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UNITED :	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members	FORM B For New Members, Candidates, and New Employees	FEB 16 2010 Page 1 of S
Name:	FRIC HOLGUIN	Daytime Telephone:_	hone:_	18 FEB 26 AM 10: 03
FIER	New Member of or Candidate for State: TEX U.S. House of Representatives District: 23 Candidates – Date of Election: 3 (4 2018)	(AS	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS	New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUES	TIONS	
A. Did you, yo a. Own any end of th b. Receive asset du	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Con Con	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X 3 5 1	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, yo liability (more	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	\$ 	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	RESPONDING SCITHE SCHEDULES	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	;" COMPLETE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	T INFORMATION	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Do	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	⊛ on Ethics and certain o ent child?	ther "excepted trusts" need not be disclosed. Have you excluded	dave you excluded Yes 🔲 No 📈
EXEMPTION exemption? [EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	f' income, or liabilities of a nittee on Ethics.	a spouse or dependent child because they meet all three tests for	et all three tests for Yes No Mo



SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ERIC HOLGUIN

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				ABC Hedge Fund X	Examples: Simon & Schuster	SP, EF OC, Mega Corp Stock III	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearmed' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as \$401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts, total the amount in all interest or the state of the service of the provide a complete address or description, e.g., "rental property," and a city and state. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a fisderal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Assets and/or Income Sources	BLOCKA
matter of the state of the stat		2 3		×	Indefinite	× 2/2	None	Value of Asset	6,000
						×	Check all columns the that generate tax-de that generate tax-de that (i), IRA, or 529 and the "Tax-Deferred" interest, and cap reinvested, must be for assets held in tax None if the asset during the reporting present the tax of t	Type of Income	
				Partnership Income	Royaltles	**************************************	None C Ca as Set 15 S1-5200 =	ncome	
				×	**************************************		\$1,001-\$2,500 \$1,001-\$2,500 \$2,501-\$1,000 \$5,001-\$15,000 \$1,001-\$2,500 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000	Amo	
	****				×		SpouseDC income over \$1,000,000° Spouse	Amount of Income	
				×			Preceding For all other		



SCHEDULE C - EARNED INCOME

Name: EX2(C
FOLACIZ

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

	#	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing 201子	Preceding Year
	Honorarium	0.5	\$500 \$76,000
EXAMples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Official County board of Education	Spouse Salary	N. P.	N/A
PEPICE OF THE NYC COMPTROLLER SALARY	SALARY	\$63,000	भेडर, १३५
	-		

Use additional sheets if more space is required.



SCHEDULE D - LIABILITIES

Name:	
ERIC	
HOLGUIN	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

						DC. Ja
				TAPSE	Example	
				GREAT LAYES	First Bank of Wilmington, DE	Creditor
					(117	_==
				05/09	5/98	Date Liability Incurred MO/YR
				STUDENT LAAN	Mortgage on	Тур
				2	Rental Prop	Type of Liability
				LOAN	Mortgage on Rental Property, Dover, DE	ability
						\$10,001- \$15,000
				X		\$15,001- \$50,000
						\$50,001- \$100,000
					×	\$100,001- \$250,000
						\$250,001- \$500,000 m \$500,000 7 \$1,000,000 7 \$1,000,001- \$5,000,000 6
						\$500,001- \$1,000,000
						\$1,000,001- c 000,000
						\$5,000,001- \$25,000,000
9449				35,6% 6,7 2,4		\$25,000,001- \$60,000,000
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	i riigi	3 0 °				Over \$50,000,000

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parameter), labor organizations); and positions solely of an organization. New the united second-year candidates report positions held in the reporting and the current relander were candidates.

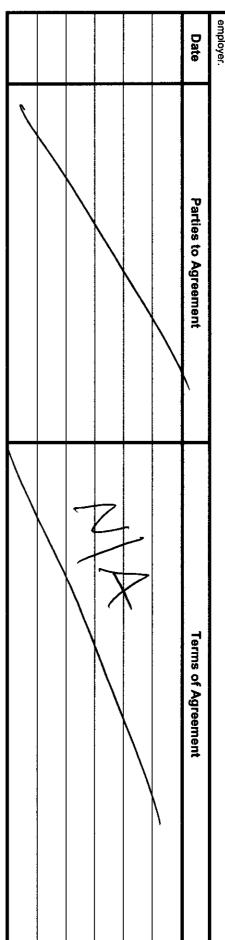
	_	 _	_
		Position	period and the current calendar year. First-year candidate
		Name of Organization	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.



SCHEDULE F - AGREEMENTS

Name: ERIC HOLGUIN Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former



SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
	2/1

Use additional sheets if more space is required.



Name of Requestor:	ERIC HOL	(1010 Date:	2/15/18
Signature of Request	or: Un Hal		
CANDIDATE Employing Member/	Committee/Office: <u>CAN</u>	UDIDATE - TX	(-27
Address: P.O.	BOX 8235, C	CORPUS CHRIS	STI, TX 78468
Email Address:	RICGERICFO	PUS. (OM	
Telephone Number:	361-434-041	18	
Report for Which Y	ou Are Requesting a Wa	<u>iver</u>	
FD Statement	FD Amen	dment	
PTR	PTR Ame	ndment	
Report Information			
FD Statement or FD	or PTR Amendment Due I	Date: 11/1/2017	
For PTR (either fill o	ut the information below o	or attach the late filing(s)):	
Name of Asset	Transaction Date	Date Notified of the Transaction	Filing Date
statement):	Justify the Waiver (you 1		
My apolo	gies-I new	er received	a request
Δ V Δ' Δ	y a F.D. sta		
responsitie	lity from no	t Rully und	erstanding
the whol	e process of	being a H	ouse Candidate.
thora's and	Page	=20f2	my FN.
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rumint	, and will u	e mod so	