CANDIDATE / OFFICEHOLDER



(TDD 1-800-735-2989)

FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

CAMPAIGN FINANCE REPORT ACCOUNT # Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** - 1 2015 MAILING Date Hand-delivered or Postmarked **ADDRESS** CITY OF FORT WORTH change of address CITY SECAMOUNT AREA CODE 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** (817) PHONE CAMPAIGN MS/MRS/MR Date Imaged **TREASURER** NAME SUFFIX 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 1205 N. Mainst **ADDRESS** (residence or business) F1. Wo-to, TX 76164 AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** 624-3352 (817) PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) limit 10 PERIOD COVERED THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Special 13 OFFICE SOUGHT (if known) 12 OFFICE **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	or "591	Espino	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN SHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,150,00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$68,427,56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3.7,		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 5,000 - 00
18 AFFIDAVIT			
		is true and correct and includes al	f perjury, that the accompanying report information required to be reported by
	SANDY OLIV Notary Public State of Texas	\times	Carrier
l Corp. C	omm. Expires 09/1		didate or Officeholder
AFFIX NOTARY STAMP		ne, by the said Salvador E	SOINO, this the
Sworn to and subse	\sim	3 /	
day	of I have	SILINI	ny hand and seal of office.
Signature of officer admin	stering oath	Printed name of officer administering oath	Title of officer administering oath
)		į.

SCHEDULE A

				_,,
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sc	iredule A:
2 FILER NAME	\cdot	VU	3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ 6 Contributor address; City; State; Zip Code H + 108 M + 2 Come		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4102/15	HYUS My Le Lane F. Warm, TV 76	211/2	\$100.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Bell lel copley Text Contributor address; City; State; Zip Code	rontAc	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/02/15	P. O. Box 482 F1. Wo-m, TX 761	ol	\$300,00	
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#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/02/15	Contributor address; City; State; Zin Code 2805 A Lan Rd		\$500,00	
	Ft. Wo-h, TX7611) 9	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contribute ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (If applicable)
04/02/15	2325 Mistletoe D	110	\$1,000.0	
Principal occup	ration / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	i, L.P.	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/15	2650 Meachan Blud Ft. Worth, TX 7613		(If travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

lexas Ethics Cor	mmission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	CAL CONTRIBUTION R THAN PLEDGES OF			SCHEDULE A
The	e Instruction Guide explains how to c	omplete this form.	1 Total pages Sch	nedule A:
2 FILED NAME	luado "Sal" Espi	NO	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of	-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0410118	6 Contributor address; City, State		\$250,00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 04/07/15	Full name of contributor out-of-	state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	pation / Job title (See Instructions)	7X 76102 Employer (See	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/15	Contributor address; City, State; 4608 Winds Truing TX	_	\$250,60	,
Principal occup	pation / Job title (See Instructions)	Employer (See	L	f Texas, complete Schedule T)
Date		State PAC (ID#:) O C C G S	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/09/15	1301 Throck M Ft. Wartn, T	6-100, # 2105 (76102	\$350.00	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		TOXAG, GOMPIGIO COMBANO 1)
Date	Contributor address; City; State;	tate PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
24/13/15	6217 Genoa Ft. Wo-m, T	76116	\$1,000; QC	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		Todas, complete Scridule 1)
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Cor	mmission	P.O. Box 12070	Austin, 7	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
1		ONTRIBUTI PLEDGES		NS		SCHEDULE A
The	Instruction	Guide explains how	to complete t	his form.	1 Total pages Sch	(X '
2 FILER NAME	lua do.	"Sal" E	>Q`\NO		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full nan	ne of contributor 🔻 🔲	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/15	6 Contribu	one le later address; sity; le la	State; Zip Coo	de J.	\$250.00	ン
	P	. Worth, T	7 761	79	(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job ti	tle (See Instructions)		10 Employer (See	Instructions)	
Date	L.	Allen H	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/15		tor address; City;			\$250.00	
Principal occur	pation / Job til	le (See Instructions)	7X 7611	Employer (See		Texas, complete Schedule T)
,opa. 0000,						
Date	W	' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	out-of-state PAC (ID#	äh	Amount of contribution (\$)	In-kind contribution description (if applicable)
othalis	2	2002 Hunt	er Place	006	\$ 500. bc	Texas, complete Schedule T)
Principal occup		e (See Instructions)		Employer (See	· · · · · · · · · · · · · · · · · · ·	,
Date	E	rrest Roo		Redriquez	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/15	ϑ		tar A	ve	\$ 500,00	Texas, complete Schedule T)
Principal occup	ation / Job titl	e (See Instructions)		Employer (See		rexas, complete deficulte 17
Date	Contribute	laid Kr	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	F	H. Worth		6102	1	Texas, complete Schedule T)
Principal occupa	ation / Job title	(See Instructions)		Employer (See I		
, If co	ontributor is			OF THIS SCHEDULE		auirements.

SCHEDULE A

	·			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	oE8
2 FILER NAME	vade "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/15	301 Connecte Sty, State; Zip Code Pt. Worth, TV 7610	£ 3200	\$1,000-0	ł
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor Understate PAC(ID#_ WILLIAM Understate PAC(ID#_ Contributor address; City, State; Zip Code	Fred Deve	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/15	201 Mainst, Ste ? Ft. Wo-to, TV76	3100	\$250,00	>
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#_	er	Amount of contribution (\$)	In-kind contribution description (if applicable)
OHISIS	Contributor address: City; State; Zip Code P. O., BOX 121969 Pt. Work, TX 761	21	\$100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/15	Contributor address; City; State; Zip Code 1229 Shorty Daks L	n	\$ 300.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	ociation	Amount of contribution (\$)	In-kind contribution description (if applicable)
04116115	Contributor address: City; State; Zip Code 2650 Parkview Or. Fl. Wo-ty, TY 7610		\$1,000,00	Toyon complete Schodule Ti
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	<u> </u>		······································	

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SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages So	chedule A
2 FILER NAME	rador "Sal" Espino		3 ACCOUNT#	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/15	6 Contributor address; City; State; Zip Code P. O. Box 4705 Pt. Words, TX7616		\$300.0	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	- I	
Date	Full name of contributor out-of-state PAC (ID#; Constributor out-of-state PAC (ID#; Contributor out-of-state PAC (ID#;	a by officers As	Amount of contribution (\$)	In-kind contribution description (if applicable)
0411615	GOY Coller St Ft. Work, TV 7	6102	\$5,000.	OO of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#_ Teresa Afula)	Amount of contribution (\$)	In-kind contribution description (if applicable)
OH ladis	Contributor address; City; State; Zip code 1613 NE 37 5 Ft. Work, TX		\$100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code	Zussell.	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/2015	Pl. Warn, Ty	16140	\$50,00	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/15	901 Washington	Terrace	\$ 1,000. (If travel outside o	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		The second secon
	ATTACH ADDITIONAL CODIES O	E TUIC COUEDUS	ACMEEPE	

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A:
2 FILER NAME	icdo "Sal" Exp. No		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	eal Estale	7 Amount of 8 In-kind contribution (s) Aescription (if applicable)
04/21/18	6 Contributor address; City; State; Zip Code 301 Connecce St., S Ft. Wa-L, TX 7610		\$ 500, OC
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date	Full name of contributor out-of-state PAC (ID#)		Amount of In-kind contribution contribution (\$) description (if applicable)
4/2/15	Contributor address; City; State; Zip Code P. O. Box 961039		\$ 1.000.00
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Campua	Amount of In-kind contribution contribution (\$) description (if applicable)
04/23/15	Contributor address: City; State; Zip Gode 421 Conner Ave Ft. Wo.th. TX	6105	\$2,500,00
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of In-kind contribution contribution (\$) description (if applicable)
04/23/15	3505 Tutle Cree Pallus, TX 78521	$\dot{\mathcal{L}}$	\$10,000 \$ OD
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code	Iwalsh H	Amount of In-kind contribution contribution (\$) description (if applicable)
04/27/15	Soo W. 7557,5 Ft. Wash, TV 761		\$5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	4S NEEDED

P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 7 Amount of In-kind contribution description (if applicable) contribution (\$) 6 Contributor address; (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: In-kind contribution Amount of contribution (\$) description (if applicable) 950.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description (if applicable) 04/27/15 \$50.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) Contributor address; City; State; Zip Code \$1,500,00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date 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

