

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

RECEIVED
JUL 15 2010

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

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

1 ACCOUNT # - TARY
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY
OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX
Date Rec'd
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 624-3352

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

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

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3009 Rave 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 Month Day Year
01 / 01 / 2010 THROUGH 06 / 30 / 2010

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / 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 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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

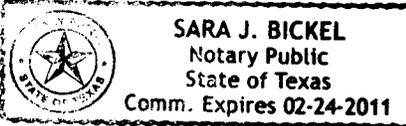
additional pages

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)	\$ 16,855.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$.
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,815.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,969.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 July day of 2010, to certify which, witness my hand and seal of office.

SARA J. Bickel
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: 1 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/24/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher H. Applequist	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1504 Riviera Ct, Arlington, TX 76012		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy J. Crain	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2816 Gail Drive, Wenterford TX 76085		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mac Churchill	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 611 Rivercrest Dr. Ft. Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barney Holland	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3647 Encanto Drive Ft. Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barclay Berdan	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3639 Encanto Drive Ft. Worth, TX 76109		(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: 2 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Eva Bonilla	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7801 Grassland Drive Ft. Worth, TX 76133		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Pigman	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 Texas Way Ft. Worth, TX 76106		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Burks	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5725 East Larcaster, Ft. Worth, TX 76112 St. 208		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Johnson	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Ft. Worth, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. R. Martinez	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2844 May St. Ft. Worth, TX 76110		(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: 3 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Santiago Espinoza	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1613 Harnington, Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mack Davis	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1214 Circle Park Blvd Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramon Romero	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 E. Maddox Ft. Worth, TX 76104		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tobi Jackson	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2108 Yosemite Ct. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Schell	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 FW Club Bldg Ft. Worth, TX 76102		(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: 4 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Cuevas	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1616 Continental Drive Ft. Worth, TX 76131		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan F. Scott	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4255 Villamara Dr. Avon, OH 44011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Rebecca Keller	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 60 Rydelywood Lane Moreland Hills, OH 44022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted & Jacqueline Bailey	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5245 Miller Rd Brecksville, OH 44141		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Jimenez	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 245 Willow Ridge Rd Ft. Worth, TX 76103		(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 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Guyton	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2 Katie Court Mansfield, TX 76063	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff Associates State PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1201 North Bouser Rd Richardson, TX 75081	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Bewley	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2200 S. Riverside Dr. Ft. Worth, TX 76104	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Stelmus	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3237 Wabash Avenue Ft. Worth, TX 76109	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Smith	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2230 College Avenue Ft. Worth, TX 76110	(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: 6 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Mathews	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4000 Silver Creek Rd Ft. Worth, TX 76108		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quicksilver PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 West Rosedale Ft. Worth, TX 76104		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Flores	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1415 Circle Park Blvd Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Fernandez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2305 Colonial Pkwy Ft. Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Mikel	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2115 Primrose Ft. Worth, TX 76111		(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: 7 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Casarez	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1903 Zavala Rd. Keller, TX 76248		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinidad Ruzg	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1021 W. Sylvania Ft. Worth, TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zete & Blanca Najera	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2113 Shelman Trl. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marianne Leal	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1200 N. Main, Sk. 115 Ft. Worth, TX 76106		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Moss Campaign	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5625 Eisenhower Dr. Ft. Worth, TX 76112		(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: 8 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fringa Resendiz	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 208 Prairie Avenue Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio De Leon	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 470743 Ft. Worth, TX 76147		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meacham Development LLC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3320 Camp Bowie, #1205 Ft. Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susana Balderrama	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5825 Fursman Ave. Ft. Worth, TX 76114		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Perry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8213 Red Rock Dr. Ft. Worth, TX 76123		(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: 9 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Perez	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1220 N. Main, Ste 302 Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hub Baker	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 121 E. Exchange Avenue Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. E. Bolen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4213 Condewind LN Ft. Worth, TX 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dunaway	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 Taylor St., Ste. 1040 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Davis	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 420 Throckmorton St. 670 Ft. Worth, TX 76102		(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: 10 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conky & Hunger LLP	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 West 6th, Ste. 640 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Hudgins	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 722 N. Main St. Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John F. Tinsky	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6731 Brants Lane Ft. Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese & Nichols PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4055 International Plaza, Ste. 200 Ft. Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Roberto Nieto	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2608 Whispering Oaks Cove Cedar Hill, TX		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hernandez	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2009 N. Houston St. Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Munnin, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 N.E. 23rd St. Ft. Worth, TX 76164		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Moncrief Campaign	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 Taylor St., Ste. 1030 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Gauras	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2214 Franklin Drive Arlington, TX 76011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Barnes	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1978 Ft. Worth, TX 76107		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Casas-Cuñas & Flores	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1441 N. Main St. Ft. Worth, TX 76106		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Gachman	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Ft. Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bourland	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6912 Camino Ct. Ft. Worth, TX 76126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel B. Markson	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Soledad, Ste. 1220 San Antonio, TX 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Collins - N. Turrent 226	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2705 Clublake Trail McKinney, TX 75070		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13 of 13	
2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/30/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Sutherland & David Burlingame	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4028 Aragon Drive Ft. Worth, TX 76133		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streets of Lorestar, LLP	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11233 Towood Rd Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Granger Campaign Fund	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 715 Jore St, Ste. 101 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Espino	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2017 Chestnut Ft. Worth, TX 76164		(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)	

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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.

1 Total pages Schedule F: 1 of 9		2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/18/2006		5 Payee name EI Informador Newspaper / Fredrick Garcia			
6 Amount (\$) \$750.00		7 Payee address; City; State; Zip Code 2235 North Main, Ft. Worth, TX 76106			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Political Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/21/10		Payee name Fort Worth Hispanic Chamber of Commerce			
Amount (\$) \$80.00		Payee address; City; State; Zip Code 1327 North Main, Ft. Worth, TX 76164			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made by Candidate		Description (If travel outside of Texas, complete Schedule T) Charitable Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Officeholder		Office sought Office held	
Date 01/29/10		Payee name Cassata High School			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 1400 Hemphill, Ft. Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made by Candidate		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	
Date 02/15/2006		Payee name Bill White for Texas			
Amount (\$) \$203.00		Payee address; City; State; Zip Code P.O. Box 131197 Houston, TX 77219			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made by Candidate		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Officeholder		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
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 9	2 FILER NAME Salvador Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02/16/10	5 Payee name Fort Worth Hispanic Chamber of Commerce
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6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1327 North Main, Ft. Worth, TX 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees - Transportation Summit
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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 02/18/10	Payee name Mary Lou Martinez Campaign
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 4900 Terrace Trail, Ft. Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Campaign Contribution
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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 03/01/10	Payee name El Informador - Fredrick Garcia
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 2235 North Main, Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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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 03/04/2010	Payee name Booker Industries
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 5415 Maple Avenue, Ste. 230 Dallas, TX 75235
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Mailing List
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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: 3 of 9	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/12/2010	5 Payee name Cassata High School
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1400 Hemphill Ft. Worth, TX 76104
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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
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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 03/16/2010	Payee name Sisters of St. Mary Namur
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 909 West Shaw Ft. Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Charitable Contribution
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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 04/10/2010	Payee name Tobi Jackson Campaign
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2108 Yosemite Court Ft. Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution made by office holder	Description (If travel outside of Texas, complete Schedule T) Campaign Contribution
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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 04/15/2010	Payee name All Saints Catholic School
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 2006 N Houston Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Charitable Contribution
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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 9	2 FILER NAME Salvador Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/20/10	5 Payee name Casa del Inmigrante Fort Worth
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1423 Ellis Avenue Ft. Worth, TX 76164
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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
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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 04/20/2010	Payee name LULAC - Miss Señorita Pageant (Scholarships)
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Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 8031 Ft. Worth, TX 76124
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Charitable contribution
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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 4/30/2010	Payee name Tarrant County Women's Democratic Club
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Amount (\$) \$50.00	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) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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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 04/30/2010	Payee name Led Ex Kintos
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Amount (\$) 552.20	Payee address; City; State; Zip Code 901 Houston St Ft. Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing Services - Flyers
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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 5 of 9		2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/03/10		5 Payee name U.S. Postal Service			
6 Amount (\$) \$ 246.40		7 Payee address; City; State; Zip Code 400 N. Retha St. Ft. Worth, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/03/10		Payee name Office Depot			
Amount (\$) \$ 316.26		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) Other		Description (If travel outside of Texas, complete Schedule T) Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/04/10		Payee name Cassata High School			
Amount (\$) \$ 50.00		Payee address; City; State; Zip Code 1400 Hemphill, Ft. Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions made by office holder		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	
Date 05/05/10		Payee name Prudencio Lopez - Mariachis Zacatecas			
Amount (\$) \$ 350.00		Payee address; City; State; Zip Code 1544 Ellis 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) Reception for Mexico Consul General	
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: 6 of 9	2 FILER NAME Salvador Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/05/10	5 Payee name Nuevo Leon Restaurant
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6 Amount (\$) \$1,362.43	7 Payee address; City; State; Zip Code 1544 Ellis Avenue, Ft. Worth, TX 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Reception for Mexico General Consul
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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 05/05/10	Payee name Prudencio Lopez - Mariachis Zacatecas
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 1544 Ellis Avenue, Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Reception for Mexico Consul General
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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 05/14/10	Payee name Diamond H. II - Sabine Jarvis Little League - Steve Terrell
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Amount (\$) \$324.75	Payee address; City; State; Zip Code Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship / Advertising Political
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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 05/16/10	Payee name Diamond H. II - Sabine Jarvis Baseball - Felipe Medina
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Amount (\$) \$150.00	Payee address; City; State; Zip Code Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship / Ad. - Felipe Medina
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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 9		2 FILER NAME Salvador Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/18/10		5 Payee name Longhorn LULAC - Juan Rangel			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 2259 Lipscomb Ft. Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) College Event - FWISD	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/26/10		Payee name For Greater Northside Historical Neighborhood Association			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 3107 Prairie Ft. Worth, TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution by officeholder		Description (If travel outside of Texas, complete Schedule T) Contribution - Juneteenth	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/27/10		Payee name Murphy Turner & Associates			
Amount (\$) \$3,515.79		Payee address; City; State; Zip Code P.O. Box 296 Austin, TX 78767-0296			
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 Tob. Jackson		Office sought Office held FWISD School Board FWISD School Board	
Date 06/04/10		Payee name Penny Stephens Fund - Juan Rangel			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 2259 Lipscomb Ft. Worth, TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions made by office holder		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	

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
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 9	2 FILER NAME Salvador Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/18/10	5 Payee name Longhorn LULAC - Juan Rangel
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2259 Lipscomb Ft. Worth, TX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) college event - FWISD
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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 06/23/10	Payee name Gina Irlando
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1. S Wolff St. Denver, CO 80219
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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
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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 06/29/10	Payee name R. C. Promos - Northside Diamond Hill Baseball
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Amount (\$) \$250.00	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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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 06/30/10	Payee name Danny Scartin Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 505 High Woods Trail, Ft. Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions made by office holder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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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: 9 of 9	2 FILER NAME Salvador Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/30/10	5 Payee name Tejano Democrats
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 8104 Marie Lane Ft. Worth, TX 76123
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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) Political Contributions
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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 06/23/10	Payee name All Saints Catholic
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Amount (\$) \$325.00	Payee address; City; State; Zip Code 214 N.W. 20th Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions by office holder	Description (If travel outside of Texas, complete Schedule T) charitable contribution
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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	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)
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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	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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