)FFICIAL RECORD

Eox 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

WORTH	TEY	,	OOVER SHEET PG 1
The C/OH instructio	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Salvador	MI	OFFICE USE ONLY Date Received
	"Sal" Espino	SUFFIX	ATT A TOWN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY:	STATE; ZIP CODE	RECEIVED
change of address	Ft. Worth, 72 76	167	RAND # CITY OF FOR WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 624-3352	EXTENSION	Date Place
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Elizabeta	A .	Date Imaged
	Harris Espi	SUFFIX NO	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1205 N. Mainst. Ft. Wash, TX 7616	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 624-3352	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	06 /30	/2011
11 ELECTION	Month Day Year ELECTION TYPE O5 14 2011 Primary	Runoff	General Special
12 OFFICE	FWC. ty Cornci 1- Dist 2	13 OFFICE SOUGHT (if knows)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	ES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL. ON OF THE DIRECT CAMPAIGN EXPENDITURE.
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #. City. State, Zip Code		
	GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	s-"Sg\"	Espino	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		SME.
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,800.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$15, 224.71
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING 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			
	LOURDES ARRO Notary Public State of Texa omm. Expires 04/1	is true and correct and includes all me urger Title 15, Election Code	perjury, that the accompanying report information required to be reported by
Sworn to and subs	of 0	me, by the said Salvador Eson, 20 1, to certify which, witness more than the same of officer administering path	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	nedule A:
2 FILER NAME 5 G V	ador "Sal" Espino		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_Grenk Fw leal Estak C	ourei) PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/10/11	6 Contributor address; City; State; Zip Code 301 Connecue St, State Ft. Work, TX 7610		\$1,000.00	
	<u> </u>	<u></u>	L	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/10/11	Contributor address; City; State; Zip Code 2314 Azle Ave. Ft. Wash TX 7616	_	\$20.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ChespeakeEnergy for)	Totans PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/11	Contributor address: City; State: Zip Code 815 Brazus St. Ste A: Austin, TX 7870	. •	\$750.00	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		r rexae, complete concadio ()
Date	Full name of contributor out-of-state PAC(ID# Contributor address; City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/11	Contributor address; City; State; Zip Code 301 Com nerce St, Sk 3 Ft. Worth, TX 76103	2	\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
יולרולט	Contributor address: City; State: Zip Code 1600 W. 7 ± SI Ft. Wo-h, 79 76102		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

			····	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME	ador "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Arold Gehman 6 Contributor address: City; State; Zip Code 1229 Shall Oaks	4~e	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Ft. Word, Ty 76	107	(If travel outside	I of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	 of Texas, complete Schedule T)
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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			
Principal occupa	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
- Tillopal Goodpi				
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		 	4 Towns assessed to Colondary To
Principal occupa	ation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES O			requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising 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 Candidate/Officeholder/Political Committee Travel Out Of District 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 FIXER NAME 3 ACCOUNT # (Ethics Commission Filers) 0+ 4 Date 5 Payee name 6 Amount (\$) 7 Payee a (a) Category (See categories listed at the (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Amount (\$) Zip Code **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name ()51101 15250-7874 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** (See categories listed at the top of this schedule) OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held 05/10/11 PURPOSE OF EXPENDITURE 400)125 Candidate / Officeholder name Complete **QNLY** if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

Advertising Expense

Gift/Awards/Memorials Expense

SCHEDULE F

Loan Repayment/Reimbursement

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
· · · · · · · · · · · · · · · · · · ·	The instruction G	uide explains how to complete this	
1 Total pages Schedule F:	2 FICER NAME Da Judov	'Sal' Espina	3 ACCOUNT # (Ethics Commission Filers)
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6 Amount (\$)	7 Payee address; City;	State: Zin Code	
\$449.50	Ft. Wat	, Ty 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at		on (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder no DH	ame Office sou	ght Office held
Date () 5 1 3 10 1	Payee name	<u>.</u> +	
Amount (\$)	Payee address: City;	State; Zip Code	
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(512) 463-5800

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor Loan Repayment/Re	eimbursement
Accounting/Banking	Legal Services		oment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District Contributions/Donati	
Event Expense	Polling Expense		holder/Political Committee
Fees	Printing Expense		egory not listed above)
	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME INC		# (Ethics Commission Filers)
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4 Date	5 Payee name	~ `\	1
05114111	Luco Ny	m Decia)	
6 Amount (\$)	7 Payee address; City; Sta	zip Code	<u> </u>
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\$350,00	42005. Fre	200-40	,
· 550100	Ft. Work	TY 76115	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description (If travel outside of Texas	, complete Schedule T)
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PURPOSE OF EXPENDITURE	Payee address; City; Sta 1544 Ellis Ft. Worth Category (See categories listed at the top Event Land Candidate / Officeholder name	TX76164 of this schedule) Description (If travel outside of Texas, FOOL-CAMPAIGN	whatch larky
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POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

	EXPENDITURE (CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/17/01	5 Paypname Com	nmunications	
6 Amount (\$)	7 Payee address: City: Stat	ret, 1203	
4 4, 184.00	Constocter,	PA 19428	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T) Contact Statsies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held
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05)24J))	Payee name Alfredo De	Igado	
Amount (\$) \$ 250.00	Payee address; City: State 3501 W.III.n.	e: Zip Code n.s Rd X 7611 L	
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Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

					···
	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra		oan Repayment/Reimbursemer	nt
Accounting/Banking	Legal Services	Solicitation/Fundraisin	_	ansportation Equipment & Rela	
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made B	
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4 Date 06 13 11	5 Payee name	leras Cam	MAINN		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	K -1. 2		
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\$500.00	Albuquerqu	-, ,	7103		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b	Description (If to	ravel outside of Texas, complete Sch	edule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office	held
Date	Pagroe name	, , ,	. 1	\	
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date	Payee name	ate; Zip Code	Office sought	Office H	neld
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