	E / OFFICEHO N FINANCE RE		OFFICIAL RE	COVED SUFET DO 1
The C/OH Instruction	Guide explains how to comple		1 ACCOUNT WITH (Ethics Commission Filers)	Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	alvador	SUFFIX	OFFICE USE ONLY Date Received 5 6 7 8 9 70
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	1205 N. Ma Ft. Worth	in St.	STATE: ZIP CODE	Line land-deliver of Postable of
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUM (817) 624-	BER	EXTENSION	Date Processed 8 19
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRS NICKNAME LAST LAST		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE 1205 N. F. Wo-t	Main :	SH .	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (817) 62-	[⊪] -335⊋	EXTENSION	
9 REPORT TYPE		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 05 /04 / 13	THROUGH	06 /3C	
11 ELECTION	Month ELECTION DATE Day Year OS 11 /2013	ELECTION TYPE Primary	Runolf S	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kind	own)
		GO TO PAGI	= 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

Salva	cur s	41 ESPINO	
POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ENOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 4	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	\$ 2,738.11
OUTSTANDING LOAN TOTALS	The state of the s	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	
18 AFFIDAVIT		swear, or affirm, under penalty of	perjury, that the accompanying report
(Constant	LOURDES ARR	oyo is true and correct and includes all me under Title 15, Elegtion Code.	information required to be reported by
	Notary Publi State of Texa ornm. Expires 04/	5	spino
Carcarra		Signature of Can	didate or Officeholder
Sworn to and sub		me, by the said Salvador Esp	this the
day	July 10	20 13 , to certify which, witness n	ny hand and seal of office.
Eu. and	and	(not doe Details N/4)	tary lubble

SCHEDULE A

instruction Guide explains how to complete this form.	1 Total pages Schedule A:
rador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC(ID#) JUSEPH & May Dalle 6 Contributor address City: State: Zip Code 2127 Pembroke Ft. Wu-th, TX 76110	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$ 250.00 (If travel outside of Texas, complete Schedule T)
ation / Job title (See Instructions) 10 Employe	er (See Instructions)
T.J. & E.R. Harris Contributor address: City State Zin Code	Amount of In-kind contribution contribution (\$) description (if applicable)
N. Pichland H. 11s, TY 7618:	3 300.00 (If travel outside of Texas, complete Schedule T)
ation / Job title (See Instructions) Employe	er (See Instructions)
Full name of contributor out-of-state PAC (ID# Bodo: N & Agrew Contributor address; City. State: Zip Code 2., Sk. 1 Ft. Work, TX 76116	Amount of contribution (\$) In-kind contribution description (if applicable) SO
ation / Job title (See Instructions) Employe	er (See Instructions)
Full name of contributor out-of-state PAC (ID#: Luis Spinola Contributor address: City, State, Zip Code HLOS Windson Ridge Dr. Tring, 7X 75038	Amount of contribution (\$) In-kind contribution description (if applicable) \$ 250.00 (If travel outside of Texas, complete Schedule T)
Contributor address: City, State, Zip Gode 4608 Windson R. dge Dr. Tring, TX 75038	description (if applicable)
Contributor address: City, State, Zip, Gode 4608 Windson Ridge Dr. Fring, 7X 75038	description (if applicable)
	Full name of contributor Con

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SCHEDULE A

Salvador Sal Esg. NO 4 Date 5 Full name of contributor	8 In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor OS 10 13 Amount of contribution (S) Contributor address; City: State: Zip Code Amount of contribution (S) Contributor address; City: State: Zip Code OS 10 13 Amount of contribution (S) Contributor address; City: State: Zip Code OS 10 13 Amount of contribution (S) Contributor address; City: State: Zip Code OS 10 13 Amount of contribution (S) Contributor address; City: State: Zip Code OS 10 13 Amount of contribution (S)	description (if applicable)
Date Full name of contributor Amount of contribution (\$) Amount of contribution (\$) Contributor address; City, State, Zip Code Fig. Date Full name of contributor Contributor Contributor address; City, State, Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address; City, State, Zip Code Amount of contribution (\$) Contributor address; City, State, Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Osliolia Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address; City, State, Zip Code Osliolia Samount of contribution (\$) Contributor address; City, State, Zip Code Osliolia Samount of contribution (\$)	In-kind contribution
Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Contributor address: City: State: Zip Code OS 10 13 Contributor address: City: State: Zip Code OS 10 13 Amount of contribution (\$) Contributor address: City: State: Zip Code OS 10 13 Amount of contribution (\$)	In-kind contribution
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Osliblia Full name of contributor Osliblia Contributor address: City: State: Zip Code Osliblia Samout of contributor contributor Osliblia Samout Samo	description (if applicable)
Date Full name of contributor Coold Government fund Contributor address: City: State: Zip Code Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Osliblia Contributor address: City: State: Zip Code Osliblia Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code Osliblia 3715 Camp Barie Blue 3,500,00	of Texas, complete Schedule T)
Contributor address: City: State: Zip Code 201 Ma. N. St., Ste 2500 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code OS/10/13 State: Zip Code Contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code OS/10/13 3715 Camp Basic Blue State: Zip Code 325000	
Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Vertex Contributor address: City; State; Zip Code 3715 Camp Barie Blue \$2,500,00	In-kind contribution description (if applicable)
Os/10/13 3715 Camp Barie Blue 32,500,00	
05/10/13 3715 Camp Barie Blue \$2,500,00	In-kind contribution description (if applicable)
F1. Wo- 1, 7X 76107 (If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor Contributor address; City; State; Zip Code SOO LA, West Tondard Sol. Amount of contribution (\$)	In-kind contribution description (if applicable)
F4. Wat, 74 76 102 (If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule A	
2 FILER NAME	vador "Sal" Espine	3 ACCOUNT # (E	thics Commission Filers)	
05 10 13	Fill name of contributor out-of-state PAC (ID#: Lonne Herrerg Contributor address; City; State; Zip Code Fill Nurth, Ty76179	\$ 250.00	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions) 10 Employer ((See Instructions)		
05 10 13	Full name of contributor out-of-state PAC(IDH: Cary D. Green Contributor address: City: State; Zip Code 4605 Markella Circle	Amount of contribution (\$)	In-kind contribution description (if applicable)	
200	Ft. Wort, TX 76126	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)		
05/10/13	Full name of contributor out-of-state PAC (ID#: John Av. 19 Contributor address: City: State: Zip Code 3100 W. 7 ±h, Str. 200 F1. W. 2. 4, N 76107	Amount of contribution (\$) \$250.00 (If travel outside	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)		
_{Date} 05)) b) (3	Full name of contributor out-of-state PAC(ID#) Linebarger Cogganiet al Contributor address: City: State: Lip Code P.O. Box 17428 Austin, TX 78760	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	, , , , , , , , , , , , , , , , , , , ,	
05 13 13	Full name of contributor out-of-state PAC(ID#) JUE PAN 1954 Contributor address; City: State; Zip Code 812 5 ml. Shista Circle Ft. Wart, TX 76137	Amount of contribution (\$)	In-kind contribution description (if applicable)	
			of Texas, complete Schedule T)	

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SCHEDULE A

The	Instruction Guide explains how to complete th	s form.	1 Total pages Sch	edul <u>e A:</u>
2 FILER NAME	ado, "Sal" Espino		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Galindo	- Dr	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/13/13	6 Contributor address: City: State: Zip Code 222 W. 4 55+, Ap-		\$250.00	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
05 0 000 K 31 5 CC-10				
Date	Janes W. Sclell	3.	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/13	Gontributor address; City: State; Zip Code 901 Washington F1. Wort, TY 71		\$500,00	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	The U.A. Author Co. O	
05/1 3 /18	Christopler S. Co Contributor address meity; State; Zip Code 1117 1054 NW Uni	181	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See		
Date D5 17 13	Full name of contributor out-of-state PAC(ID#) Thomas Blanton Contributor address City: State: Zip Code 8805 Pagal Hurbor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	F1. Wo-t-, 7776	179	(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date US 17 B	Full name of contributor oul-of-state PAC (ID#) Zin Zinner man C Contributor address: City; State; Zip Code 5608 Malley Ave,		Amount of contribution (S)	In-kind contribution description (if applicable)
	Ft. Worth, TV76		The second of the	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	COLUMN TO SERVE	vitures, complete scriedule 1)

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule A:	
S G V	ador "Sal" Espino	3 ACCOUNT # (E	hics Commission Filers)	
4 Date	5 Full name of contributoroul-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/17/13	6 Contributor address; City; State; Zip Code 5301 Sun Vally Dr. Ft. Worth, TX 76119	\$500.00	of Texas, complete Schedule T)	
9 Principal occup		r (See Instructions)		
Date	Full name of contributor dul-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)	
हाता इ	Contributor address: City: State: ZipCode Rd 9250 Boat Club Rd Ft. Wartn. 776179	\$250,00		
Principal occup		(If travel outside of (See Instructions)	f Texas, complete Schedule T)	
06 07 13	Full name of contributor out-of-state PAC (ID#. Lusse Luster City; State: Zip Code 531) Alta Lorg Or	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	Ft. Worth, 77 76244		of Texas, complete Schedule T)	
Date 05 28 13	Full name of contributor out-of-state PAC(ID#: Contributor address; City: State: Zip Code 1308 Luke Steet F.J. Worth, TV 76102	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup		(If travel outside of	of Texas, complete Schedule T)	
		Amenia a	In triant and talk of the	
06 10 13	Full name of contributor Obligation of all Contributor address; City; State, Jip Gode 491 Contributor address; City; State, Jip Gode 491 Austin, 77 78780	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	ation / Job title (See Instructions) Employee	(See Instructions)	The semple of th	

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SCHEDULE A

The Ir	nstruction Guide explains how to complete this form.	1 Total pages Schedule A:
Salva	Lou"Sal"Esp. No	3 ACCOUNT # (Ethics Commission Filers)
7 47.00	Full name of contributor out-of-state PAC(ID#: Chr. stopler Bor.114 Gontributor address; City; State; Zip Code 941 Foch St. FJ. Worth, TX 76107	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$ 100.60 (If travel outside of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) 10 Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution description (if applicable)
6/14/13	3900 Ban burg Lare Ft. Wah, TX 76244	(If travel outside of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) Employe	er (See Instructions)
6/14/13	Full name of contributor cut-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable) \$ 250.00 (If travel outside of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) Employe	er (See Instructions)
1011113	Sudra M. Garcia Contributor address: City: State: Zip Code 6200 Pershins Ave. # 119 Ft. Wort, TX 76116	Amount of contribution (\$) In-kind contribution description (if applicable) \$\frac{1}{3}25.00\$ (If travel outside of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) Employe	er (See Instructions)
Date 6 14 13	Full name of contributor Coul-of-state PAC (ID#: Contributor address: City: State; Zip Code 2 321 Tremont Ave.	Amount of In-kind contribution contribution (\$) description (if applicable)
	Fl. Wo. L, TX 76,107	(If travel outside of Texas, complete Schedule T) er (See Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this form.		form.	1 Total pages Schedule A	
FILER NAME	vader "Sal" Espine		3 ACCOUNT # (E	thics Commission Filers)
Date 0 2 1 1 3	5 Full name of contributor out-of-state PAC (ID#) 6 Contributor address; City, State; Zip Code 116 Crowfed Stick LA Aledo, TY 76008	· ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
6 21 3	Full name of contributor out-of-state PAC (IDH:	0	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
16.12		v.I	Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if applicable)
		Employer (See I	contribution (\$)	description (if applicable)
	Contributor address: City, State; Zip Code	Employer (See I	contribution (\$)	
Principal occup	Contributor address; City; State; Zip Code pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#	Employer (See I	(If travel outside astructions) Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution
Principal occup	Contributor address: City; State; Zip Code pation / Job title (See Instructions) Full name of contributor	Y	(If travel outside instructions) Amount of contribution (\$) (If travel outside instructions)	In-kind contribution description (if applicable)
Principal occup	Contributor address: City, State, Zip Code pation / Job title (See Instructions) Full name of contributor uut-of-state PAC (ID# Contributor address, City, State, Zip Code	Y	(If travel outside instructions) Amount of contribution (\$) (If travel outside instructions) Amount of contribution (\$)	In-kind contribution description (if applicable)

www.ethics.state.tx.us

Advertising Expense

Accounting/Banking Consulting Expense

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITUR	E CATEGORIES FOR BOX 8(a)
Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Legal Services	Solicitation/Fundraising Expense

Food/Beverage Expense

Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Office Ov	erhead/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05 04 13	5 Payee name Nevo Leon lesta	- Spirot
\$556.24	7 Payee address; City; State; Zip C 1544 Ellis Av FJ. Wart, TX	76164
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	(b) Description (If travel outside of Texas, complete Schedule T) Early like Lynch Rg N
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought. Office held
05/04/13	Payaename Francisco Digz	
Amount (\$)	Payee address; City; State, Zip S	ode
\$108.00	Ft. Worth, TX-	76164
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Description (If travel outside of Texas, complet (Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
05/01)13	Samuel Mar	arro
\$ 90.00	Payee address: City: State: Zip City: St	76164
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
05/04/13	Payermame Diego Garcia	
Amount (\$)	Payee address, City, State, Zip C 1716 Montrose Ft. Wort, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Contract Labor	Campaign Wax
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME Sol Sal EspiNO 3 ACCOUNT # (Ethics Commission Filers)
05/04/13	A Giandro Gonzalez
4 135,00	7 Payee address. City: State: Zip Code Liver Oaks, TX 7611
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete schedule T) Canagary (See categories listed at the top of this schedule) Canagary (See categories listed at the top of this schedule) Canagary (See categories listed at the top of this schedule)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held
05/04)3	Adib Sentos
Amount (\$)	2525 Nw 30±S
9171,00	Ft. Worth, 7x 76106
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this achedule) Description (If travel outside of Texas, complete Schedule T) Constant C
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
05/04/13	Payganame Dirmda Matirez
Amount (\$)	Payee address; Oity: State; Zip Code 3308 Huran Trai
PURPOSE	Category (See categories listed pt the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	contact abor campaign work
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
05/04/13	Sale Espino, J.
Amount (\$)	1410 Circle York Blod. Ff. Worth, TX 76167
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contact Labor Conpaign Work
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

(512) 463-5800

(000	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F:	2 FILER NAME Jador "Sal"E	3 ACCOUNT # (Ethics Commission Filers)
05/06/13	5 Payername Kaymond Medra	4 NO
\$ 150,00	7 Payee address. City. State: Zip Code 1412 Circle Perf Fd. Worth 777	B12.
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a) the top of this schedule)	(b) Description (II travel outside of Texas, complete Schedule T) Compaign Work
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name.	Office sought Office held
05/07/13	Piney Bowes	
Amount (\$)	Payee address; City: State: Zip Code P1. Wo-th, 7X	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Cycese	Pescription (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
05/07/B	Payer Pama ticul Advisor	13, LLC
Amount (\$) \$5,339,6)	Payee address; A City: State; Zip Code 815- A B C4 205 S A US IN. TX 78	1. #30
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
05/08/13	Samuel Mavar	*0
\$54,00	2700 Mckinly	76106
PURPOSE OF EXPENDITURE	Contact Labor	Compaign War
Complete <u>QNLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related 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 FIJER NAME der 'Sal' Espino 3 ACCOUNT # (Ethics Commission Filers)
05/09/13	Political Advisors, UC
6 Amount (\$)	815-A Bruzos St., # 30
\$8,044.08	Austin, TX 78701
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Consulting Expense Campaign Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate 7 Office hold Office sought Office held OH
05/09/13	Payername Political Advisors, LLC
Amount (\$)	Payee address; City; State; Zig Code 2
\$8,543,03	815-A Brazos St, #307 Auglin, TV 78701
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Consyllin Excese Campuign Services
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held OH
Date	Payee name
05/10/13	tlizabeth tspiNU
Amount (\$)	Payee address; City, State; Zip Code Tol
\$77.92	Ft. Wo. Dr. TV 76131
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Exense Labels-Mailing
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
05/10/13	Payee name
Amount (\$)	Payee address; City, State, Zip Code
Alloon (4)	3308 Huran Tr1
\$153,00	FJ. Was to 7x 76/35
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contratlabor campaignusik
Complete QNLY if direct expenditure to benefit C/	Candidate / Office holder name Office sought Office held

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P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense	
1 Total pages Schedule F:	2 FLER NAME 2 "Sal" Espino 3 ACCOUNT # (Ethics Commission Filers)	
05/11 13	5 Payername Alejentro Conzalez	
\$ 117.00	7 Payee address. City; State; Zip Code 1741 Lauther Ding Oaks TX 76114	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	-
OF EXPENDITURE	Contract labor Campaign work	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held	
Date July 3	Payeaname	
05 11117	Diego Oce 19	
Amount (\$)	Payee address; City; State; Zip Code	
\$117.00	FJ. War F. TV 76114	
PURPOSE	Category (See categories listed of the lon of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	contract labor compaignuet	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held	
Date , I	Payee name	
05/11/13	Frencisco Diaz	
Amount (\$)	Payee address; City; State, Zip Code	Ī
\$ 117.00	Ft. 410- tr. 77 76164	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract labor Campaign work	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held	
Date .	Payername	=
05/11/13	Somuel Mavarro	
Amount (\$)	Payee address; City, State; Zip Code	
\$63,00	2700 Mckinley Are. EL 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	contract labor campaign work	
Complete ONLY if direct	Candidate / Office holder name Office sought Office held	Ī

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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

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 Printing Expense Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Total pages Schedule F DINO 4 Date 5 Payee name 05 6 Amount (\$) City: State: 63,00 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE On 9 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH State; Zip Code Amount (\$) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Amount (\$) 50,00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

Date

Paysaname UUUrro

OF EXPENDITURE Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, nomplete Schedule T)

Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

Office sought Office held

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16164

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District Office Overhead/Rental Ex