		······································		
1	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
	e Instruction Guide explains how to complete ti	his form.	1 Total pages So	of A:8
2 FILER NAME	ridor Sall Espino		3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04)28/15	000,00	11.11s Pr	\$ 200.	 60
9 Principal occu	pation / Job title (See Instructions)	16132 10 Employer (See		of Texas, complete Schedule T)
		10 Employer (See	mstractions)	
Date	Full name of contributor Out-of-state PAC (ID#	e	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/15	Contributor address; City; State; Zip Code SUD Tunbark P	7	\$5,000	p. 00
Principal occur	Pallas, 7 x 757 pation / Job title (See Instructions)	Employer (See	(If travel outside	of Texas, complete Schedule T)
	salari y deb ilite (deb ilistractions)	Employer (See	instructions)	
0413d15	Full name of contributor out-of-state PAC (ID#: Apt Association of Contributor address; City; State; Zip Code 6350 Bakes Blud Lichland Hills, TX	Turrat Ce	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
413015	Contributor address; Sty; State; Zp Gde	NB1419 NS 8 200	da 500	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See in		Texas, complete Schedule T)
Date .	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ntion / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
If co	· ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instru			equirements.

LOANS			SCHEDULE E
Th	e Instruction Guide explains how to com	plete this form.	Total pages Schedule E:
2 FILER NAME	radar 18al 11 Esp	3 51WD	3 ACCOUNT # (Ethics Commission Filers)
	AL OF UNITEMIZED LOANS:	+ +	\$\$5,000.00
5 Date of loan 4\23\13	7 Name of lender Richard Abra	out-of-state PAC (ID#:	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code e_Wood	10 Interest rate (6 0) U
YN	Ft. Worth,	TX 76133	11 Maturity date 07 3 1) 5
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds were de	eposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; z	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were dep	osited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; Si	ate; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIES er is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEEDED ction guide for additional reporting	

P.O. Box 12070

SCHEDULE ${f F}$

	EXPENDITURE	CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Cor Solicitation/Fundrals Travel In District Travel Out Of Distri	ntract Labor sing Expense	Contributions/Donation	ment & Related Expense
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guide	explains how to c	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME Salvacor So	J" Esp	·NO	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 04/01/15	5 Payee name Telano Gol	d Radi	0		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code /			
\$450.00	Weller, T	1762	47		
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	Advertising	trease	Check if Au	Vret Kustin, TX, officeholder liv	ndlo ing expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name	, <i>)</i>	Λ .	1	
04/02/15	Murphy No	151C9 4	17550ci	ales	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	Je 304		
* 17,382.01	Austin, T	V 7816	-		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Consulting / Price	rting		estin, TX, officeholder liv	4 lenials ing expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	J	Office sought		Office held
Date	Payee meme .	1.			
04/02/15	Famona 1	itarris	•		
Amount (\$)	Payee address; Gity; Star	te; Zip Code			
29.19	Azle TV	76020			
PURPOSE OF	Category (See categories listed at the top	of this schedule)		f travel outside of Texas, of the fres	
EXPENDITURE	tood Beverge Le	imbrero	Check if Au	stin, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
OHloalis	Payer name	7			
Amount (\$)		te; Zip Code	tre		
\$ 128,44	CI Work	1×7611			
PURPOSE	Category (See categories listed at the top			If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Office For once		CheckifAu	Stin TX, office fiolder livi	ng expense
Complete ONLY if direct	· Candidate / Officeholder name	,	Office sought	•	Office held
expenditure to benefit C/O	PH				
	ATTACH ADDITIONAL CO	PIES OF THIS SC	CHEDULE AS N	EEDED	

SCHEDULE \mathbf{F}

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont	tract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Travel In District	ng Expense		ment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Distric	pt .	Contributions/Donation Candidate/Officeh	older/Political Committee
Fees	Printing Expense	Office Overhead/Ren	ntal Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guide	explains how to co	mplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME SGIVAZOVIS	11 1 Csp.	NU	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 04 06 15	5 Payee name Myoh Na	sica d As	ssocia	Ls	
6 Amount (\$)	7 Payee address; City St	ate; Zip Code	1-2-	1	
40 200 01	812-H DV	1205 5%	se 30	f	
48,305.76	Austin, T	<u> 78701</u>			
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (I	b) Description (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	D , V		Luma	ains !	laterials
	Trinting		Check if At	ıstin, TX, difficeholder liv	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeh e lder name DH		Office sought		Office held
Date	Payee name	1:00			
04/06/15	Matthew &	stiffle			
Amount (\$)	Payee address; City; St	ate; Zip Code	<u> </u>	()	
<i>λ</i> • •	8000 Emen	ald Crest 1	OC H 1,	7 7	
4 200.00	Claret.	TX 76108			
PURPOSE	Category (See categories listed at the top			If travel outside of Texas, o	omplete Schedule T)
OF			Lampa	ian Wo	~K
EXPENDITURE	Contact Labor	>/	Check if Au	stin, X, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date .	Payee name				
4/06/15	Som Medi	<u>~</u> a .			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
	2912 Frs.	ration H	<i>(</i> ·		
\$200.00	Weste for	1 TX 71	0087		
000,00	Category (See categories listed at the top	•		f travel outside of Texas, c	omplete Schedule T)
PURPOSE OF	A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1	۱ ا
EXPENDITURE	Contact Lab	01	Check if Au	pa.j w Wc stin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н				
Date	Payer name				
Uhelia	5/0-10060	146 0 1			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
Amount (4)		esa #100	2		
\$180.00	Houston T	× 77004			
	Category (See categories listed at the top		Description (f travel outside of Texas, c	omplete Schedule T)
PURPOSE OF	\sim \sim \sim \sim \sim \sim		Cum	oaisa) W	all 1
EXPENDITURE	Londact Lab	0/	Check if Au	tin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name		Office sought	•	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCI	HEDULE AS N	EEDED	

Texas Ethics Commission

SCHEDULE F

TOLITIOAL	EXI ENDITORES	001112022
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/it The Instruction Guide explains how to	Contract Labor taising Expense Strict Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions Contributions Made By Candidate Committee Contributions Contribution Strict Contributio
1 Total pages Schedule F:	2 FILEBNAME Jada 1891 Es	3 ACCOUNT # (Ethics Commission Filers)
04/06/15	7 Pavee address: _City: State: Zip Code.	*
6 Amount (\$) \$160,00	7 Payee address; City; State; Zip Code CITYO Gottenson Dr Le Le TY 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contact Labor	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX ifficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held
OH 06 15	L. G. Saenz	
Amount (\$) \$ 550.00	Payee address: City; State; Zip Code 1204 Could Ave. Ft. Warm, TX 761	<i>></i> →
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Even+Eyesse	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date 04 06 15	Payee name Stuct Clegg	
Amount (\$)	Payee address; City; State; Ep Code 330 Odessa Ave.	og
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 4 1 1 0 1 5	Payee name Q Designs Creat	ive
Amount (\$)	Payen 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) Grand GW
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought · Office held

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SCHEDULE \mathbf{F}

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra Printing Expense Of	ATEGORIES FOR BOX 8(a laries/Wages/Contract Labor licitation/Fundraising Expense avel In District avel Out Of District fice Overhead/Rental Expense plains how to complete this fo	Loan Repayment/Reimb Transportation Equipme Contributions/Donations Candidate/Officehold OTHER (enter a categor	nt & Related Expense Made By ler/Political Committee
1 Total pages Schedule F:	2 FILES NAME SAL	" Espino	3 ACCOUNT # (E	thics Commission Filers)
4 Date 4 10/15	5 Payeoname	sebull		
6 Amount (\$) \$ 500.00	7 Payee address; dity; State;	Ziploode TX 76179	1	
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule) (b) Description	(If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Contibution	Check if	Ong Haw Austin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt	Office held
Date 4/10/15	Payer name Hhew S	tiffle		
Amount (\$)	Payee address; City; State;	Crest Or. #1	43	
\$220.00	Fl. Wash, 7	V16108		
PURPOSE	Category (See categories listed at the top of the	s schedule) Description	(If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Contact Labor		Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt	Office held
04110115	Say Medin	9		
Amount (\$)	Payee address; City; State;	Lion Dy		
\$220.00	Westerford, 7	X76087		
PURPOSE	Category (See categories listed at the top of thi	()	(If travel outside of Texas, comp	
OF EXPENDITURE	Canhad Labor	Checkif	Pain W Wood	, YC expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt	Office held
Date	Payeename			
04/10/15	Jordan Gan	ger		
Amount (\$)	Payee address; City; State;	Zip Code		
\$180.00	Houston, TY	77004		
PURPOSE	Category (See categories listed at the top of thi		(If travel outside of Texas, com	olete Schedule T)
OF EXPENDITURE	Contact Labor		a Igw Wolf L Austin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name	. Office sough	it ·	Office held
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	/Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee d/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	Salvadar 15911 5	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 1015	5 Payee name Diabl	
6 Amount (\$)	7 Payee address! City: State: 2p Code	
\$ 160.00	Keller, TX 76244	
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	Contract Labor	Check if Austin, TX, difficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	_ Case.
911611S Amount (\$)	Payee address; City; State; Zip Code	27
\$140.00	4221 Hardyst.	سا
	Category (See categories listed at the top of this schedule)	Desemption (If travel outside of Texas, complete Schedule T)
PURPOSE OF	O \ \ \ \ \	Campuign Work
EXPENDITURE	Contect Labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date 4/10/15	Payae name	
Amount (\$)	Payee address; City, State; Zip Code	2,
4112.66	Pt. Wo-to, TX 761	ĺ
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Affice Exerse	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name C C N	1 1
4/10/15	tred's lexus Lale 1	ion
Amount (\$)	Payee address; City; State; Zip Code	Blud
\$743.75		131
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Eventlyesse	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name · OH	Office sought · Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fit Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	es/Contract Labor undraising Expense trict f District ead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	Squadar Sql Es	PIND	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4110) 15	5 Payee Pame of Fart Wa	the	
6 Amount (\$)	7 Payee address! City; State; Zip Code 1000 Threatments Ft Wash TX	6102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	Aftravel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	Austin, TX, officeholder living expense Office held
Date 415 15	Payee name Payee address; City: State; Zip Gode	Harrat	
\$ 236.04	Pt. Work TX	76167	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Lino	(If traveloulside of Texas, complete Schedule T) Land Company Staff ustin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
Date 4/15/15	Payeename Ling Loved	lo.	
Amount (\$)	Payee address; City, State; Zlo Code 530 Throckm	or for 17610	7
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	1 1 1	(If traveloutside of Texas, complete Schedule T) A to/ (ampure W S to for sustin, TX, officeholder living expense)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	
Date 4) 5 5 "	Payee name Esp	1,00	
Amount (\$)	Payee address; City; State, Zip Code	34. 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Supp	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name · ·	Office sough	t · Office held
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P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solici Food/Beverage Expense Trave Polling Expense Office Office	itation/Fundraising Expense 7 el In District (el Out Of District	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	"Eso, wa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 411115	5 Payee name	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Z	Cid Code #102	
9189.00	Alington,	7 76015	(
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	Camp	At travel outside of Texas, complete Schedule T) A S V
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office folder name OH	Office sought	Office held
04/17/15	Payee name Murphy Mass	ica & Associ	ales
Amount (\$) 447, 82	Payee address; bity State; 2 \$15-A Bra 20	18701 18701	4
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	chedule) Description (If	travel oulside of Texas, complete Schedule T) OCH GWMCHERICA Stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 04/17/15	Payenname Lasa del In	migrante Fo	of Warton
Amount (\$)	Payee address; City; State; Z	ip Code e. (7 (1)	
91350,00	Category (See categories listed at the top of this so	hedule) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contribution	□ Check if Aus	4 TriOV tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4)17 \15	Payee name Saints Co	wholic Sch	co
Amount (\$)	Payee address; City: State; Zity: State; Zity: Ft. How	15-tan St. 15-tan St. 15-16-16-4	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	_ Po	travel outside of Texas, complete Schedule T) CA in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name · · · · · · · · · · · · · · · · · · ·	Office sought	· Office held
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SCHEDULE \mathbf{F}

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contr Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Rent explains how to con	ract Labor Loa ng Expense Tra Con tal Expense OT	an Repayment/Reimbursement unsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
1 Total pages Schedule E:	2 FILER NAME Salvador	3a1" Es	DINO	3 ACCOUNT # (Ethics Commission Filers	.)
4 Date 04)18/15	5 Payee name L. G. Sag	2n2			
6 Amount (\$)	7 Payee address; City; Sta 1204 Could Ft. Warts	ale; Zip Code ZVE. TX7616'	4		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description (If tra	avel oulside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expe	se	Check if Austin	a, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held	
Date 04/26/15	Payee name Muoh Na	sica à l	Associ'	ales	
Amount (\$)	Payee address; Sity; Sta	ate; Zip Code	304		
39,810,44	Austin, Ti	¥ 7870)			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)	
EXPENDITURE	Printing		Check if Austin	, TX_fficeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date 04/20/15	Payea name	lusica &	A 8500 Ste, 30	intes	
Amount (\$)	Payee address; City Star	te; Zip Code	5 de, 30	4	
71,214.27	Austin, T	x 78701			
PURPOSE	Category (See categories listed at the top	of this schedule)		vel outside of Texas complete Schedule T)	
OF EXPENDITURE	Pantin		Check if Austin	,TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date	Payee name	1 CCI			٦
4/20/15	MuHLews)tittle			4
Amount (\$)	Payee address; City; Stat	te: Zip Code Or.	2414		
9240.00	For work, Ty	76108			
PURPOSE	Category (See categories listed at the top	of this schedule)	/)	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contact Lab	00/	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name H		Office sought	· Office held	
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Ct Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	Contract Labor alsing Expense strict Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Sal Yader 1891 Es	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 20115	5 Payee name Song Meding	
6 Amount (\$)	7 Payee address: City: State; Zip Code	0.
3170.00	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel oulside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (see categories listed at the top of this solution)	(b) Description (If travel outside of lexas, complete schedule 1) Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 120 15	Payee name Sordan Gauger	•
Amount (\$)	Payee address; City; State; Zip Code 3629 MacGresser H Houston, TV 770	103
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
Date 4 26 15	Payee name Madyah Diaby	
Amount (\$)	Payee address; City; State; Zip dode Or	
9160.00	Category (See categories listed at the top of this schedule)	Description (If travel oulside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Can ract Labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date 4 20 115	Payee pame Nikgela Gonzal	ez
Amount (\$)	Payee address; City; State; ZipCode	106
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contact Labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name · OH	Office sought · Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contract Labor Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	Salvada Sal! E	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4 126 15	5 Payername Condig		
6 Amount (\$) \$104.98	7 Payee address; City State; Zip Code 2610 Golden rod F1. Wart, TX7611)	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Exerce	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, 1X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date 4 20 5	Payee pame Leticia Sanulez		
Amount (\$)	Payee address; City; State; Zip Code 5938 Wall Ave Halton City, TX	76117	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 4 26 1 5	Payer name Leticia Tepic	hin	
Amount (\$)	Payee address: G3 & WGII Ave	76117	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Can hart Labor	Pescription (If travel outside of Texas, complete Schodule T) On Palan Wor Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held	
Date 4121115	Payee name Alfredo Lane	r0	
Amount (\$)	Payee address; City; State; Zip Code); +c(e)(3)	105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name ·	Office sought · Office held	
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SCHEDULE F

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Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead The Instruction Guide explains how t	6/Rental Expense OTHER (enter a category not listed above) o complete this form.	
1 Total pages Schedule F:	2 FILERNAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04 21 115	5 Payee name)	
6 Amount (\$)	7 Payee address: City State; Zip Code	on St.	
4130.98	Ft. Wort, TX	76114	
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)	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date 4 23 15	Payename Condia		
Amount (\$)	Payee address; City; State; Zip Code	<u></u>	
\$34.48	FL. Worty TX 76	111	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	\ n	
4/23/15	More Than Just I	Jace UJ	
Amount (\$)	Payee address; City State; Zip Code	_	
\$350.00	F1. Words, TY7611	\$	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Candidate / Officeholder name	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Simos note	
Date 4123115	Fred's Texas Cale	North	
Amount (\$)	Payee address: City; State; Zip Code	r Blud.	
\$488,95	Ft. Warth, TX-	76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· Candidate / Officeholder name · OH	Office sought · Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ad/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
1 Total pages Schedula F:	2 FILER NAME Voider 1'Sal " [3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04 124115	5 Payee pame Luy, to's Tex	tican Grill	
6 Amount (\$) \$ 743. 79	7 Payee address; City: State: Zip Code	76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave) outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date 4124115	Payename 6. Sacrz		
42,000.00	Payee address; City; State: Zin Code	2. 16164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 04/27/15	Payee name Leticia Tepia	hin	
\$650.00	Payee address; City; State; Zip Code 5938 Wall Ave 1 talton City; TV	7617	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Pescription (If travel outside of Texas, complete Scriedule T) Grand Gr	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
04127115	Payee name Leticia Sande	7	
Amount (\$) \$ 650.00	Payee address; 938 Wall Are [tal ton Cub. 7	7 76117	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name · · · · · · · · · · · · · · · · · · ·	Office sought · Office held	
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Reses explains how to c	ontract Labor Lo sing Expense Tr. Co rict ental Expense OT	THER (enter a categor	nt & Related Expense Made By ler/Political Committee
1 Total pages Schedule F:	2 FILERNAME DALVALER	18-111C	SPIND	3 ACCOUNT # (Et	thics Commission Filers)
4 Date 4 127 115	5 Payername Grisr	~~~05			
6 Amount (\$) \$120.60	7 Payee address; City: Sta	ate; Zip Code	119		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	Campa	travel outside of Texas, com of gw tin, TX, officeholder living	a/K
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date 27 15	Payername (Trian Lou	ing ton	<u></u>		
Amount (\$)	Payee address; City Sta	ate; Zip Code Onven Y Wald	0. -115:TV	76180	
PURPOSE OF EXPENDITURE		of this schedule)	CheckifAustin	ravel outside of Texas, comp	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sought		Office held
Date 4/27/15	Paype name	ucio			
4180.00	Payee address: State Sta	Gorden	, Rd.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	() _	ravel outside of Texas, comp 4.9 Usin, TX, officeholder living e	1
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 04127115	Payee name R	nos			
Amount (\$) \$160.00	Payee address: 7 City; State F.J. Wurth	te; Zip Code	16164		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Campo	ravel outside of Texas, comp	ark
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name OH	•	Office sought	. (Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SC	HEDULE AS NEF	EDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Func Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	k/Contract Labor draising Expense ct
1 Total pages Schedule F:	2 FILER MAME Lander 1591	3 ACCOUNT # (Ethics Commission Filers)
4 Date OH 27 115	5 Payer name Romos	
6 Amount (\$) \$120.00	7 Payee address; I City; State; Zin Code	16164
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Con had Labor	(b) Description (If travel outside of Texas, complete Schedule T) UAY Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
OH 127/15	Payername Ing Poredes	
Amount (\$)	Payee address; City: State, Zip Code	4
\$ 200,00	FI horty TX 76	.164
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Can have Labor	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date 4127/15	Payee pame Eurice Busti	llus
Amount (\$)	Payee address: Cly: State; Zip Code	4.
\$240.00	Pt. Warty, TX	76640
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date 4127115	Payee name Renny Guzm	(GN
\$ 200.00	Payee address; O'City, State: Zip oode s	st 76106
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contact Labor	Description (If travel outside of Texas, complete Schedule T) UN Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· Candidate / Officeholder name · OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel In Polling Expense Travel O	/Wages/Contract Labor Loan I on/Fundraising Expense Transp n District Contril out Of District Car verhead/Rental Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense butions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Sa Vacor Sgl	Espino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04 27 15	5 Payee name Hear Sti	Ffle	
6 Amount (\$) \$ 250,00		Code D. # 142	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	dule) (b) Description (If travel	outside of Texas, complete Schedule T) (, onliceholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
04/27/15	Payername Surg MeZine		
Amount (\$)	Payee address; City: State; Zinc 2912 Trapical Weater for 2, 7	7000 Or.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Campaig	oulside of Texas, complete Schedule T) WOVE , officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 04/27/15	Payedname Jan Gayse		
Amount (\$)	Payee address; City; State; Zip C	regar #102	
7180.00	Category (See categories listed at the top of this schedu	X I DO	outside of Texas, complete Sanedule T)
PURPOSE OF EXPENDITURE	Carbart Labor		officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date OH 127/15	Payee name	1	
Amount (\$) \$ 210.00	Payee address; Gity; State; Zip C 9+10 Cowle no Keller, Ty	W \	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule of the schedule of	Campai	utside of Texas, complete Schedule T) Officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	· Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	D

