Texas Ethics Commission

P.O. Box 12070 **OFAES GOOD REPROTED 1512** 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICE HOLDER SECRETARY CAMPAIGN FINANCE REPORTABLE TEV

FORM C/OH COVER SHEET PG 1

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The C/OH Instruction	Guide explains how to	complete this form	1 ACCOUNT (Ethics Commiss	# sion Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Salvad	201	MI	Day He Wed
	NICKNAME 11Sal 11	Esp; No	5	SUFFIX	RECEIVED JUL 16 2012
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	12051	V, Main	42		CITY OF FON WORT: CITY SECRETARY Data want delivered or Postmarked Receipt # & Z Apolitic
5 CANDIDATE/ OFFICEHOLDER PHONE		H-3352	EXTENSION		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS/MRS/MR NICKNAME	Elizabe	p t	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BO		E#; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		ONE NUMBER 24-335	EXTENSION		
9 REPORT TYPE	January 15	30th day before election		\$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Yes	THROUG	en 06	Day / 3 0 / 1	Year
11 ELECTION	ELECTION DATE Month Day Yes	ELECTION TYPE Primary	Runoff	Gene	oral Special
12 OFFICE	OFFICEHELD (If any) Fort Wort Council- (nC.ty District 2	13 OFFICE SOUG	3HT (ifknown)	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
16 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			
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$		
	4. TOTAL	\$ 9,005.01		
CONTRIBUTION BALANCE	5. TOTAL P	\$ 9,005.01 \$ 34,182.27		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	
18 AFFIDAVIT				
	LOURDES ARR Notary Public State of Texa Comm. Expires 04/1	is true and correct and includes all me under Title 15. Election Code.	perjury, that the accompanying report information required to be reported by	
AFFIX NOTARY STAMI	P / SEAL ABOVE	Signature of Can	didate or Officeh o lder	
Sworn to and subs	1	ne, by the said Salvador spin		
Signature of officer admir	y my0	Printed name of officer administering path	Title of officer administering oath	
J		and the same of th	Variation of the state of the s	

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement		
Accounting/Banking		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Expense	9	Travel In District	Contributions/Donations Made By		
Event Expense		Travel Out Of District	Candidate/Officeholder/Political Committee		
Fees	- ,	Office Overhead/Rental Expense	OTHER (enter a category not listed above)		
	The Instruction Guide e	explains how to complete this fo	orm.		
1 Total pages Schedule F:	2 FILER NAME	1. 5	3 ACCOUNT # (Ethics Commission Filers)		
124	Salvado Sal	" ESONO			
15.		250,100	LILLING CONTRACTOR CON		
4 Date	5 Pavee name	7 1 1	1		
01106112	tred barela	1	and		
6 Amount (\$)		e; Zip Code			
1 -	2235 N. Ma	in St.			
\$200.00	Ft. Worth, T	× 76164			
		<u> </u>	(If travel outside of Tayon gammlets Schadule T)		
8 PURPOSE OF	(a) Category (See categories listed at the top of	(b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Contribution	Chu, t	able contribution		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
expenditure to benefit C/C	חיים				
Date	Payee name	A	C \(\alpha \)		
01/27/12	Motican - America.	w College Educat	nonfund(MACE)		
Amount (\$)	Payee address; City; State	e; Zip Code			
Amount (#)	7 7	75 2 3			
3 € .	TIU, ISDX 7 11	DA			
\$500,00	Ft. Wash T	V 76147			
PURPOSE	Category (See categories listed at the top of		(If travel outside of Texas, complete Schedule T)		
OF		, 2555.,516.			
EXPENDITURE	Contribution	Cherit	table contibution		
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expenditure to benefit C/O	Н				
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Amount (\$)	Payee address; City; State	Zip Code			
	1440 N. Ma.	v 54.			
\$150.00					
7150.00 Ft. Worth, TX 76164					
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Carlah Lini	1 h. J	able and about on		
LAFLINDITURE	Contibution	· · · · · · · · · · · · · · · · · · ·	400 CD.(X) = 11,7 C.		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held		
expenditure to benefit C/OH					
Date .	Payee name	^			
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01128112	111/ tes the 19	Losq			
Amount (\$)		; Zip Code			
	1440 N. Maia	, 5 +			
\$50.00		x 76164			
	Ft. Worm, 1		Miles and the Control of the Control		
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Contribation	Chante	ible Contr button		
Complete ONLY if direct	Candidate / Officeholder name	Office sough			
expend ture to benefit C C					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a	ι)		
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimbi	ursement	
Accounting/Banking	-	olicitation/Fundraising Expense	Transportation Equipmen		
Consulting Expense		avel In District	Contributions/Donations	Made By er/Political Committee	
Event Expense Fees	3 .	ravel Out Of District ffice Overhead/Rental Expense	OTHER (enter a category		
1 663	- •	plains how to complete this fo		y not listed above)	
1 Total pages Schedule F:	2 FILER NAME	plants now to complete this re		hics Commission Filers)	
2 of	Salvador "Sal	1"Espino	3 ACCOUNT # (Ell	nes commission rilers)	
4 Date	5 Payee name				
02/14/12	All Saints La	tholic School	l		
6 Amount (\$)	7 Payee address; City; State; 2006 N. Howst	Zip Code			
\$ 350,00	Fl. Wurth, TX	76164			
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule) (b) Description	(If travel outside of Texas, comp	olete Schedule T)	
OF EXPENDITURE	Contribution	char.t	able contr.b	ition	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht	Office held	
expenditure to benefit C/C					
Date	Payee name				
03/23/12	All Saints Cuto	lic School			
Amount (\$)	Payee address; City; State;	Zip Code			
<u>ئە</u>	2006 N. Housto	W 24.			
\$500.00	Ft. Worth, TX	16/64			
PURPOSE	Category (See categories listed at the top of th	is schedule) Description	(If travel outside of Texas, comp	lete Schedule T)	
OF EXPENDITURE	Contribution	Chanta	ble contibu	tion	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt	Office held	
expenditure to benefit C/OH					
Date	Pavee name	`			
03/29/12	Kumon Forerol	umpaign			
Amount (\$)	Payee address; City; State;	Zip Code			
A	1204 Nashville				
\$500.00	Fl. Wort, Ty	76105			
PURPOSE	Category (See categories listed at the top of thi	s schedule) Description	(If travel outside of Texas, comp	lete Schedule T)	
OF EXPENDITURE	Contribution	Op) tico	il contribut	tion	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt (Office held	
expenditure to benefit C/O	Н				
Date	Payee name	^			
04/05/12	Manuel Vakez	Campaign			
Amount (\$)	Payee address; City: State;	Zip Code			
ا ريد	Line Ins Line	1			
\$500.00	Ft. Wort, T	176164			
PURPOSE OF	Category (See categories listed at the top of this	s schedule) Description	(If travel outside of Texas, compl	ete Schedule T)	
EXPENDITURE	Contibution	politic	al contr by	tion	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	it C	Office held	
	ATTACH ADDITIONAL CODI	ES OF THIS SOUPDING AS	NEEDED		
	ATTACH ADDITIONAL COPII	LO OF THIS SCHEDULE AS	MEEDED		

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense Sal	aries/Wages/Contract Labor	Loan Repayment/Rein	bursement	
Accounting/Banking	•	licitation/Fundraising Expense		ent & Related Expense	
Consulting Expense	J .	ivel In District	Contributions/Donation		
Event Expense	• .	ivel Out Of District		Ider/Political Committee	
Fees		ice Overhead/Rental Expense	OTHER (enter a categ	ory not listed above)	
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1 Total pages Schedule F:	Salvador 'Sal'	Espino	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04116112	5 Payee name AM South Cutre	olic School			
6 Amount (\$)	7 Payee address; City; State;		<u>,, </u>		
\$ 115.00	FL Wo TX	16164		er e	
8 PURPOSE	(a) Category (See categories listed at the top of thi	s schedule) (b) Description	(If travel outside of Texas, co	mplete Schedule T)	
OF EXPENDITURE	Contraction	Charit	table cont	bution	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht	Office held	
Date	Payee name				
0419112	Carlos Vasque	2 Campaign)		
Amount (\$)	Payee address; City; State;	Zip Code			
d C n = 00	1017 Circle				
\$5,000.00	F1. Wart, T	y 76164			
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Date .	Payee name				
05/04/12	Cassata High	School			
Amount (\$)	Payee address; City; State;	Zip Code			
\$ 250,00	Fl. Words, TX	76104			
PURPOSE	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, cor	mplete Schedule T)	
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	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave	ation/Fundraising Expense Transpor I In District Contribut I Out Of District Candi	payment/Reimbursement tation Equipment & Related Expense ions/Donations Made By date/Officeholder/Political Committee
1 665	· ·	ins how to complete this form.	enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Sal 1'E		ACCOUNT # (Ethics Commission Filers)
4 Date 05 22 12	5 Payee name SMU Law Sch	iool-Scholushi	o Fund
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4 420,00	Palj45, 1 x 15	375-0402	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	(b) Description (If travel out	cont but ov
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
06 08 112	Far Grenke Nor	toside Historica	1 N. A.
Amount (\$)	Payee address; City; State; Z	ip Code CJ une to	zenta Celebichan)
\$500.00	3107 Prairie Ave Fl. Worth, TY	76106	-
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	Description (If travel outs	side of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sol	nedule) Description (If travel outs	side of Texas, complete Schedule T)
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Date	Payee name		
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Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City; State; Zig Category (See categories listed at the top of this sch		ide of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this sch Candidate / Officeholder name		ide of Texas, complete Schedule T) Office held