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

(512) 463-5800

7 003	The Instruction Guide explains how to		TIEN (enter a category not listed above)
1 Total pages Schedule F	Salvadu 'Sal' Esp	inc	3 ACCOUNT # (Ethics Commission Filers)
05/11/13	5 Payee name	avant	
6 Amount (\$)	7 Payee address; City, State; Zip Code	2. 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
05/11/13	Raymond Med	19NO	
\$ 200,00	Payee address: City; State: Zip Code	B1~2	
PURPOSE OF EXPENDITURE	Calegory (See categories tisted at the top of this schedule)	1 - 1	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
05/11/13	Payee name Scotos		
418,00	Payee address: 2525 Nw 30 12 Ft. Work TV 7	SA.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	_	ravel outside of Taxas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 25 24 13	Corporate Corriers	s	
\$91.86	Payee address: City; State. Zip Code St.	6/02	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (III)	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing 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)

	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F	Salvador 'Sal' Espi	3 ACCOUNT # (Ethics Commission Filers)
06 3 13	le becca Hemme 2	
\$ 189.00	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b)	Description (If travel outside of Texas, complete Schedule T) Voter education
 Complete <u>ONLY</u> if direct expenditure to benefit C/C 	Candidate / Officeholder name OH	Office sought Office held
Ob 3 13	Paymond Medran	VO
Amount (\$)	Payee address: City: State: Zin Code lad	
\$320.00	Pt. Wat, TX 76164	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (Il travel outside of Texas, complete Schedule T)
EXPENDITURE	Contact abor	ober outreach education
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name วห	Office sought Office held
06 3 13	Johnny Velez	
\$ 189.00	2619 McFinler Are	164
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contact labor	loter outreach leducation
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
06/3/13	Diego Garcia	
4270.00	Payee address: Kity: State Zip Code FL. Wast, TX 7611	4
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Il travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
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P.O. Box 12070

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/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District 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 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name ()6 6 Amount (\$) 7 Payee address; City; 00 (b) Description (II travel outside of Texas, complete Schedule T) PURPOSE (a) Category (See categories listed at the top of this schedule) OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name City; State: Payee address; Zip Code Category (See categories Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Volero Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address 81.00 Calegory (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Gode Amount (\$) PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE

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Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing 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)

	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	Salvador 'Sal'Es	ipinu 3	ACCOUNT # (Ethics Commission Filers)
06 08 3	Fort Worth Class	ic Car Clu.	6
\$ 250,00	Pl. Woods, TX		
8 PURPOSE OF EXPENDITURE	Donation le lief - Victoria	10	le Contibution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
06 11 13	Stuart Clogg		
Amount (\$)	Payee address: City: State; Zip Code 3201 Odessa Ar F1. Worth, TX 76	e. 109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedula)	escription (If travel of	utside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
613113	L. G. Saenz		
Amount (\$)	Payee address: City, State: Zip Code 12 04 60012 Are Ft. Wort. 77	16164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Il travel of	utsida of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
6/13/13	Payee name Alfredo Delga	do	
Amount (\$)	Payee address; City, State: Zip Code		
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this schedule)	Description (if travel of	ulside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sought	Office held
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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees

Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense Printing 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)

	The Instruction Guide explains how	to complete this form	T _o
1 Total pages Schedule F	2 FILER NAME SALV 'Sal "ESA	e, No	3 ACCOUNT # (Ethics Commission Filers)
06/17/13	Flagendru Conz	ulez	
38),00	7 Payee address; City, State; Zip Code 1741 Lunter Liver Oaks, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories fisted at the top of this schedule). Con Fuct Jubor	(b) Description (I	reach leduction
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
06/17/13	Payermame Diego Garcia		
Amount (\$)	Payee address; City: State: Zip Code 1716 Montose F1. Word, TX	76114	
PURPOSE OF EXPENDITURE	Can fuct ubor	Description (H	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
06 17 13	Johnny Vele-	2	
Amount (\$)	Payee address: City; State, Zip Code 2619 Makinley FJ, Wan, TX	the. 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	voles ou	(travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
06117 13	Payeenege Francisco Digz		
4 174.00	Payee address; City; State; Zin Code 2201 NW 24 £ FJ. Wo-A, TX 7	54 6164	
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this schedule) Contact labor		travel outside of Texas, complete Schedule T) Treach Inducation
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
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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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILED WAM 4 Date 5 Paye name 7 Payee address; State; 6 Amount (\$) City: Zip Code (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH 06 Amount (\$) Payee address 40.00 PURPOSE Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 06 Payee address 08,00 Description (if travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 051 Amount (\$) PURPOSE Category (See categories lister Description (If travel outside of Taxas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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