wheat	El Paso	TH	79934
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Wages 1 Salanes	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living	Ovnonce
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/02/ 2020	Payee name Alona Hawaiian BBO			
Amount (\$)	Payee address;	City;	Ct-1	-
\$u1.17	5004 N. Desert Blvd	1080200 1080800	State:	79912
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Bewage Copuse	Description		0.000.000.0000.000000000000000000000000
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living a	ovnenea
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

## SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT include	this page in the repo	ort.	
	EXPENDITURE CATEGORI			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense Loun Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F	1: 2 FILER NAME Enrique A. Hol quin	To complete this form.	3 Filer ID (Ethic	s Commission Filers)
4 Date 12/02/2020	5 Payee name Whatuburser			
6 Amount (\$) \$ 10.57	7 Payee address: 1210 George Dieter	City; El Paso	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule			
O Complete Oracle a	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
12/02/2020	Payee name  Wal - Mart			
Amount (\$)	Payee address:	City; El paso	State;	Zip Code 79935
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX, officeholder living e	18000000
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	125.00	office held
12 03 2000	Payee name Speedway			
Amount (\$)	Payee address;	City		
12.10	11390 Gateway BIVE W.	El Paso	State;	Zip Code .9925
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Tyons por to the	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	Dense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Control Control	ffice held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	tion is not applicable, DO NOT incl  EXPENDITURE CATEG				
Accounting/Banking Consulting Expense	52X20 535-		FOR BOX 8(a)		
Candidate/Officeholder/Political Co Credit Card Payment		Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1: 2	The Instruction Guide explains	s now to c	omplete this form.		
120613	Enrique A. Holguin			3 Filer ID (Eth	ics Commission Filers)
4 Date 12/03/2020 5	Payer name The Home Depot				
6 Amount (\$) 7	Payee address;		City;		
\$ 125.68	11360 Rojas		El paso	State;	Zip Code 79936
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this see	chedule)	(b) Description		
(c)		hedule T.	Check if Austin	. TX, officeholder tivi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
12  03   2020	Payee name Taco Bell				
Amount (\$) F	Payee address;		City;	State;	Zip Code
320	11300 Mccombs st.		El paso	T+	79934
	Category (See Categories listed at the top of this scho	nedule)	Description		
PURPOSE OF EXPENDITURE	Food Beurage expense	2			
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	(252)	Office held
Date F	Payee name				
12/03/2020	Star bucks				
Amount (\$) P	ayee address;		City;	0-1-	
# 20·35 (	6015 N. Mesa		El Paso	State;	79912
	eategory (Sce Categories listed at the top of this sche		Description		
	Check if travel outside of Texas. Complete Sched	dule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Dots	EVENDITURE CATEGO  Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense	DRIES FOR BOX 8(a)  Loan Repayment/Reimbursement  Office Overhead/Rental Expense  Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Exper
Credit Card Payment  1 Total pages Schedule F	The Instruction Guide	Salaries/Wages/Contract	Travel Out Of District Other (enter a category not listed above)
4 Date	Enrique A. Halgur		3 Filer ID (Ethics Commission Filers
12/04/ 2620 6 Amount (\$)	Denny's		
\$64.50	7 Payee address; 110 45 Gathway Blood. We	City;	State; Zip Code
8	3 300.00	FIPASO	T4 19935
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food Baurage elpense	(b) Description	Recting
Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedu		TX. officeholder living expense
expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	
		Oity,	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule		Y officialists &
OF			X, officeholder living expense Office held
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule	Check if Austin, T	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Check if Austin, T Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name  Payee name	Check if Austin, T	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name  Payee name	Check if Austin, T Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct penditure to benefit C/OH  Date  Purpose OF  OF  EXPENDITURE	Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin, T Office sought  City;  Description	Office held

	ted information is not applicable, DO NOT	include this page in	the report.	SCHEDULE
2 -	The Instruction Guide explains how to complete thi	s form.	1 Total pages So	chedule L:
2 FILER NAME				1
Enrique	Jw	,	Filer ID (Ethi	cs Commission Filers)
LENDER INFORMATION	4 Name of Jender First Light Federal Ore 5 Lender address; 1555 Ju Jamino	ulit Union City:	State	Zip Code
GUARANTOR		EL Pass	TH	79936
INFORMATION  not applicable				14456
V	651 Valverte	El Pao	State;	
LENDER INFORMATION	Name of lender		• • • •	7 1103
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER	Name of lender			
INFORMATION	1933	100		
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;		17-41
		(P.773.14)	State;	Zip Code
LENDER INFORMATION	Name of lender			
ľ	Lender address;		*************	
	22.20.571	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
	ATTACH ADDITIONAL COLUMN			
s provided by Texas E	ATTACH ADDITIONAL COPIES OF THIS thics Commission www.ethics.state.t	SCHEDULE AS NEEDED	)	

# CANDIDATE / OFFICEHOLDER REPORT:

		CIONATION OF FINAL REPORT	FORM C/OH - FR
		The Instruction Guide explains how to	
	01011	•• Complete only if "Report Type" on page 1	is marked "Final Report" ••
	C/OH	NAME	2 Filer ID (Ethics Commission Filers)
	SIGN	ATURE	
		ot expect any further political contributions or political expenditures in lating a report as a final report terminates my campaign treasurer app lign contributions or make any campaign expenditures without a cam	anintmant I also a decision of the contract of
			Signature of Candidate / Officeholder
	FILER Con	WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder.	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
	$\forall$	I do not have unexpended contributions or unexpended interest or	income earned from political contributions.
		I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earner filing this final report. Further, I understand that I must dispose of uniterest or income earned on political contributions in accordance with the contribution of t	of interest or income earned on political contributions of unexpended contributions and that I may not reta d on political contributions longer than six years after
1	В.	ASSETS	
	Check	only one:	
		I do not retain assets purchased with political contributions or interest	est or other income from political contributions.
		I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions of personal use. I also understand that I must dispose of assets purch requirements of Election Code, § 254,204.	or interest or other income for the second
(	OFFICE	HOLDER	
The second		I am aware that I remain subject to filing requirements applicable to an office. I am also aware that I will be required to file reports of unexpende an officeholder, I retain political contributions, interest or other income political contributions or interest or other income from political contributions.	d contributions if, after filing the last required report as
			Signature of Officeholder