OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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:

OFFICE USE ONLY

Date Received: 4 RECEIVED MAY 6 2011 CITY OF FORT WORTH CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Salvador MI: NICKNAME: "Sal" LAST: Espino SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1205 N. Main St Ft. Worth, TX 76164
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 624-3352 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Elizabeth MI: A NICKNAME: LAST: Harris-Espino SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1205 North Main St. Ft. Worth, TX 76164
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 624-3352 EXTENSION:
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: 04/05/2011 THROUGH Month Day Year: 05/04/11
11 ELECTION	ELECTION DATE Month Day Year: 05/14/2011 ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any): FW City Council - Dist. 2 13 OFFICE SOUGHT (if known):
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	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:

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)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 13,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 16,495.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 56,011.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

RONALD P. GONZALES
Notary Public, State of Texas
My Commission Expires
May 17, 2012

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.

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 6th day of May, 20 11, to certify which, witness my hand and seal of office.

Ronald P Gonzales	Ronald P Gonzales	Notary
Signature of officer administering oath	Printed name of officer administering oath	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:

2 FILER NAME: Salvador "Sal" Espinoza

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/08/11	Johnnie Gonzales 7247 Kentish Dr. Ft. Worth, TX 76137	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/08/11	CHAM Hill Texas PAC 309 West 7th, Ste. 1020 Ft. Worth, TX 76102	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/08/11	Neil Isbell 2800 NW 30th St Ft. Worth, TX 76106	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/15/11	Quicksilver PAC 801 Cherry St, Ste 3700 Ft. Worth, TX 76102	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/11	Elijah Rejing Ft. Worth, TX	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/22/11	Jerry L. Barton 3512 Stone Creek Lane S. Ft. Worth, TX 76137	$500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/11	Conservative Voters Forum 3501 Elm Creek Court Ft. Worth, TX 76109	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/11	Greater FW Association of Realtors PAC 2650 Parkview Dr. Ft. Worth, TX 76102	$1,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/11	Michael A. McBrayer 4712 Deer Valley Lane Richardson, TX 75082	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/11	Robert H. Sandlin 11615 Forest Central Dr., Ste 209 Dallas, TX 75243	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/27/11	Amy Lin 5904 Fairmount Dr. Plano, TX 75093	$500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/27/11	James C. Lin 1900 Preston Rd # 267-88 Dallas, TX 75093	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/27/11	Stephen R. Turner 2516 Honeysuckle Avenue Ft. Worth, TX 76111	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/27/11	Michael D. Faucette 924 Bluebonnet Dr. Ft. Worth, TX 76111	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/24/11	Apartment Association of Tarrant PAC 6350 Bater Blvd. Ft. Worth, TX 76118	$2,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/29/11	Don Hansen 4201 N. Main St, Ste. 119 Ft. Worth, TX 76106	$2,500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/03/11	Ross Perot, Jr. P.O. Box 269014 Plano, TX 75206-9014	$1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/04/11	Ross Calhoun 3709 Santiago Ct. Irving, TX 75062	$1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/04/11	Q PAC 301 Commerce St, Ste. 3200 Ft. Worth, TX 76102	$1,250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/27/11	Gary Huverson P.O. Box 121464 Ft. Worth, TX 76121	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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: 4/05/11

5 Payee name: Susan G. Komen Race for the Cure

6 Amount ($): $50.00

7 Payee address; City; State; Zip Code: P.O. Box 101328, Ft Worth, TX 76185

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Contribution made by officeholder

(b) Description (If travel outside of Texas, complete Schedule T): Charitable Contribution

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

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Date: 04/08/11

Payee name: Zip Printing

Amount ($): $1,664.28

Payee address; City; State; Zip Code: 4654 S. Cooper #326, Arlington, TX 76017

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing

Description (If travel outside of Texas, complete Schedule T): Voter Contact Materials

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 04/08/11

Payee name: Jim Lane for Mayor

Amount ($): $250.00

Payee address; City; State; Zip Code: 204 W. Central, Ft. Worth, TX 76106

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Contributions made by officeholder

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

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 04/11/11

Payee name: All Saints Catholic Church

Amount ($): $450.00

Payee address; City; State; Zip Code: 214 N.W. 20th St, Ft. Worth, TX 76106

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Contribution made by officeholder

