CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete	this form.	1 File	er ID (Et	hics Commissi	on Filers)	2 Tota	ıl pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		RST		Α.	МІ			OFFICE	USE ONLY
NAME	Mr. NICKNAME	Enriqu L/ Holgui	AST			SUFF	 FIX	Date Re	ceived	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT	/ SUITE #;	CITY;	STA	TE; ZPC	CODE	1/1	2/2022 8	:49:22 AM
Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE N	UMBER		EXT	ENSION		Date Har		or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	Julian	RST		D.	MI		Receipt	TT .	Amount \$
NAME	Mr.		AST		υ.	SUFF		Date Pro	cessed	
	THORITA WIL		olguin			0011		Date Ima	aged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (SUITE #;		CITY;			STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE N	UMBER		EXT	ENSION				
TREASURER PHONE	(915) 321-2301									
9 REPORT TYPE	January 15		30th day before	election		Runoff			15th day aft treasurer ap (Officeholde	
	July 15		8th day before el	ec ion		Exceeded M Reporting Li		1	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year				Month	Day	Year	
COVERED	07/01	1/2021		TH	IROUGH	I	12/31	1/2021		
11 ELECTION	ELECTION DA	TE				ELECT	ION TYPE			
	Month Day	Year	Primary	ᆜ	Runoff	Oth De	ner scription			
	11/03/2020		General		Special					
12 OFFICE	OFFICE HELD (if any)	I			13 OFF	ICE SOUGHT	(if known)		
	Municipal Ju	dge								
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. THE	SE EXPENDITURE	S MAY HAV	E BEEN M	ADE WITHOUT	THE CANE	DIDATE'S OR	OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEL	COMMITTEE TYPE	COMMITTEE	NAME							
Additional Pages	GENERAL	COMMITTEE	ADDRESS							
	SPECIFIC	COMMITTEE	CAMPAIGN TRE	EASURER	NAME					
		COMMITTEE	CAMPAIGN TR	EASURER	ADDRES	SS				
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr. Enrique A. H	olguin		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL OF PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRONS.	EES OF LOANS, OR	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	IS MAINTAINED AS OF THE LA	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING P		\$ 0.00
			uin
	-	Signature of Ca	andidate or Officeholder
	Please complet	e either option belov	v:
(1) Affidavit			
NOTARY STAMP/SEAL	L		
Sworn to and subscrbed	before me by Enrique Holguin	this the	12 day of January
00	which, witness my hand and seal of office. Mary Katz		
Signature of officer administe	ring oath Printed name of officer	administering oath	Title of officer administering oath
	OF	t j	
(2) Unsworn Declaration	on		
My name is		and my date of birth is	
, ddd1000 ib	(street)		state) (zip code) (country)
Executed in	County, State of ,	, ,,	, 20
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)					
Mr. Enrique A. Holguin						
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.000					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.000					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.000					
4. SCHEDULE E: LOANS						
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 0.000					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.000					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	contributions \$0.000					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.000					
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$ 0.000					
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$ 0.000					
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ontributions \$0.000					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOFILER	TIONS RETURNED \$ 0.000					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:				
2 FILER NAME Mr. Enrique A. Holguin	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
6 Contributor address; City; State; Z	ip Code				
8 Principal occupation / Job title (See Instructions) 9 Employe	er (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Contributor address; City; State; Z					
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Contributor address; City; State; Zi	ip Code				
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Contributor address; City; State; Zi	p Code				
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAMI Mr. Enrique	∈ e A. Holguin	3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (D#:)	8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contr butor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code				
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
Mr.	. Enrique	A. Holguin			
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5 1	Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outs	i, ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outs	l . ide of Texas. Complete Schedule T.
F	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
ı	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu _l	pation / Job title (See Instructions)	Employer (See		·
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
				Check if travel outs	i ide of Texas. Complete Schedule T.
F	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
		ATTACH ADDITIONAL COPIES	OE TUIS SCUEDIII	I E AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ii the requested	information is not applicable, DO NO	i include this page in the rep	oort.
The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Enrique A.	Holguin		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
D (()			1 A 4 (A)
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none			,
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	:DED

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

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Poli ical 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 Prin ing Expense

Travel In District Travel Out Of District Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicita ion/Fundraising Expense

	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mr. Enrique A. Holguin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accoun ing/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica		s/Wages/Contract Labor Other (enter a category not listed above)					
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
0	Mr. Enrique A. Holguin						
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	NS \$					
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City; State; Zip Code					
9 TYPE OF EXPENDITURE	Political Non-F	Political					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct							
Date	Payee name						
Amount (\$)	Payee address;	City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-F	Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	A. Halausia	S THEFT (EURICS COMMISSION FREIS)
Mr. Enrique	A. Holguin	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
_		
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City	/; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accoun ing/Banking Consulting Expense Contributions/Dona ions Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Candidate/Officeholder/Politica	al Committee	The I	ervices Instruction Guide e		omplete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F4:	2 FILER Mr. Enr		A. Holguin			3 Filer	ID (Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$								
5 Date	6 Payee	name				•		
7 Amount (\$)	8 Payee	address	s;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10	(a) Categor	y (See Ca	ategories listed at the top	of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE								
	(c)	Check if	travel outside of Texas. Cor	mplete Schedule T.	Check if Au	ustin, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Can	ididate /	Officeholder nam	e O	ffice sought		Office he	eld
Date	Payee	name						
Amount (\$)	Payee	addres	S,		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	olitical			
PURPOSE OF EXPENDITURE	Catego	ry (See C	ategories listed at the top	o of this schedule)	Description			
		Check if	travel outside of Texas. Co	mplete Schedule T.	Check if A	ustin, TX, of	ficeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate /	Officeholder nam	e O	ffice sought		Office h	eld

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City Clerk Dept. 1/12/2022 8:56:25 AM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Consul ing Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
0	Mr. Enrique A. Holguin				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended		Last sa			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

City Clerk Dept. 1/12/2022 8:56:25 AM

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Consul ing 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

Salaries/Wages/Contract Labor O her (enter a category not listed above)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0 Mr. Enrique A. Holguin 4 Date Business name 6 Amount (\$) Business address; City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **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 Date Business name Business address; Amount (\$) Zip Code City; State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: Zip Code State; City; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to comp	olete this form.			
1 Total pages Schedule I:	2 FILER NAME Mr. Enrique A. Holguin		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regard	ling type of	information

City Clerk Dept. 12/2022 8:56:25 AM

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:		
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)		
Mr. Enrique	A. Holguin	`	,		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Stat	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ute; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Stat	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

City Clerk Dept. 12/2022 8:56:25 AM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

		upp	and time page in	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 0		
² FILER NAME Mr. Enrique A. Holguin		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / 0	Corporation	or Labor Organization / Pledgor / Pa	yee	
5 Contribution / Expendit	ture reported	on:		
Schedule A2		edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
			Scriedule C2	Schedule D Schedule F1
Schedule F2		edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of	person(s) traveling		
	8 Departure city or name of departure location			
	9 Destinat	ion city or name of destination location	on	
40.14		44.5		
10 Means of transportation	on	11 Purpose of travel (including nan	ne ot conterence, se	minar, or other event)
Name of Contributor / (Corporation	or Labor Organization / Pledgor / Pa	yee	
Contribution / Expendit	ture reported	lon:		
Schedule A2	Sche	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of person(s) traveling			
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / (Corporation	or Labor Organization / Pledgor / Pa	yee	
Contribution / Expendit	ture reported	lon:		
Schedule A2	Schedu	lle B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu		Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s) traveling		
	Departu	re city or name of departure location		
	Destinat	ion city or name of destination locati	on	
Means of transportation	nn	Purpose of travel (including nan	ne of conference so	minar or other event
would of transportation		r arpose of flaver (floridality flat	or comercince, se	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

City Clerk Dept. 12/2022 8:56:25 AM

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.					
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
C/OH NAME 2 Filer ID (Ethics Commission Filers)					
Mr. Enrique A. Holguin					
SIGNATURE					
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Mr. Enrique A. Holguin *** Electronically Certified *** Signature of Candidate / Officeholder					
FILER WHO IS NOT AN OFFICEHOLDER					
•• Complete A & B below <i>only</i> if you are not an officeholder. ••					
A. CAMPAIGN FUNDS					
Check only one:					
I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
B. ASSETS					
Check only one:					
I do not retain assets purchased with political contributions or interest or other income from political contributions.					
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Mr. Enrique A. Holguin *** Electronically Certified *** Signature of Candidate	о				
OFFICEHOLDER	\dashv				
•• Complete this section <i>only</i> if you are an officeholder ••					
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Mr. Enrique A. Holguin *** Electronically Certified ****					

Signature of Officeholder