

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

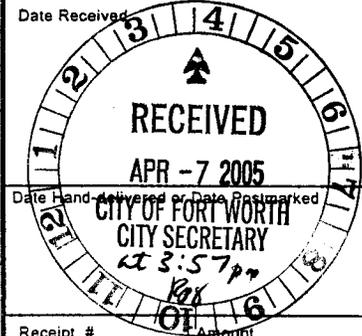
13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Sal Espino

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1434 N. Main Ste 220 Ftworth TX 76106

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 624-3352 11

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Elizabeth Harris
Espino

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1434 N. Main Ste 220 Fort worth TX 76106

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 624-3352 15

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
03 / 01 / 05 04 / 07 / 05

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dist. 2 City Council

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

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

additional pages

18 CONTRIBUTION TOTALS

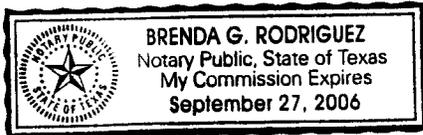
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,700.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 8,059.55
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,640.45
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 7th day of April, 2005, to certify which, witness my hand and seal of office.

Brenda G. Rodriguez Brenda G. Rodriguez Notary Public
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: 8	
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia J. Crain	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 284 Gail Dr. Weatherford, TX. 76085			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason C.N. Smith	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2257 College Av. Fort worth, TX. 76110			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramzi & Livia Mansour	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1512 Birchmont Ln. Keller, TX. 76248			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto & Gloria Nieto	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2608 Whispering Oaks Cedar Hill, TX. 75104			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio L. De Leon	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4413 Geddes Fort Worth, TX. 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Patricia Meadows 6 Contributor address; City; State; Zip Code 3904 Hamilton Ave. Ft Worth, Tx. 76107	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Guajardo Contributor address; City; State; Zip Code 4400 Northview Ct. Aledo, Tx. 76008	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt Hickman Contributor address; City; State; Zip Code P.O. Box 168, Ft Worth, Tx. 76101	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Toal Contributor address; City; State; Zip Code 341 Nursery Ln. Ft. Worth, Tx. 76114	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe & Leticia Ayala Contributor address; City; State; Zip Code 3208 Hemphill Ft Worth, Tx. 76110	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
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	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/18/23	Fw Fire Fighters Commitee for Responsible Government 6 Contributor address; City; State; Zip Code 417 N. Retta Ft worth, Tx. 76111	2,000.00	
9 Principal occupation / Job title (See Instructions)		10 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)
3/18/23 3/25	Fw Police Officers Association Contributor address; City; State; Zip Code Comm. Htee for Public Safety 904 Collier Ft. Worth, TX. 76102	2,500.00	
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)
3/25	Gl E Barbara Frymire Contributor address; City; State; Zip Code 3000 Shotts Ft. Worth, Tx. 76107	100.00	
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)
3/29	Good Govt. Fund Contributor address; City; State; Zip Code 201 Main St., Ste 2500 Ft Worth, Tx 76102	1,000.00	
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)
3/29	Flora Maria Garcia Contributor address; City; State; Zip Code 118A N. Bailey Ft. Worth, TX 76107	100.00	
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	
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke Ellis - Brackett & Ellis 6 Contributor address; City; State; Zip Code 100 Main Ft worth, TX. 76102	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Flores - Perdue Brackett et al Contributor address; City; State; Zip Code 307 W. Seventh, Ste 1225 Ft worth, TX. 76102	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall C. Gideon Contributor address; City; State; Zip Code 3812 Monticello Ft. worth, TX. 76107	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel & Dora Garcia Contributor address; City; State; Zip Code 2809 Amber Dr. S. Ft worth, TX. 76133	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Lewis - Lineberger Goggin et al Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX. 78760	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
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	
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John V. Roach	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 777 Taylor Fort Worth, TX. 76102 Fw Club Tower			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Anthony	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7900 Monticello Dr. Granbury Tx. 76049			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OP. Leonard Jr.	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box ¹⁷¹⁸ Fort Worth, Tx. 76101			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia M. Leonard	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1718 Fort Worth, Tx. 76101			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland A. Hodges III	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 W. 7th St. Ste 1310 Ft. Worth, Tx. 76102			
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	
2 FILER NAME Salvador "Sul" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland A. Hodges	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 115 W. 7th St. Ste 1310 Ft. Worth, Tx. 76102			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Bodoin	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 Cherry Unit 31 Ft. Worth, TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Barr	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1015 Florence Ft. Worth, TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginger & Joseph Gearheart	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4901 Dexter Ft. Worth, Tx. 76109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David F. Chappell	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3425 Dorothy Ft. Worth, TX. 76107			
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	
2 FILER NAME Salvador "Sul" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D. Finley 6 Contributor address; City; State; Zip Code 1308 LAKE St. Fort worth, Tx. 76102	7 Amount of contribution (\$) 1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Pigman, Jr. Contributor address; City; State; Zip Code 200 TEXAS way Fort worth, Tx. 76106	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Craine Contributor address; City; State; Zip Code P.O. Box 3062 Fort worth, Tx. 76113	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Michel Contributor address; City; State; Zip Code 2115 Primrose Ft worth, Tx. 76111	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine J. Petrus Contributor address; City; State; Zip Code 7328 Old Mill Run. Ft. worth, Tx 76133	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
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	
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Villarreal - El Asadero	7 Amount of contribution (\$) 1,000.00 (IN-kind)	8 In-kind contribution description (if applicable) OFFICE SPACE for campaign at 1523 N. Main "
6 Contributor address; City; State; Zip Code 1535 N. Main Fort Worth, TX. 76106			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos De La Torre - TX Electric Delivery	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 970 - Ft. Worth, TX 76101			
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			
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			
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			
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name City of Fort worth 6 Payee address; City; State; Zip Code Ft. Worth, TX	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) Filing Fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/21	Payee name Dell Payee address; City; State; Zip Code Austin, TX.	Amount (\$) 1111.73
Purpose of payment (See instructions regarding type of information required.) Campaign Computer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/23	Payee name Phones, ETC Payee address; City; State; Zip Code Florida	Amount (\$) 463.79
Purpose of payment (See instructions regarding type of information required.) Phone system		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/24	Payee name Colonial House Payee address; City; State; Zip Code Fort worth, TX.	Amount (\$) 15.50
Purpose of payment (See instructions regarding type of information required.) breakfast with Diamond Hill Community Leader		** 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
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/25	5 Payee name Acapulco Beach Restaurant 6 Payee address; City; State; Zip Code Ft. Worth, Tx.	7 Amount (\$) 40.42
8 Purpose of payment (See instructions regarding type of information required.) Campaign staff lunch		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/24	Payee name Knights of Columbus Payee address; City; State; Zip Code 3809 Yucca Ave. Ft. Worth, TX 76111	Amount (\$) 325.00
Purpose of payment (See instructions regarding type of information required.) Hall Rental for Campaign event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/1	Payee name USPS Payee address; City; State; Zip Code Ft. Worth, TX 76106	Amount (\$) 740.00
Purpose of payment (See instructions regarding type of information required.) postage for mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/2	Payee name Family Dollar Payee address; City; State; Zip Code Ft. Worth, Tx.	Amount (\$) 45.13
Purpose of payment (See instructions regarding type of information required.) Office (Campaign) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/12	5 Payee name Walgreens 6 Payee address; City; State; Zip Code Ft. Worth, TX	7 Amount (\$) 19.88
8 Purpose of payment (See instructions regarding type of information required.) Campaign Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/16	Payee name Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza, Ste. 500 Ft. Worth, TX 76109	Amount (\$) \$5,198.10
Purpose of payment (See instructions regarding type of information required.) Professional Services & Campaign Materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED