

**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:

3 CANDIDATE / OFFICEHOLDER NAME

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

**OFFICE USE ONLY**

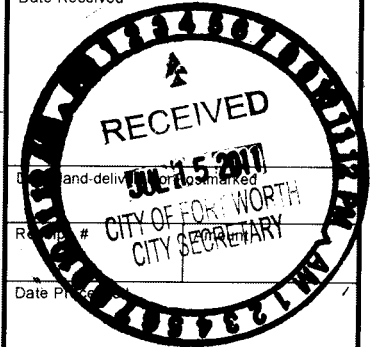
Date Received

Date and delivery or to be marked

Receipt #

Date Printed

Date Imaged



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **1205 N. Main St.** APT / SUITE #: CITY: STATE: ZIP CODE  
**Ft. Worth, TX 76164**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **1205 N. Main St.** APT / SUITE #: CITY: STATE: ZIP CODE  
**Ft. Worth, TX 76164**

8 CAMPAIGN TREASURER PHONE

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

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **05 / 05 / 11** THROUGH Month Day Year **06 / 30 / 2011**

11 ELECTION

ELECTION DATE Month Day Year **05 / 14 / 2011** ELECTION TYPE  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) **FWC. City Council - Dist 2**

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box: Apt / Suite # City: State: Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

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

\$

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,800.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,224.71

CONTRIBUTION BALANCE

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

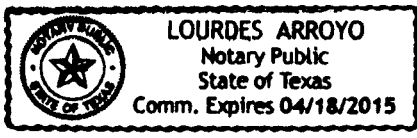
\$ 43,587.28

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 15<sup>th</sup> day of July, 20 11, to certify which, witness my hand and seal of office.

*Lourdes Arroyo*  
Signature of officer administering oath

Lourdes Arroyo  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/10/11

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

Greater Fw Real Estate Council PAC

6 Contributor address; City; State; Zip Code

301 Commerce St, Ste 2400  
Ft. Worth, TX 76102

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

05/10/11

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

Jim Riskey

Contributor address; City; State; Zip Code

2314 Azle Ave.  
Ft. Worth, TX 76164

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/13/11

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

Chesapeake Energy for Texans PAC

Contributor address; City; State; Zip Code

815 Brazos St, Ste A #106  
Austin, TX 78701

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/13/11

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

Robert G. West

Contributor address; City; State; Zip Code

301 Commerce St, Ste 3500  
Ft. Worth, TX 76102

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

05/17/11

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

Cash America Intl PAC

Contributor address; City; State; Zip Code

1600 W. 7th St  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 of 2</b>	
2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>06/17/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arnold Gachman</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1229 Shady Oaks Lane Ft. Worth, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

<b>1</b> Total pages Schedule F: 1 of 5		<b>2</b> FILER NAME Salvador "Sul" Espino		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 5/09/11		<b>5</b> Payee name Zip Printing			
<b>6</b> Amount (\$) \$2,937.48		<b>7</b> Payee address; City; State; Zip Code 4654 S. Cooper #326 Arlington, TX 76185			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Printing		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Voter Contact Materials	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 05/09/11		Payee name Office Depot			
Amount (\$) \$237.25		Payee address; City; State; Zip Code 401 Carroll St. Ft. Worth, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Supplies		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Printing/Labels	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 05/10/11		Payee name Pitney Bowes			
Amount (\$) \$348.00		Payee address; City; State; Zip Code P.O. Box 371874 Pittsburgh, PA 15250-7874			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Postage		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Mailings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 05/10/11		Payee name Image Tek Office Systems (Image Tek)			
Amount (\$) \$113.85		Payee address; City; State; Zip Code P.O. Box 26340 Oklahoma City, OK 73126			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Supplies		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Copies/Flyers	
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: <b>2 of 5</b>		2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>05/11/01</b>		5 Payee name <b>Victor Espino</b>			
6 Amount (\$) <b>\$449.50</b>		7 Payee address; City; State; Zip Code <b>2804 Fossil Run Blvd Ft. Worth, TX 76131</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/13/01</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>25.97</b>		Payee address; City; State; Zip Code <b>401 Carroll St. Ft. Worth, TX 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Supplies</b>		Description (If travel outside of Texas, complete Schedule T) <b>Labels</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/11/01</b>		Payee name <b>El Informador</b>			
Amount (\$) <b>\$500.00</b>		Payee address; City; State; Zip Code <b>2235 N. Main Ft. Worth, TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Weekly Ads</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/13/01</b>		Payee name <b>Zip Printing</b>			
Amount (\$) <b>\$453.60</b>		Payee address; City; State; Zip Code <b>4654 S. Cooper #326 Arlington, TX 76017</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description (If travel outside of Texas, complete Schedule T) <b>Vote Contact Materials</b>	
Complete <u>ONLY</u> 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: <b>3 of 5</b>		2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>05/14/11</b>		5 Payee name <b>Carolina Imperial</b>			
6 Amount (\$) <b>\$350.00</b>		7 Payee address; City; State; Zip Code <b>c/o Labor Plaza #2500 (La Gran Plaza) 4200 S. Freeway Ft. Worth, TX 76115</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Music-Campaign Watch Party</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/14/11</b>		Payee name <b>Alfredo Delgado</b>			
Amount (\$) <b>\$400.00</b>		Payee address; City; State; Zip Code <b>3501 Williams Rd Ft. Worth, TX 76116</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sand Photo-Campaign Watch Party</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/14/11</b>		Payee name <b>Nuevo Leon Restaurant</b>			
Amount (\$) <b>\$750.00</b>		Payee address; City; State; Zip Code <b>1544 Ellis Ave. Ft. Worth, TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food-Campaign Watch Party</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/14/11</b>		Payee name <b>Robert Espino</b>			
Amount (\$) <b>\$250.00</b>		Payee address; City; State; Zip Code <b>7120 Old Santa Fe Trail Ft. Worth, TX 76131</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b>	
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: <b>4 of 5</b>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--	--------------	--

4 Date <b>05/17/01</b>	5 Payee name <b>Painter Communications</b>
---------------------------	---

6 Amount (\$) <b>\$ 4,184.00</b>	7 Payee address; City; State; Zip Code <b>75 Maple Street, #203 Conshohocken, PA 19388</b>
-------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Voter Contact Strategies</b>
--------------------------	---	--

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

Date <b>05/18/01</b>	Payee name <b>El Informador Newspaper</b>
-------------------------	--

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>2235 N. Main St. Ft. Worth, TX 76164</b>
------------------------------	---

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

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

Date <b>05/24/11</b>	Payee name <b>Booker Industries</b>
-------------------------	--

Amount (\$) <b>2,475.06</b>	Payee address; City; State; Zip Code <b>5415 Maple Ave # 230 Dallas, TX 75235</b>
--------------------------------	--

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

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

Date <b>05/24/11</b>	Payee name <b>Alfredo Delgado</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>3501 Williams Rd Ft. Worth, TX 76116</b>
---------------------------------	---

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

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: <b>5 of 5</b>	2 FILER NAME <b>Salvador "Sal" Espino</b>	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date <b>06/13/11</b>	5 Payee name <b>Hector Balderras Campaign</b>
---------------------------	--

6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1250 Albuquerque, NM 87103</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution made by office holder</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b>
--------------------------	---	--

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

Date <b>06/21/11</b>	Payee name <b>For Greater Northside Historical N. A.</b>
-------------------------	---

Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>3107 Prairie (Prairie) Ft. Worth, TX 76106</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution made by office holder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Charitable donation - June 20th Event</b>
------------------------	---	---

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

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED