#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total p	ages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mr.	FIRST Enrique		A	OF	FFICE USE ONLY
NAME		•••••••••••			Date Receiv	ved
	NICKNAME	Holguin		SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STA	TE; ZIP CODE	01/11/2	2023 10:35 AM
OFFICEHOLDER MAILING ADDRESS					<u>City Cler</u> City Clerk's Office	<u>K's Office – Diana Nunez</u> - Diana Nunez (Jan 11, 2023 10:39 MST)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-o	delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	5	MI	Receipt #	Anount ş
TREASURER NAME	Mr.	Julian	D	D		<sup>sed</sup> 01/11/2023 10:39 AM
	NICKNAME	LAST		SUFFIX	Date Image	
		Holguin				
7 CAMPAIGN	STREET ADDRESS (1	NO PO BOX PLEASE); APT /	SUITE #;	CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE						
FHONE						
9 REPORT TYPE	January 15	30th day before	election	Runoff	L trea	h day after campaign asurer appointment ficeholder Only)
	July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Fin	al Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day	Year
	07/01/202	22 /	THROUGH	12/31/20	22 /	/
11 ELECTION	ELECTION DAT			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/08/2022	Genera Genera	Special			
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known)		
	Municipal	Court Judge	Mur	nicipal Cou	irt Judo	ge
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN M.	ADE WITHOUT THE CAND	DIDATE'S OR OF	CAL COMMITTEES TO SUPPORT FICEHOLDER'S KNOWLEDGE OR OTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	-	n/a				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	SS		
		GO TO	PAGE 2			

#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME Er	nrique	Holguin		16 Filer	ID (Ethics Comr	nission Filers)
17 CONTRIBUTION TOTALS	PI	DTAL UNITEMIZED POLITICAL CC LEDGES, LOANS, OR GUARANTE ONTRIBUTIONS MADE ELECTROM	ES OF LOANS, OR	1	\$ <b>0</b>	
		TAL POLITICAL CONTRIBUTION THER THAN PLEDGES, LOANS, C			\$\$0.0	0
EXPENDITURE TOTALS	3. тс	TAL UNITEMIZED POLITICAL EXI	PENDITURE.		\$ <b>0</b>	
	4. TC	TAL POLITICAL EXPENDITUR	ES		\$\$0.0	0
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIONS REPORTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY	\$ <b>0</b>	
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ALL ST DAY OF THE REPORTING PEI		F THE	\$ <b>0</b>	
		under penalty of perjury, that the orted by me under Title 15, Election		e and corr	rect and include	s all information
		En	INTIQUE A. HOLQUIN rigue A. Holguin (Jan 11, 2023 10:35 MST)			
			Signature of Ca	andidate/(	Officeholder	
		Please complete	either option below	v:		
			onnor opnon selet	•••		
(1) Affidavit						
(1)/						
NOTARY STAMP/SEA	L			04	14 4 10000	
Sworn to and subscribed	before me by	Enrique A. Holguin	this dat	e 01	/11/2023	to certify
	boloio mo by		4110 444			
which, witness my hand an	d seal of office.					
City Clerk's Office - Diana l City Clerk's Office - Diana Nunez (Jan 11, 2023 10:39 MS	Nunez	Diana Nunez			Notary P	ublic
Signature of officer administe	ening oath	Printed name of officer ac	Iministering oath		The of officer ac	iministering oath
		OR				
(2) Unavern Declarati			-			
(2) Unsworn Declaration	on					
				01/11	1/2023	
My name is			, and my date of birth is			·
My address is			,			
		(street)		state)	(zip code)	(country)
	-		( ))	,	· · /	(
Executed in	Cou	nty, State of, o	n the day of	n)	, 20 (vear)	
			(inona	•/	(Joar)	
			Signature of Candio	date/Offic	eholder (Declara	ant)
				aato, Onio	Choice (Decidie	

#### SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	imission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

т	he Instruction Guide explains how to complete the	is form.	<b>1</b> Total pages Schedule A(J)1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
4 Date		C ID#:)	7 Amount of contribution (\$)				
	<b>6</b> Contributor address; City;	State; Zip Code					
8 Contributor's	principal occupation	9 Contributor's job title					
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)				
12 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor 🗌 out-of-state PA	C ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Contributor's	principal occupation	Contributor's job title					
Contributor's e	employer/law firm	Law firm of contributor	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor out-of-state PA	C ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State: Zip Code					
Contributor's (	principal occupation	Contributor's job title					
Contributor's e	employer/law firm	Law firm of contributo	'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.							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>
--

Tr	ne Instruction Guide explains how to complete this form	n.	<b>1</b> Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> 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 firn	n of contributor's spouse (if any) (FOR JUDICIAL)			
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of <sup> .</sup> In-kind contribution Contribution \$ <sup> </sup> description 			
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi					

### PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)** 

	Tł	ne Instruction Guide explains how to complete this fo	orm.	1	Total pages Sched	ule B(J):		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES		\$				
5	Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8	Amount of Pledge \$	9 In-kind contribution description		
		<b>7</b> Pledgor address; City; Sta	ite; Zip Code		Check if travel outsi	       de of Tavas, Complete Schedule T		
10	Pledgor's prin	cipal occupation	11 Pledgor's job	Check if travel outside of Texas. Complete Schedule T. b title				
12	Pledgor's emp	oloyer/law firm	13 Law firm of p	oledg	jor's spouse (if any	()		
14	If pledgor is a	child, law firm of parent(s) (if any)						
	Date	Full name of pledgor out-of-state PAC (ID#:	)		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; Sta	ate; Zip Code			   		
					Check if travel outsi	de of Texas. Complete Schedule T.		
	Pledgor's prin	cipal occupation	Pledgor's job	title	9			
	Pledgor's emp	oloyer/law firm	Law firm of p	oledg	jor's spouse (if any	()		
	If pledgor is a	child, law firm of parent(s) (if any)						
	Date	Full name of pledgor out-of-state PAC (ID#:	)		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; Sta	ate; Zip Code		7			
						de of Texas. Complete Schedule T.		
Pledgor's principal occupation Pledgor's job title								
	Pledgor's employer/law firm Law firm of pledgor's spouse (if any)					()		
	If pledgor is a child, law firm of parent(s) (if any)							
		ATTACH ADDITIONAL COPIES		ייור				
	If	i contributor is out-of-state PAC, please see instru				equirements.		

### LOANS (JUDICIAL)

### SCHEDULE E(J)

The Instructio	on Guide explains how to complete this fo	orm.	1 Total pages Schedule E(J):			
2 FILER NAME	2 FILER NAME					
<sup>4</sup> TOTAL OF UNITEMI2	ZED LOANS		\$			
5 Date of loan 7 Na	ame of lender Out-of-state PAC (I	D#:)	<b>9</b> Loan Amount (\$)			
6 Is lender 8 Le a financial Institution?	nder address; City;	State; Zip Code	10 Interest rate			
Y N			<b>11</b> Maturity date			
12 Lender's Principal Occupa	tion	13 Lender's Job Title				
14 Lender's Employer/Law Fir	m	15 Law Firm of lender's spous	e (if any)			
<b>16</b> If lender is a child, law firm of parent(s) (if any)						
<b>17</b> Description of Collateral		18 Check if persona account (See Ins	al funds were deposited into political structions)			
19 GUARANTOR INFORMATION	ame of guarantor		<b>22</b> Amount Guaranteed (\$)			
<b>21</b> Gu	21 Guarantor address; City; State; Zip Code					
not applicable						
23 Guarantor's Principal Occu	Jpation	24 Guarantor's Job Title				
25 Guarantor's Employer/Law	Firm	26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						
	our or-state i Ao, picase see instruct	ion guide for additional repor	ing 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/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Gald Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> 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 Austi	n, TX, officeholder living expense
<b>9</b> 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
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> 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 Austi	n, 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

#### UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	e Offi Expense Prir Sala	ce Overhead/ ling Expense nting Expense aries/Wages/0	Contract Labor	Transporta Travel In D Travel Out	istrict Of District	Expense nt & Related Expense not listed above)
	1	The Instruction G	lide explains ho	w to comple	ete this form.			
<b>1</b> Total pages Schedule F2:	2 FILER	NAME				3 Filer ID	(Ethics Cor	mmission Filers)
4 TOTAL OF UNITEN	AIZED UN	IPAID INCURRE	D OBLIGAT	IONS		\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		on-Political				
10 PURPOSE OF EXPENDITURE	<b>(a)</b> Catego	ry (See Categories listed a	t the top of this sched	ule) (b)	Description			
	(c)	Check if travel outside of Tex	as. Complete Schedul	e T.	Check if Aus	stin, TX, officeho	older living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held								
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	N	lon-Political				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed a	t the top of this sched	lule)	Description			
		Check if travel outside of Te	exas. Complete Sched	ule T.	Check if Au	ustin, TX, officel	nolder living e	xpense
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	ΑΤΤΑ	CH ADDITIONAL (	OPIES OF T	HIS SCHE	DULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics.state	e.tx.us				Revised 11/4/2020