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expen- Legal Services Food/Beverage Expense Polling Expense Printing Expense	se Salaries/Wag Solicitation/Fo Travel In Dis Travel Out O Office Overhe	f District ead/Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic OTHER (enter a c	uipment & Related Expense			
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F:	2 FILER NAME Da Vale	"Sal"	Espino	3 ACCOUNT	T # (Ethics Commission Filers)			
4 Date O+127115	5 Payee name Nikaela	a Gonz	alez					
6 Amount (\$)	7 Payee address; City	; State; Zip Gode		***************************************				
\$160.00	Pt. Ve	元, 元	76106					
8 PURPOSE	(a) Category (See categories listed a	the top of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)			
OF EXPENDITURE	Contract L	abor	Check if A	Austin, TX, officeholder	Wark r living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder i	name	Office sough	nt	Office held			
O+ 28 5	Payename	Nasic	a & Ass	oci ales	-			
Amount (\$)	Payee address; C	State; Zip Code	1. 5k. 30					
\$5017.48	Austin	1202	701					
PURPOSE	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)			
OF EXPENDITURE	Printing		Check if A	NOCI' TV Justin, TX, officeholder	VIII a Heria L			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder r H	ame	Office sough	t	Office held			
Date 128 15	Payee name	Palu) Venvice					
Amount (\$)	Payee address; City	State; Zip Code	3					
\$210,01	117 S. S	ylumia	Ave.					
	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)			
PURPOSE OF			E	keta:	222			
EXPENDITURE	Eventby	ense		ustin, TX, officeholder				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder ň	ame	Office sough	Į.	Office held			
Date Date	Payee name	lasi de	Associ	cates				
Amount (\$)	Payee address; City;		Associ	0				
\$2,663,24	815-17 F. Austin	, TX	18701					
PURPOSE	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Texa:	s, complete Schedule T)			
OF EXPENDITURE	Fees/Cons	ul teng	Check if Au	المجال المجال المجالة ا	living expense			
Complete ONLY if direct expenditure to benefit C/O	 Candidate / Officeholder na 	ame ·	Office sought		Office held			
	ATTACH ADDITIONA	L COPIES OF TH	IS SCHEDULE AS N	NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILERNAME Salvador Sal	I" Espino	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 4 29/15	5 Payer name					
6 Amount (\$)	7/01/2 (//	e; Zip Code				
1128,99	Pl Work, 7	776111				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	Mag	(If travel oulside of Texas, complete Schedule T) Let S S S Complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nt Office held			
Date 4/29/15	Payee name Elizabeth	Espino				
Amount (\$) 350,00	Payee address; City; State 1265 N. Ma	~ \				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	(10) mby send	If travel outside of Texas, complete Schedule T) UPP QS ustin, TX officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held			
O4 30) 15	Payeename Lighteous		nisties			
Amount (\$)	Payee address; City; State;	ak Blud				
7500.00	Category (See categories listed at the top of t	his schedule) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF EXPENDITURE	Contribution	Pa	nation Justin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
OH 36/15	Payer pame best Pes	ez-Tejano	Taun DJ'S			
Amount (\$) \$ 300.00	Payee address; City; State; Ft. Wo. th., 7					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	[Sole	If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OI	· Candidate / Officeholder name H	Office sought	· Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	E CATEGORIES F Salaries/Wages/Con/ Solicitation/Fundralsi Travel In District Travel Out Of Distric Office Overhead/Rer explains how to co	tract Labor Loz ing Expense Tra Coc ct ntal Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILERNAME VA COV	15a11165	PINO	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 0 4 30 15	5 Payee game	19			
6 Amount (\$) \$500,00	7 Payee address; City; Sta JUD Goldens F4. Worth,	ate; Zip Code rock Hre. TX 7611	1		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (_Gnte	ivel outside of Texas, complete Schedule T) TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
Date 0 1 3015 Amount (\$)	Payee name Payee address; City; Sta	Velasa ate; Zip Code	quez -		
\$320,00	Ft. Wardy,				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	So ten	vel outside of Texas, complete Schedule T) + Cu TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	3350	Office sought	Office held	
04/30/15	Payee name Pilor Condi	<u>'6</u> .			
Amount (\$)	Payee address; City; Stat 2610 Golden V	Rod Phre.	(
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Compa	rel oulside of Texas, complete Schedule T) TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought	Office held	
Date 04/30/15	Payee name	s'g			
Amount (\$) \$ 58.92	Payee address; City: State ALIO GO F1. War	e; Jzip Code Nonvoz TX76	Are.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) CHECK If Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	•	Office sought	· Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	IEDULE AS NEED	DED	