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

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/12/11	5 Payee name Combined Arts Media	
6 Amount ($) $1,535.00	7 Payee address; City; State; Zip Code 720 Oakwood Trail Ft. Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising/Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Website Development
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/12/11	Payee name Oakhurst Neighborhood Association	
Amount ($) $150.00	Payee address; City; State; Zip Code 2333 Daisy Lane Ft. Worth, TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Monthly Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/13/11	Payee name Victor Espino	
Amount ($) $550.74	Payee address; City; State; Zip Code 2804 Fossil Run Blvd Ft. Worth, TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/13/11	Payee name Cesar Olivares	
Amount ($) $212.00	Payee address; City; State; Zip Code 3915 November Ct Arlington, TX 76016	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/17/11	5 Payee name Robert Espino	
6 Amount ($) $204.00	7 Payee address; City; State; Zip Code 7120 Old Santa Fe Trail Ft. Worth, TX 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/18/11	Payee name Office Depot	
Amount ($) $136.68	Payee address; City; State; Zip Code 401 Carroll Street Ft. Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Invitations to Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/18/11	Payee name Pitney Bowes	
Amount ($) $168.20	Payee address; City; State; Zip Code P.O. Box 371874 Pittsburgh, PA 15250-7874	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) Mailings
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/19/11	Payee name Robert Espino	
Amount ($) $276.00	Payee address; City; State; Zip Code 7120 Old Santa Fe Trail Ft. Worth, TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/22/11	5 Payee name Booker Industries	
6 Amount ($) $2,543.76	7 Payee address; City; State; Zip Code 5415 Maple Ave # 230 Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Voter Contact Strategies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/25/11	Payee name Panorama Newspaper	
Amount ($) $637.50	Payee address; City; State; Zip Code 3501 Williams Rd Ft. Worth, TX 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Weekly Newspaper Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/25/11	Payee name Gina Olivares	
Amount ($) $ 169.39	Payee address; City; State; Zip Code 3915 November Ct Arlington, TX 76016	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/25/11	Payee name Victor Espino	
Amount ($) $496.21	Payee address; City; State; Zip Code 2801 Fossil Run Blvd Ft. Worth, TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/20/11	5 Payee name El Informador Newspaper	
6 Amount ($) $500.00	7 Payee address; City; State; Zip Code 2235 N. Main St Ft. Worth, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Weekly Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/26/11	Payee name Robert Espino	
Amount ($) $250.00	Payee address; City; State; Zip Code 7120 Old Santa Fe Trail Ft. Worth, TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/26/11	Payee name Office Depot	
Amount ($) $425.57	Payee address; City; State; Zip Code 401 Carroll St Ft. Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) Printing Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/26/11	Payee name Pointer Communications	
Amount ($) $2,410.35	Payee address; City; State; Zip Code 75 Maple Street, #203 Conshocken, PA 19428	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Voter Contact Strategies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/26/11	5 Payee name Tarrant County CYD - Vision Awards	
6 Amount ($) $638.75	7 Payee address; City; State; Zip Code 100 E. Weatherford St. Ft. Worth, TX 76196	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions made by office holder	(b) Description (If travel outside of Texas, complete Schedule T) Charitable Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/26/11	Payee name Mama Mia Restaurant	
Amount ($) $300.00	Payee address; City; State; Zip Code 3124 E. Belknap Ft. Worth, TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverages
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/29/11	Payee name Pitney Bowes	
Amount ($) $595.31	Payee address; City; State; Zip Code P.O. Box 371871 Pittsburgh, PA 15250-7871	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) Mailings
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/25/11	Payee name Reunion Title	
Amount ($) $129.20	Payee address; City; State; Zip Code 1205 N Main St Ft. Worth, TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Telephone	Description (If travel outside of Texas, complete Schedule T) Voter Contact Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 04/29/11	5 Payee name Victor Espino
6 Amount ($) $350.00	7 Payee address; City; State; Zip Code 7404 Fossil Run Blvd Ft. Worth, TX 76131
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor / (b) Description (If travel outside of Texas, complete Schedule T) Campaign Work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date 05/02/11	Payee name Gina Olivares
Amount ($) $269.00	Payee address; City; State; Zip Code 3915 November Ct Arlington, TX 76016
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor / Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date 05/04/11	Payee name Robert Espino
Amount ($) $300.00	Payee address; City; State; Zip Code 7120 Old Santa Fe Trail Ft. Worth, TX 76131
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor / Description (If travel outside of Texas, complete Schedule T) Campaign Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date 05/04/11	Payee name Office Depot
Amount ($) $233.44	Payee address; City; State; Zip Code 401 Carroll St Ft. Worth, TX 76107
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies / Description (If travel outside of Texas, complete Schedule T) Printing, Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 05/04/11	5 Payee name Reunion Title	
6 Amount ($) $600.00	7 Payee address; City; State; Zip Code 1205 N. Main St Ft. Worth, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement - Telephone	(b) Description (If travel outside of Texas, complete Schedule T) Telephone Calls
9 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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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