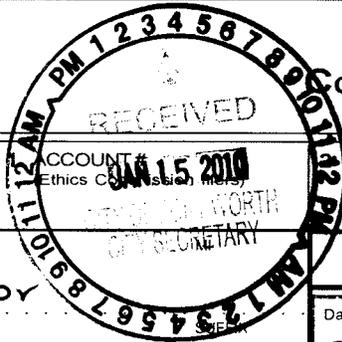


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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



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

ACCOUNT: Ethics Commission  
Total pages filed: 6

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**OFFICE USE ONLY**

Date Received  
**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
3009 Race Street  
Ft. Worth, TX 76111

Date hand-delivered: Date postmarked:

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(817) 624-3352

Receipt # Amount

Date Processed

Date Imaged

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST LAST SUFFIX  
Mrs. Elizabeth A.  
NICKNAME LAST  
Harris Espino

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

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
3009 Race Street, Ft. Worth, TX 76111

**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 / 09 THROUGH 12 / 31 / 09

**11 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 09 / 2009  
 Primary  Runoff  General  Special

**12 OFFICE**

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

**13 OFFICE SOUGHT (if known)**

**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)**

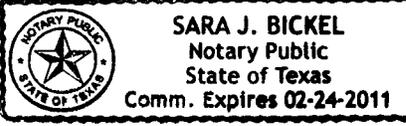
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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. \*\*

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,627.43
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,930.44
<b>OUTSTANDING LOAN TOTALS</b>	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.

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<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

Sara J. Bickel  
Signature of officer administering oath

Sara J. Bickel  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/16/2009

5 Payee name

Lee Saldivar

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

3937 Ryan Avenue Ft. Worth, TX 76110

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

Contribution - LULAC  
(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

08/06/2009

Payee name

Catholic Charities

Amount (\$)

\$5,000.00

Payee address; City; State; Zip Code

2701 Burchill Road N. Ft. Worth, TX 76105

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

08/07/2009

Payee name

Reunion Title/Sal Espino, Attorney at Law

Amount (\$)

\$32.45

Payee address; City; State; Zip Code

3009 Rave Street, Ft Worth, TX 76111

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

Reimburse for Campaign expenses  
(If travel outside of Texas, complete Schedule T)

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

Date

08/07/2009

Payee name

North Side Youth Soccer Association

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

5825 Fursman Fort Worth, TX, 76114

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

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 of 4

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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**08/18/2009**

5 Payee name  
**Jose Carrasco**  
6 Payee address; City; State; Zip Code  
**3101 NW 23rd St. Ft. Worth, TX 76106**

7 Amount (\$)  
**\$250.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**Contribution - Charrq Las Coronelas**  
(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  
**08/18/2009**

Payee name  
**North Beverly Hills Neighborhood Assoc.**  
Payee address; City; State; Zip Code  
**4900 Terrace Trail, Ft. Worth, TX 76114**

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  
**08/25/2009**

Payee name  
**Reunon Title/Sal Espino, Attorney**  
Payee address; City; State; Zip Code  
**3009 Race Street Ft. Worth, TX 76111**

Amount (\$)  
**\$26.03**

Purpose of payment (See instructions regarding type of information required.)  
**Reimbursement - Campaign expense**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**9/03/2009**

Payee name  
**Center Riverside Exes Assoc.**  
Payee address; City; State; Zip Code  
**2405 Bird, Ft. Worth, TX 76111**

Amount (\$)  
**\$250.00**

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

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:

3 of 4

2 FILER NAME: Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission filers)

4 Date  
09/18/2009

5 Payee name: Bobby Soria - Sabine Jarvis Baseball League  
6 Payee address; City: State; Zip Code: Ft. Worth, TX - Little League (Diamond Hill)

7 Amount (\$): \$493.62

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  
10/08/2009

Payee name: Sergio De Leon Campaign  
Payee address; City: State; Zip Code: 4521 Diaz Avenue Ft. Worth TX 76107

Amount (\$): \$150.00

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  
10/08/2009

Payee name: United Hispanic Council  
Payee address; City: State; Zip Code: 2737 Hemphill Ft. Worth, TX 76110

Amount (\$): \$400.00

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  
10/21/2009

Payee name: Jose A. Suarez - Latin Soccer Assoc.  
Payee address; City: State; Zip Code: 3113 Honeysuckle, Ft. Worth, TX 76111

Amount (\$): \$2,000.00

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

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:

4 of 4

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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
10/23/  
2009

5 Payee name  
**Fu, Greater Northside Historical**

6 Payee address; City; State; Zip Code

**N. A.  
Ft. Worth, TX**

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

Payee name

10/30/  
2009

**Reunion Title / Sal Espino, Attorney**

Payee address; City; State; Zip Code

**3009 Pace Street, Ft. Worth, TX  
76111**

Amount (\$)

**\$2533**

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

**Reimburse for campaign expenses**

(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

12/22/  
2009

**El Informador Newspaper**

Payee address; City; State; Zip Code

**2235 North Main, Ft. Worth, TX**

Amount (\$)

**\$150.00**

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

**Advertisements**

(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

12/22/  
2009

**All Saints Catholic Church**

Payee address; City; State; Zip Code

**214 N. W. 20th Ft. Worth, TX  
76106**

Amount (\$)

**\$2,000.00**

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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