

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

**FORM C/OH**  
**SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**  
20

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr. FIRST: Salvador MI: MI  
NICKNAME: "Sal" LAST: Espino SUFFIX: SUFFIX

**OFFICE USE ONLY**

Date Received: MAY -3 2013  
Date Hand-delivered or Postmarked: MAY -3 2013  
Receipt #: Amount:  
Date Processed:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: 1205 N. Main St. CITY: Ft. Worth, TX STATE: TX ZIP CODE: 76164  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE: (817) PHONE NUMBER: 624-3352 EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. FIRST: Elizabeth MI: MI  
NICKNAME: Harris-Espino LAST: SUFFIX: SUFFIX

**7 CAMPAIGN TREASURER ADDRESS (residence or business)**

STREET ADDRESS (NO PO BOX PLEASE): 1205 N. Main St. CITY: Ft. Worth, TX STATE: TX ZIP CODE: 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: 07 / 12 / 13 THROUGH Month Day Year: 05 / 03 / 13

**11 ELECTION**

ELECTION DATE: Month Day Year: 05 / 11 / 13  
ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any): Fort Worth City Council - Dist. 2

**13 OFFICE SOUGHT (if known)**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME  
*Salvador "Sal" Espino*

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ *31,210.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *39,750.64*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *20,873.92*

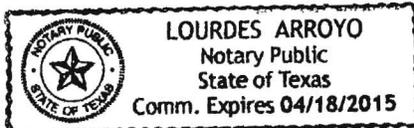
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *10,000.00*

18 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.



*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 *3rd* day of *May*, 20 *13*, to certify which, witness my hand and seal of office.

*Lourdes Arroyo*  
Signature of officer administering oath

*Lourdes Arroyo*  
Printed name of officer administering oath

*Notary Public*  
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: <b>1 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/12/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Mendoza</b>	7 Amount of contribution (\$) <b>\$75.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1801 Harrington Ave Ft. Worth, TX 76164</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/12/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Meadows</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3901 Hami Hon Ave. Ft. Worth, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CH2M Hill Texas PAC</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12377 Merit Dr., 10th Fl Dallas, TX 75251</b>		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 for additional 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: <b>2 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/16/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Anfin</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7020 Castle Creek Ct Ft. Worth, TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Good Government Fund</b>	Amount of contribution (\$) <b>\$3,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 Main St, Ste. 2500 Ft. Worth, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alvin &amp; Monnie Corbell</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8409 N. W. Lake Tower Rd. Ft. Worth, TX 76179</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse Martinez</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4262 Cadiz Ft. Worth, TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosa Navejar</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7840 Lake Meadowway Ft. Worth, TX 76137</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/16/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Edward P. Bass</b>	7 Amount of contribution (\$) <b>\$1,500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>201 Main St., Ste 3100 Ft. Worth, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Exxon Mobil PAC</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5959 Las Colinas Blvd Irving, TX 75039</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/17/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carlos San Martin</b>	Amount of contribution (\$) <b>\$40.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4720 Washburn Lane Haltom City, TX 76137</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/19/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Roberto A. Garza</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2840 Milan St Ft. Worth, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/19/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Herbert Baker</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>121 E. Exchange Ave. Ft. Worth, TX 76164</b>		(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**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
4 of 9

2 FILER NAME  
Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
4/19/13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert J. Folzberg

6 Contributor address; City; State; Zip Code  
1916 Bartley Pl  
Ft. Worth, TX 76110

7 Amount of contribution (\$)  
\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
4/19/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Alvaro Martinez

Contributor address; City; State; Zip Code  
4000 Norwood  
Midland, TX 79707

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dee J. Kelly, Jr.

Contributor address; City; State; Zip Code  
417 Rivercrest Dr.  
Ft. Worth, TX 76107

Amount of contribution (\$)  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Chester Cadieux

Contributor address; City; State; Zip Code  
6808 E. 109th St  
Tulsa, OK 74133

Amount of contribution (\$)  
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marilyn & Joseph Atwood

Contributor address; City; State; Zip Code  
3411 Ainsworth Ct  
Arlington, TX 76016

Amount of contribution (\$)  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
5 of 9

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/23/13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James R. Toal

6 Contributor address; City; State; Zip Code

341 Nursery Lane  
Ft. Worth, TX 76114

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John V. Rouch, II

Contributor address; City; State; Zip Code

2805 Aton Rd  
Ft. Worth, TX 76109

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jim Fische

Contributor address; City; State; Zip Code

2314 Azle Ave.  
Ft. Worth, TX 76106

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Betsy Price Campaign

Contributor address; City; State; Zip Code

P.O. Box 100066  
Ft. Worth, TX 76185

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Paul E. Andrews, Jr.

Contributor address; City; State; Zip Code

700 Jenkins Rd  
Azle, TX 76008

Amount of contribution (\$)

\$500.00

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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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: **6 of 9**

2 FILER NAME  
**Salvador "Sal" Espino**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**4/23/13**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Hammers & Nails PAC**  
6 Contributor address; City; State; Zip Code  
**7001 Blvd 26, Ste 323  
Ft. Worth, TX**

7 Amount of contribution (\$)  
**\$500.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4/23/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Greater Ft. Worth Real Estate Council PAC**  
Contributor address; City; State; Zip Code  
**301 Commerce St, Ste. 2400  
Ft. Worth, TX 76102**

Amount of contribution (\$)  
**\$1,000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/24/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Robert M. Nieta**  
Contributor address; City; State; Zip Code  
**2608 Whispering Oaks CV  
Cedar Hill, TX 75104**

Amount of contribution (\$)  
**\$250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/24/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Donna Pater**  
Contributor address; City; State; Zip Code  
**6312 Mesa Ridge Pr.  
Ft. Worth, TX 76137**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/24/13**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Robert Banda**  
Contributor address; City; State; Zip Code  
**608 Point Pony Trl N.  
Ft. Worth, TX 76108**

Amount of contribution (\$)  
**\$1,000.00**

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 SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>7 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/25/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Patterson</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2910 W. I-20, St. 100 Arlington, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/25/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Nickerson</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>102 Woodlake Dr. Azle, TX 76020</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/26/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danny Scortch Campaign</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>505 High Woods Trl Ft. Worth, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/26/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Grisham</b>	Amount of contribution (\$) <b>\$125.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1892 Ft. Worth, TX 76101</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Majie Wrigley</b>	Amount of contribution (\$) <b>\$2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1409 Summit Ave. Ft. Worth, TX 76102</b>		(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 for additional 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: <b>8 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/29/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Hawkins</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1148 Durango Springs Dr. Harlet, TX 76052</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kyle Kirby</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11664 Paul's Ct Ft. Worth, TX 76179</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Espino</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2200 Market Ave. Ft. Worth, TX 76164</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/30/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Everardo Ramirez</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2820 Jacks bro Hill Ft. Worth, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/30/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ft. Worth Landtable, LLC</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>101 Summit Ave. Ft. Worth, TX 76102</b>		(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 for additional 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: <b>9 of 9</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>05/3/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rufino Mendoza</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5505 Rutland Ave Pt. Worth, TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ross Calhoun</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3709 Santiago Ct Truig, TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mahdad Moayed</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1221 I-23 E, Ste. 200 Carrollton, TX 75006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Morant Campaign</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>777 Taylor St., Ste. 1030 Pt. Worth, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>New American PAC</b>	Amount of contribution (\$) <b>\$4,420.00</b>	In-kind contribution description (if applicable) <b>In-kind → 4,420.00</b>
Contributor address; City; State; Zip Code <b>400 S. Zang Blvd, Ste. 600 Dallas, TX 75208</b>		<b>Concessions</b> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1 of 8	<b>2</b> FILER NAME Salvador "Sal" Esp. no	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/12/13	<b>5</b> Payee name Danielle Sanchez	
<b>6</b> Amount (\$) \$247.33	<b>7</b> Payee address; City; State; Zip Code 3616 Ellis Ave. Ft. Worth, TX 76106	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) T-shirts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 4/13/13	<b>Payee name</b> Samuel Navarro	
<b>Amount (\$)</b> \$90.00	<b>Payee address; City; State; Zip Code</b> 2700 McKinnley Ave. Ft. Worth, TX 76164	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contract Labor	<b>Description</b> (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
<b>Date</b> 4/13/13	<b>Payee name</b> Diego Garcia	
<b>Amount (\$)</b> \$135.00	<b>Payee address; City; State; Zip Code</b> 1716 Montrose Ft. Worth, TX 76114	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contract Labor	<b>Description</b> (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
<b>Date</b> 4/13/13	<b>Payee name</b> Francisco Diaz	
<b>Amount (\$)</b> \$81.00	<b>Payee address; City; State; Zip Code</b> 2201 N. W. 24th Ft. Worth, TX 76164	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contract Labor	<b>Description</b> (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

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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 of 8	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/13/13	5 Payee name Alejandro Gonzalez	
6 Amount (\$) \$108.00	7 Payee address; City; State; Zip Code 1741 Lawler River Oaks, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contact 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 4/13/13	Payee name Miranda Martinez	
Amount (\$) \$135.00	Payee address; City; State; Zip Code 3308 Haron Trl Ft. Worth, TX 76135	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contact 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 4/13/13	Payee name Raymond Medrano	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1412 Circle Park Blvd. Ft. Worth, TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contact 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 4/14/13	Payee name Latin Express c/o L. G. Saenz	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1204 Gaud Ave. Ft. Worth, TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Music
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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 8	<b>2</b> FILER NAME Salvador "Sal" Espino	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/15/13	<b>5</b> Payee name Adib Santos
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<b>6</b> Amount (\$) \$81.00	<b>7</b> Payee address; City; State; Zip Code 2525 NW 30th St Ft. Worth, TX 76106
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<b>8</b> 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
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Adib Santos
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Amount (\$) \$126.00	Payee address; City; State; Zip Code 2525 NW 30th St Ft. Worth, TX 76106
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) Campaign work
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Samuel Navarro
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Amount (\$) \$94.50	Payee address; City; State; Zip Code 2700 McKinley Ave Ft. Worth, TX 76164
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) Campaign work
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Miranda Martinez
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Amount (\$) \$126.00	Payee address; City; State; Zip Code 3308 Huron Trl Ft. Worth, TX 76135
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) Campaign work
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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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: 4 of 8	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/22/13	5 Payee name Alejandro Gonzalez
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6 Amount (\$) \$126.00	7 Payee address; City; State; Zip Code 1711 Lawler Pt. Worth, TX 76114
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Diego Garcia
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Amount (\$) \$121.50	Payee address; City; State; Zip Code 1716 Montrose Pt. Worth, TX 76114
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Francisco Diaz
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Amount (\$) \$94.50	Payee address; City; State; Zip Code 2201 NW 24th Pt. Worth, TX 76164
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name Caring Escobar
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Amount (\$) \$27.00	Payee address; City; State; Zip Code Pt. Worth, TX
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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
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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>5 of 8</b>	2 FILER NAME <b>Salvador "Sal" Espino</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/22/13</b>	5 Payee name <b>Jessica Esquivel</b>
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6 Amount (\$) <b>\$54.00</b>	7 Payee address; City; State; Zip Code <b>Ft. Worth, TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/22/13</b>	Payee name <b>Jessica Esquivel</b>
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Amount (\$) <b>\$27.00</b>	Payee address; City; State; Zip Code <b>Ft. Worth, TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/22/13</b>	Payee name <b>Francisco Pizar</b>
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Amount (\$) <b>\$27.00</b>	Payee address; City; State; Zip Code <b>2201 NW 24th Ft. Worth, TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/22/13</b>	Payee name <b>Samuel Navarro</b>
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Amount (\$) <b>\$58.50</b>	Payee address; City; State; Zip Code <b>2700 McKinley Ave Ft. Worth, TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>
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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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: <b>6 of 8</b>	2 FILER NAME <b>Salvador "Sal" Espino</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/23/13</b>	5 Payee name <b>Political Advisors, LLC</b>
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6 Amount (\$) <b>\$18,453.66</b>	7 Payee address; City; State; Zip Code <b>815-A Brazos St., #304 Austin, TX 78701</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing &amp; Consulting Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Services</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/23/13</b>	Payee name <b>Raymond Medrano</b>
------------------------	--------------------------------------

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>1412 Circle Park Blvd Ft. Worth, TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/24/13</b>	Payee name <b>U.S. Postal Service</b>
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Amount (\$) <b>\$46.00</b>	Payee address; City; State; Zip Code <b>2120 Ellis Ave. Ft. Worth, TX 76164</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Postage</b>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/26/13</b>	Payee name <b>Political Advisors, LLC</b>
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Amount (\$) <b>\$6,244.08</b>	Payee address; City; State; Zip Code <b>815-A Brazos St. #304 Austin, TX 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing / Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Services</b>
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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: 7 of 8	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/26/13	5 Payee name Ozark
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6 Amount (\$) \$47.93	7 Payee address; City; State; Zip Code Ft. Worth, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Water for Campaign Workers
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/13	Payee name P. Trey Bowes
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Amount (\$) \$115.00	Payee address; City; State; Zip Code Ft. Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Postage for Mailing
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/13	Payee name L. G. Suenz / Latin Express
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 1204 Guild Ave. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Music
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/13	Payee name Install Connect LLC
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Amount (\$) \$1,187.50	Payee address; City; State; Zip Code 2401 S. Ervay # 302 Dallas, TX 75215
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing/Installation	Description (If travel outside of Texas, complete Schedule T) Large Signs
------------------------	---	--

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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: 8 of 8	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/01/13	5 Payee name Political Advisors, LLC
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6 Amount (\$) \$8,597.14	7 Payee address; City; State; Zip Code 815-A Brazos Street #304 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/24/13	Payee name Political Advisors, LLC
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Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 815-A Brazos Street #304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Services
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4/23/13

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Richard Abrams

9 Loan Amount (\$)

\$10,000.00

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

6145 Wedgewood  
Ft. Worth, TX 76133

10 Interest rate

6.0%

11 Maturity date

07/22/13

12 Principal occupation / Job title (See Instructions)

Real Estate Investments

13 Employer (See Instructions)

self-employed

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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