

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics, Commission filers) **2 Total pages filed:** 7

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 mr. SALVADOR
 NICKNAME LAST SUFFIX
 "Sal" Espino

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 3009 Race Street Fort Worth TX 76111
 Change of Address

Date Received

OFFICIAL RECORD
CITY SECRETARY
FORT WORTH, TEX

Date Hand Delivered on Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 624-3352

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Mrs. Elizabeth A.
 NICKNAME LAST SUFFIX
 HARRIS Espino

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 3009 Race Street Fort Worth TX 76111
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 624-3352

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 07/01/07 12/31/07

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 05/15/07

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 Fw City Council - Dist. 2

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Salvador "Sal" Espino 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

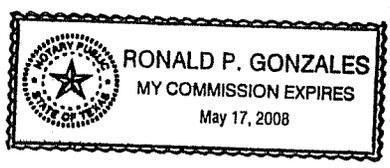
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,565.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,102.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



RONALD P. GONZALES
MY COMMISSION EXPIRES
May 17, 2008

Salvador Espino
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Salvador Espino, this the 15 day of January, 2008, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME SALVADOR "SAI" ESPINO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/28/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul E. Andrews, JR.	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3500 Elm Creek, Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME SALVADOR "SAI" Espino		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/6/07	5 Payee name Artes de la Rosa 6 Payee address; City; State; Zip Code 1440 N. Main Fort Worth TX 76106	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/6/07	Payee name All Saints Catholic Church Payee address; City; State; Zip Code 214 NW 20th Fort Worth, TX 76106	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/2/07	Payee name Addie Uranga Payee address; City; State; Zip Code 1415 N. Commerce, Fort Worth, TX 76106	Amount (\$) 2,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign help - reimb. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/19/07	Payee name Esperanza's Cafe Payee address; City; State; Zip Code 2122 N. Main Fort Worth, TX 76106	Amount (\$) 335.14
Purpose of payment (See instructions regarding type of information required.) Boy Scout Breakfast - Longhorn Council (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8/24/07

Joe Hicks
6 Payee address; City; State; Zip Code

250.00

1400 Hemphill, Fort Worth, TX 76104

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

Cassata High School Donation
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

9/12/07

Angel L. Luebanos
Payee address; City; State; Zip Code

498.00

3713 Gordon Ave Fort Worth, TX 76116

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

Postage & printing
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

9/30/07

Rose Suarez
Payee address; City; State; Zip Code

250.00

3113 Honeysuckle, Fort Worth, TX 76111

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

Campaign followup work
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

11/6/07

Latinos Unidos for Education
Payee address; City; State; Zip Code

500.00

3009 Race Street
Fort Worth, Texas

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

Contribution
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

Salvador "Sal" Espino

4 Date	5 Payee name	7 Amount (\$)
11/6/07	Sergio De Leon Campaign Payee address; City; State; Zip Code 4521 Diaz, Fort Worth, TX 76107	100.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/6/07	Longhorn Council Payee address; City; State; Zip Code 850 Cannon Dr., Hust, TX 76054	500.00

Purpose of payment (See instructions regarding type of information required.) Friends of Scouting- Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/6/07	Chris Salone Campaign Payee address; City; State; Zip Code P.O. Box 15455, Fort Worth, TX 76119	50.00

Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/20/07	Esperanza's Payee address; City; State; Zip Code 2122 N. Main FdA Worth, TX 76106	820.00

Purpose of payment (See instructions regarding type of information required.) Latinos Unidos Breakfast (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Salvador "SAI" Espino		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/20/07	5 Payee name Juan. Rangel Campaign 6 Payee address; City; State; Zip Code 2259 Lipscomb Street Fort Worth, TX 76110	7 Amount (\$) 1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/07	Payee name Esperanza's Payee address; City; State; Zip Code 2122 N. Main Fort Worth, TX	Amount (\$) 406.09
Purpose of payment (See instructions regarding type of information required.) Housing TASK Force - XMAS Event (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/14/07	Payee name Santos Aguilera Payee address; City; State; Zip Code 2005 North Grove Fort Worth, TX 76106	Amount (\$) 160.00
Purpose of payment (See instructions regarding type of information required.) Travel for Council's Staff (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/27/07	Payee name CDA Arlington Payee address; City; State; Zip Code 1900 W. Irving Blvd. Irving, TX 75061	Amount (\$) 452.50
Purpose of payment (See instructions regarding type of information required.) Soccer shirt sponsorship for Youth Soccer (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Juan Rangel Campaign</i> 6 Payee address; City; State; Zip Code <i>2259 Limpcomb Street Fort Worth, TX 76110</i>	7 Amount (\$) <i>1,243.42</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>in-kind donation of Zip Print Political mailing.</i> <i>Center 4654 S. Cooper St. St. 326 Arlington TX 76017</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>N/A</i>
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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