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tr	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
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				

Forms provided by Texas Ethics Commission

#### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 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; Zip Code City; State: 9 TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; Citv: State; Zip Code TYPE OF Non-Political Political EXPENDITURE 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 held Office sought

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule G:	2 FILER N	IAME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	ame				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categories listed at the top of this sch	hedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	, TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this sc	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living e	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/		idate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
political contributions intended	Ostana			Description		
PURPOSE OF EXPENDITURE	Categor	ry (See Categories listed at the top of this scl	meaule)	Description		
		Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin	, TX, officeholder living ex	cpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEED	ED	

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

#### SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	1	The Instruction Guide explain	is now to	complete this form.		
<b>1</b> Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Business	name				
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description		
	(c) (c)	Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	, TX, officeholder living e	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS	SCHEDULE AS NEE	DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee name	I			
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	Sta	ate Zip Code	
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding t	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City	Sta	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City	Sta	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City	Sta	ate Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding	type of information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

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

SCHEDULE K

	on Guide explains how to complete this for	m.	1 Total pages Scher	dule K:
2 FILER NAME			3 Filer ID (Ethics	s Commission Filers)
4 Date 5 Name	of person from whom amount is received			8 Amount (\$)
6 Addre	ess of person from whom amount is received;	City; Stat	te; Zip Code	
7 Purpo	se for which amount is received	Check if	political contribution	returned to filer
Date Name	e of person from whom amount is received			Amount (\$)
Addre	ess of person from whom amount is received;	City; Sta	ite; Zip Code	
Purpo	se for which amount is received	Check if	political contribution	returned to filer
Date Name	e of person from whom amount is received			Amount (\$)
Addre	ess of person from whom amount is received;	City; Stat	te; Zip Code	
Purpo	ese for which amount is received	Check if	political contribution	returned to filer
Date Name	e of person from whom amount is received			Amount (\$)
Addre	ess of person from whom amount is received;		ite; Zip Code	
Purpo	ese for which amount is received	Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE	AS NEEDED	

#### OUTSTANDING LOANS

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

The	e Instruction Guide explains how to complete this form.		1 Total pages Schedu	ile L:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
LENDER INFORMATION	4 Name of lender			
	<b>5</b> Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address; (	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address; (	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address;	City;	State;	Zip Code
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUI	LE AS N	IEEDED	

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SCHEDULE L

ASSETS PURCHASED WITH CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in t	SCHEDULE M					
in the requested information is not applicable, be not include this page in t						
The Instruction Guide explains when and how to complete this form.						
FILER NAME	3 Filer ID (Ethics Commission Filers)					
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A						

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

SCHEDULE T

The Instruction Guide	e explains how to complete thi	s form.	1 Total pages Schedule T:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation	or Labor Organization / Pledgor /	Payee	1			
5 Contribution / Expenditure reported	d on:					
	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	edule F4	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name o	f person(s) traveling					
8 Departu	re city or name of departure location	on				
9 Destinat	ion city or name of destination loc	ation				
10 Means of transportation	11 Purpose of travel (including r	name of conference, se	eminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor /	Payee				
Contribution / Expenditure reported	d on:					
Schedule A2	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	edule F4	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel         Name of person(s) traveling						
Departu	Departure city or name of departure location					
Destinat	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 / Payee						
Contribution / Expenditure reported	d on:					
Schedule A2 Schedu	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedu	ule F4	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destinat	tion city or name of destination loc	ation				
Means of transportation	Purpose of travel (including r	name of conference, se	eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

#### FORM C/OH - FR

		•• Complete only if "Report Type" on page 1 is marke	ed "Final Report" ••
	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)
	Enriq	ue Holguin	
	SIGNA	-	
	designa	expect any further political contributions or political expenditures in connectio ting a report as a final report terminates my campaign treasurer appointment. gn contributions or make any campaign expenditures without a campaign trea I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	I also understand that I may not accept any
		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income e	arned from political contributions.
		I have unexpended contributions or unexpended interest or income earned f may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexp unexpended contributions or unexpended interest or income earned on politi filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the re	or income earned on political contributions to bended contributions and that I may not retain ical contributions longer than six years after ed political contributions and unexpended
E	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or othe	er income from political contributions.
		I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	at or other income from political contributions to
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate
	-	EHOLDER plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officehold	
		file. I am also aware that I will be required to file reports of unexpended contrib an officeholder, I retain political contributions, interest or other income from pol political contributions or interest or other income from political contributions.	
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Officeholder