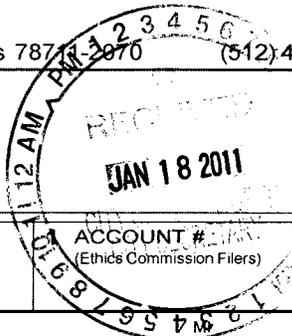


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Mr. Salvador

NICKNAME

LAST

SUFFIX

"Sal" Espino

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1205 North Main Street
Ft. Worth, TX 76164

change of address

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX.

Date Hand Delivered Postmarked

Receipt # Account #

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 624-3352

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Mrs. Elizabeth

NICKNAME

LAST

MI

SUFFIX

Harris-Espino A

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1205 North Main Street Ft. Worth, TX 76164

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 / 2010 THROUGH 12 / 31 / 2010

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Ft. 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

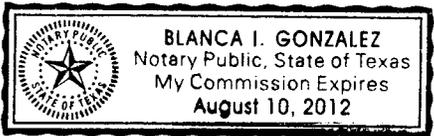
FORM C/OH COVER SHEET PG 2

| | |
|--|---|
| 15 C/OH NAME Salvador Espino | 16 ACCOUNT # (Ethics Commission Filers) |
|--|---|

| | | |
|---|---|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | 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 |

| | | |
|-------------------------|---|--------------|
| 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) | \$ 1,850.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,314.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 38,505.06 |

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 18 day of January, 20 11, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Blanca I. Gonzalez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

Salvador Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/27/10

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

Ft Worth Firefighters
Comm. Htee for Responsible Govt

6 Contributor address; City; State; Zip Code

3855 Tulsa Way Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/27/10

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

William W. Meadows

Contributor address; City; State; Zip Code

3904 Hamilton Ft. Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/10

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

Scott Miller

Contributor address; City; State; Zip Code

512 N. Bailey Ft. Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/10

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

Tim & Woody Woodward

Contributor address; City; State; Zip Code

3425 Stonechire Ct Ft. Worth, TX
76179

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/10

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

Erma J. Hadley

Contributor address; City; State; Zip Code

2362 Fuch Ct Ft. Worth, TX 76119

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 2

2 FILER NAME

Salvador Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/07/10

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

Virginia K. Head

6 Contributor address; City; State; Zip Code

4901 Dasher Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL 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 5 | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--------------|--|

| | |
|---------------------------|--|
| 4 Date 07/06/10 | 5 Payee name Open Channels Group |
|---------------------------|--|

| | |
|-------------------------------------|---|
| 6 Amount (\$) \$ 1,739.35 | 7 Payee address; City; State; Zip Code 101 Summit, Ste. 208 Ft. Worth, TX 76102 |
|-------------------------------------|---|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event/Consulting Exp. | (b) Description (If travel outside of Texas, complete Schedule T) Fees for Event |
|--------------------------|--|--|

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

| | |
|-------------------------|---|
| Date 07/09/10 | Payee name Northside Youth Soccer Association |
|-------------------------|---|

| | |
|----------------------------------|---|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 5825 Fursman Ave Ft. Worth, TX 76114 |
|----------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donations 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 07/13/2010 | Payee name Linda Chavez Thompson Campaign |
|---------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 6719 San Antonio, TX 78209 |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| 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 |
|------------------------|--|---|

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

| | |
|-------------------------|--|
| Date 07/22/10 | Payee name Sabine Jarvis Little League |
|-------------------------|--|

| | |
|--------------------------------|--|
| Amount (\$) \$260.00 | Payee address; City; State; Zip Code 3604 Schwartz Ft. Worth, TX 76106 |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donations 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: 2 of 5 | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--------------|--|

| | |
|---------------------------|---|
| 4 Date 08/10/10 | 5 Payee name Casa del Inmigrante Fort Worth |
|---------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 1421 Ellis Ave. Ft. Worth, TX 76164 |
|------------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions made by office holder | (b) Description (If travel outside of Texas, complete Schedule T) Charitable contribution |
|--------------------------|--|---|

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

| | |
|-------------------------|---|
| Date 08/18/10 | Payee name Judge Manuel Valdez Campaign |
|-------------------------|---|

| | |
|------------------------------|--|
| Amount (\$) \$2500 | Payee address; City; State; Zip Code 2465 North Main Ft. Worth, TX 76164 |
|------------------------------|--|

| | | |
|------------------------|--|---|
| 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 |
|------------------------|--|---|

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

| | |
|-------------------------|--|
| Date 08/20/10 | Payee name The El Informador Newspaper |
|-------------------------|--|

| | |
|--------------------------------|---|
| Amount (\$) \$600.00 | Payee address; City; State; Zip Code 2235 North Main Street Ft. Worth, TX 76164 |
|--------------------------------|---|

| | | |
|------------------------|--|---|
| 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 |
|------------------------|--|---|

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

| | |
|-------------------------|--|
| Date 08/25/10 | Payee name Tarrant County Democratic Party |
|-------------------------|--|

| | |
|----------------------------------|---|
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 3004 W. Lancaster Ave. Ft. Worth, TX 76107 |
|----------------------------------|---|

| | | |
|------------------------|--|---|
| 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 |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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: 3 of 5 | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|-------------------------------------|--------------|--|

| | |
|--------------------|------------------------------------|
| 4 Date 08/25/10 | 5 Payee name City of Fort Worth |
|--------------------|------------------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) \$415.00 | 7 Payee address; City; State; Zip Code 1000 Throckmorton Ft. Worth, TX 76102 |
|---------------------------|---|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Travel-Out of District | (b) Description (If travel outside of Texas, complete Schedule T) Travel-Sister Cities-Toluca |
|--------------------------|--|--|

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

| | |
|------------------|---|
| Date 08/28/10 | Payee name Tarrant County Democratic Party |
|------------------|---|

| | |
|---------------------------|--|
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 3004 W. Lancaster Ave. Ft. Worth, TX 76107 |
|---------------------------|--|

| | | |
|------------------------|--|--|
| 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) Campaign contribution |
|------------------------|--|--|

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

| | |
|------------------|------------------------------------|
| Date 09/06/10 | Payee name Moslah Shrine Circus |
|------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 1100 Henderson St Ft. Worth, TX 76102 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donations 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 09/08/10 | Payee name Casa del Inmigrante Fort Worth |
|------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 1421 Ellis Avenue Ft. Worth, TX 76164 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| 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: 4 of 5 | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--------------|--|

| | |
|---------------------------|---|
| 4 Date 10/07/10 | 5 Payee name Round One Boxing |
|---------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3952 Wesley Dr. Ft. Worth, TX 76133 |
|----------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions made by office holder | (b) Description (If travel outside of Texas, complete Schedule T) Charitable contribution |
|--------------------------|--|---|

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

| | |
|-------------------------|---|
| Date 10/08/10 | Payee name Voces Olvidadas de Tercer Edad |
|-------------------------|---|

| | |
|--------------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 303 W. Central Ave. Ft. Worth TX 76164 |
|--------------------------------|---|

| | | |
|------------------------|--|---|
| 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 10/21/10 | Payee name Sergio De Leon Campaign |
|-------------------------|--|

| | |
|--------------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 4521 Diaz Avenue Ft. Worth, TX 76107 |
|--------------------------------|---|

| | | |
|------------------------|--|---|
| 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 |
|------------------------|--|---|

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

| | |
|-------------------------|-----------------------------------|
| Date 10/29/10 | Payee name Diego Mendez |
|-------------------------|-----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code Ft. Worth, TX |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Music for B. White Campaign |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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: 5 of 5 | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|-------------------------------------|--------------|--|

| | |
|--------------------|---|
| 4 Date 12/10/10 | 5 Payee name Carlos Vasquez Campaign |
|--------------------|---|

| | |
|---------------------------|--|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1214 Circle Park Blvd. Ft. Worth, TX 76164 |
|---------------------------|--|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions by office holder | (b) Description (If travel outside of Texas, complete Schedule T) Campaign contribution |
|--------------------------|--|--|

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

| | |
|------------------|---------------------------------------|
| Date 12/10/10 | Payee name Carlos Vasquez Campaign |
|------------------|---------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1214 Circle Park Blvd. Ft. Worth, TX 76164 |
|-------------------------|--|

| | | |
|------------------------|--|--|
| 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) Campaign contribution |
|------------------------|--|--|

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

| | |
|------------------|------------------------------|
| Date 12/20/10 | Payee name Jose A. Suarez |
|------------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 3113 Honeyuckle Ft. Worth, TX 76111 |
|---------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract Labor | Description (If travel outside of Texas, complete Schedule T) Campaign services/work |
|------------------------|--|---|

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

| | |
|------------------|--|
| Date 12/31/10 | Payee name All Saints Catholic Church |
|------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 214 NW 20th Ft. Worth, TX 76106 |
|---------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) donations 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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: **1**

2 FILER NAME

Salvador Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee **City of Fort Worth (Reimbursement)**

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel
**09/15/10
to 09/16/10**

7 Name of person(s) traveling
Salvador Espino

8 Departure city or name of departure location
DFW Airport (Fort Worth)

9 Destination city or name of destination location
Toluca, Mexico via Mexico City

10 Means of transportation
Air

11 Purpose of travel (including name of conference, seminar, or other event)
Sister Cities - Toluca

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED