




# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  <div style="font-size: 2em; text-align: center;">29</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      Salvador NICKNAME      LAST      SUFFIX 'Sal'      Espino	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1205 N. Main St. Ft. Worth, TX 76164		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817)      624-3352		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mrs.      Elizabeth      A NICKNAME      LAST      SUFFIX Harris-Espino		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1205 N. Main St. Ft. Worth, TX 76164		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817)      624-3352		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 04 / 01 / 15      THROUGH      04 / 30 / 15		
11 ELECTION	ELECTION DATE Month      Day      Year 05 / 09 / 15	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 2	13 OFFICE SOUGHT (if known) Fort Worth City Council District 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Salvador "Sal" Espino

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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

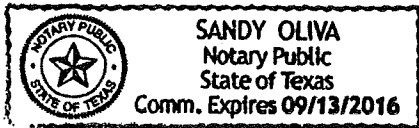
\$ 27,164.71

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Salvador Espino

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Salvador Espino, this the 15<sup>th</sup> day of May, 20 15, to certify which, witness my hand and seal of office.

Sandy Oliva  
Signature of officer administering oath

Sandy Oliva  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 8

2 FILER NAME

Salvador "Sal" Esp. no

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/02/15

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

Margie Salinas

6 Contributor address; City; State; Zip Code

4408 Mike Lane  
Ft. Worth, TX 76116

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/02/15

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

Bell Helicopter Textron PAC

Contributor address; City; State; Zip Code

P.O. Box 482  
Ft. Worth, TX 76101

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/02/15

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

John Rouch

Contributor address; City; State; Zip Code

2805 Altan Rd  
Ft. Worth, TX 76109

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/15

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

Jeff Davis

Contributor address; City; State; Zip Code

2325 Mistletoe Dr.  
Ft. Worth TX 76110

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/15

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

Mercantile Partners, L.P.

Contributor address; City; State; Zip Code

2650 Meacham Blvd.  
Ft. Worth, TX 76137

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
2 of 8

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/07/15

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

Cañas Flores

6 Contributor address; City; State; Zip Code

1441 W. Main St.  
Ft. Worth, TX 76164

7 Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/07/15

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

James D. Finley

Contributor address; City; State; Zip Code

1308 Lake Street  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/15

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

Luis Spinola

Contributor address; City; State; Zip Code

4608 Windsor Ridge Dr.  
Irving, TX 75038

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/15

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

J. Chris Gauras

Contributor address; City; State; Zip Code

1301 Throckmorton, # 2105  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/15

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

Michael K Berry

Contributor address; City; State; Zip Code

6217 Genoa Rd.  
Ft. Worth, TX 76116

Amount of contribution (\$)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 8

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/13/15

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

Ronnie Herrera

6 Contributor address; City; State; Zip Code

8901-107 Randon Rd.  
Ft. Worth, TX 76179

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/13/15

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

L. Allen Hodges

Contributor address; City; State; Zip Code

306 W. 7th St. 701  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/15

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

Michael A. Blubaugh

Contributor address; City; State; Zip Code

2002 Hunter Place Ct  
Arlington, TX 76006

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/15

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

Ernest Rodriguez/Rodriguez Foods

Contributor address; City; State; Zip Code

2901 Decatur Ave  
Ft. Worth, TX 76106

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/15

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

David Kramer

Contributor address; City; State; Zip Code

201 Main St., Ste. 1445  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
4 of 8

2 FILER NAME  
Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04/15/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Q PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
301 Commerce St., Ste 3200  
Ft. Worth, TX 76102

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
04/15/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William U. Boecker  
Fine Line Diversified Development

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
201 Main St, Ste 3100  
Ft. Worth, TX 76102

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/15/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gary W. Havener

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
P.O. Box 121469  
Ft. Worth, TX 76121

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/16/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arnold Gachman

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1229 Shady Oaks Lane  
Ft. Worth, TX 76107

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/16/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Greater Fort Worth Association of Realtors PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2650 Parkview Dr.  
Ft. Worth, TX 76102

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
5 of 8

2 FILER NAME  
Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04/16/15

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

Dr. Alex Guevara  
6 Contributor address; City; State; Zip Code  
P.O. Box 4705  
Ft. Worth, TX 76164

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/16/15

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

Committee for Public Safety  
Fort Worth Police Officers Association  
Contributor address; City; State; Zip Code  
904 Collier St  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/15

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

Teresa Ayala  
Contributor address; City; State; Zip Code  
1613 NE 37th St.  
Ft. Worth, TX 76106

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/15

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

Sandy Martinez Russell  
Contributor address; City; State; Zip Code  
10532 Shadywood Dr.  
Ft. Worth, TX 76140

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/15

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

Jim Schell  
Contributor address; City; State; Zip Code  
901 Washington Terrace  
Ft. Worth, TX 76107

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 8

2 FILER NAME

Salvador "Sal" Esp. NO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/21/15

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

Greater Fort Worth Real Estate Council PAC

6 Contributor address; City; State; Zip Code

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

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/21/15

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

BNSF Rail PAC

Contributor address; City; State; Zip Code

P.O. Box 961039  
Ft. Worth, TX 76161

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/15

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

Ramon Bonero Jr Campaign

Contributor address; City; State; Zip Code

421 Conner Ave.  
Ft. Worth, TX 76105

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/15

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

Jorge L. Baldor

Contributor address; City; State; Zip Code

3505 Turtle Creek Blvd #10A  
Dallas, TX 75219

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/27/15

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

G. Malcom Lander / Walsh Holdings LLC

Contributor address; City; State; Zip Code

500 W. 7th St, Ste. 1007  
Ft. Worth, TX 76102

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
7 of 8

2 FILER NAME  
Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04/27/15

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

Don Hansen

6 Contributor address; City; State; Zip Code

7957 Bal Harbour  
Ft. Worth, TX 76179

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
04/27/15

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

Susana L. Balderrama

Contributor address; City; State; Zip Code

5825 Fursman Ave.  
Ft. Worth, TX 76114

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/27/15

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

Antonio & Marylan Martinez

Contributor address; City; State; Zip Code

4900 Terrace Trail  
Ft. Worth, TX 76114

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/27/15

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

Conservative Voters Forum

Contributor address; City; State; Zip Code

1144 Terrace Trail  
Hurst, TX 76053

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/27/15

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

Leon Reed

Contributor address; City; State; Zip Code

5045 Wilmington Dr.  
Ft. Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
8 of 8

2 FILER NAME  
Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04/28/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wynress Ware

6 Contributor address; City; State; Zip Code  
6332 Warwick Hills Dr.  
Ft. Worth, TX 76132

7 Amount of contribution (\$)  
\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
04/30/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Murtina Alumeel

Contributor address; City; State; Zip Code  
5020 Turbark Rd  
Pallas, TX 75229

Amount of contribution (\$)  
\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/30/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Apt. Association of Tarrant County PAC

Contributor address; City; State; Zip Code  
6350 Baker Blvd.  
Richland Hills, TX 76118

Amount of contribution (\$)  
\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/30/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lineberger Grogan Blair, & Simpson LLP

Contributor address; City; State; Zip Code  
100 Throckmorton St 300  
Ft. Worth, TX 76102

Amount of contribution (\$)  
\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Salvador "Sal" Espino

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 5,000.00

5 Date of loan

4/23/13

7 Name of lender

Richard Abrams

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$5,000.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

6145 Wedgewood  
Pt. Worth, TX 76133

10 Interest rate

6%

11 Maturity date

07/31/15

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/01/15	5 Payee name Tejano Gold Radio
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6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 8712 Arcadia Park Dr. Weller, TX 76244
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Internet Radio <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/15	Payee name Murphy Nascia & Associates
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Amount (\$) \$17,382.01	Payee address; City; State; Zip Code 515-A Brazos St. Ste 304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting/Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/15	Payee name Ramona Harris
------------------	-----------------------------

Amount (\$) 29.19	Payee address; City; State; Zip Code 1521 Oakridge Ct Azle, TX 76020
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Reimbursement	Description (If travel outside of Texas, complete Schedule T) Water/Refreshments <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/02/15	Payee name Pilar Condra
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Amount (\$) \$128.44	Payee address; City; State; Zip Code 2610 Goldenrod Ave Fl. Worth, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 18	2 FILER NAME Salvador "Sal" Espinoza	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/06/15	5 Payee name Murphy Music & Associates
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6 Amount (\$) \$8,305.76	7 Payee address; City; State; Zip Code 815-A Brazos St. Ste 304 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/15	Payee name Matthew Stiffle
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 8000 Emerald Crest Dr #142 Ft. Worth, TX 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/06/15	Payee name Sara Medina
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 2912 Inspiration Dr. Weatherford, TX 76087
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/15	Payee name Jordan Ganger
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Amount (\$) \$180.00	Payee address; City; State; Zip Code 3629 N. Magnolia #102 Houston, TX 77004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 18</b>	2 FILER NAME <b>Salvada "Sal" Espino</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>04/06/15</b>	5 Payee name <b>Nadyah Diaby</b>
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6 Amount (\$) <b>\$160.00</b>	7 Payee address; City; State; Zip Code <b>9440 Gottenview Dr. Keller, TX 76244</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contact Labor</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/06/15</b>	Payee name <b>L. G. Saenz</b>
-------------------------	----------------------------------

Amount (\$) <b>\$550.00</b>	Payee address; City; State; Zip Code <b>1204 Gould Ave. Ft. Worth, TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Music Equipment</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/06/15</b>	Payee name <b>Stuart Clegg</b>
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Amount (\$) <b>\$1,000.00</b>	Payee address; City; State; Zip Code <b>3201 Adessa Ave. Ft. Worth, TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contact Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/1/15</b>	Payee name <b>Q Designs Creative</b>
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Amount (\$) <b>\$365.57</b>	Payee address; City; State; Zip Code <b>P.O. Box 11 Itasca, TX 76052</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Materials</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 18		2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/15		5 Payee name Dynasty Baseball			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 209 E. McElroy Saginaw, TX 76179			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

Date 4/10/15		Payee name Matthew Stiffle			
Amount (\$) \$220.00		Payee address; City; State; Zip Code 8000 Emerald Crest Dr. #142 Fl. Worth, TX 76108			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

Date 04/10/15		Payee name Sara Medina			
Amount (\$) \$220.00		Payee address; City; State; Zip Code 2912 Inspiration Dr. Weatherford, TX 76087			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

Date 04/10/15		Payee name Jordan Gauger			
Amount (\$) \$180.00		Payee address; City; State; Zip Code 3629 Mabrey Dr #102 Houston, TX 77004			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/10/15	5 Payee name Nadyah Dibaj
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6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 9440 Goldenview Dr. Keller, TX 76244
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Mikaela Gonzalez
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Amount (\$) \$140.00	Payee address; City; State; Zip Code 4221 Hardy St. Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Pilar Condit
-----------------	----------------------------

Amount (\$) \$112.66	Payee address; City; State; Zip Code 2610 Goldenrod Ave Ft. Worth, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Fred's Texas Cafe North
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Amount (\$) \$793.75	Payee address; City; State; Zip Code 2730 Western Etr Blvd. Ft. Worth, TX 76131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/10/15	5 Payee name City of Fort Worth
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1000 Throckmorton Ft. Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Park Reservation fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/15	Payee name Nuevo Leon Restaurant
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Amount (\$) \$236.04	Payee address; City; State; Zip Code 1544 Ellis Ave. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Lunch for Campaign staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/15	Payee name Cantina Laredo
-----------------	------------------------------

Amount (\$) \$215.01	Payee address; City; State; Zip Code 530 Throckmorton Ft. Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Dinner for Campaign staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/15	Payee name Elizabeth Espino
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Amount (\$) \$178.23	Payee address; City; State; Zip Code 1205 W. Main St. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office	Description (If travel outside of Texas, complete Schedule T) Supplies - Campaign <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/16/15	5 Payee name Zip Printing
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6 Amount (\$) \$189.00	7 Payee address; City; State; Zip Code 3406 S. Cooper #102 Arlington, TX 76015
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/15	Payee name Murphy Nascica & Associates
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Amount (\$) \$447.82	Payee address; City; State; Zip Code 815-A Brazos St Ste. 304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/15	Payee name Casa del Inmigrante Fort Worth
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 421 Ellis Ave. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/15	Payee name All Saints Catholic School
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2006 N. Houston St. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 18	2 FILER NAME Salvador "Sal" Espinoza	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/18/15	5 Payee name L. G. Saenz
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1204 Gould Ave. Pt. Worth, TX 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/20/15	Payee name Murphy Nascia & Associates
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Amount (\$) \$9,810.44	Payee address; City; State; Zip Code 815-A Brazos St. Ste. 304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/20/15	Payee name Murphy Nascia & Associates
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Amount (\$) \$1,219.27	Payee address; City; State; Zip Code 815-A Brazos St. Ste. 304 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/15	Payee name Matthew Stiffle
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 8000 Emerald Crest Dr. #142 Pt. Worth, TX 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/20/15	5 Payee name Sara Medina
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6 Amount (\$) \$170.00	7 Payee address; City; State; Zip Code 2912 Inspiration Dr. Wentzford, TX 76687
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/15	Payee name Jordan Gauger
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Amount (\$) \$180.00	Payee address; City; State; Zip Code 3624 MacGregor #102 Houston, TX 77004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/15	Payee name Nadyah Diaby
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Amount (\$) \$160.00	Payee address; City; State; Zip Code 9440 Goldenview Dr. Keller, TX 76244
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/15	Payee name Mikaela Gonzalez
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Amount (\$) \$160.00	Payee address; City; State; Zip Code 4221 Hgdy St. Pt. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>10 of 18</b>	2 FILER NAME <b>Salvador "Sal" Espino</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/20/15</b>	5 Payee name <b>Pilar Cordig</b>
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6 Amount (\$) <b>\$104.98</b>	7 Payee address; City; State; Zip Code <b>2610 Goldenrod Ft. Worth, TX 76111</b>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Supplies</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/20/15</b>	Payee name <b>Leticia Sanchez</b>
------------------------	--------------------------------------

Amount (\$) <b>\$650.00</b>	Payee address; City; State; Zip Code <b>5938 Wall Ave Haltom City, TX 76117</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/20/15</b>	Payee name <b>Leticia Tepichin</b>
------------------------	---------------------------------------

Amount (\$) <b>\$650.00</b>	Payee address; City; State; Zip Code <b>5938 Wall Ave Haltom City, TX 76117</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/21/15</b>	Payee name <b>Alfredo Romero</b>
------------------------	-------------------------------------

Amount (\$) <b>\$82.50</b>	Payee address; City; State; Zip Code <b>2501 M. Tebell Blvd Ft. Worth, TX 76105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel</b>	Description (If travel outside of Texas, complete Schedule T) <b>Miscellaneous Gas</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	--

4 Date 04/21/15	5 Payee name Kathy Espino
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6 Amount (\$) \$130.98	7 Payee address; City; State; Zip Code 4420 Robinson St. Ft. Worth, TX 76114
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/15	Payee name Pilar Condia
-----------------	----------------------------

Amount (\$) \$34.48	Payee address; City; State; Zip Code 2610 Goldenrod Ave. Ft. Worth, TX 76111
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/15	Payee name More Than Just Dance DJ
-----------------	---------------------------------------

Amount (\$) \$350.00	Payee address; City; State; Zip Code 1201 W. Broadus St. Ft. Worth, TX 76115
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/15	Payee name Fred's Texas Cafe North
-----------------	---------------------------------------

Amount (\$) \$488.95	Payee address; City; State; Zip Code 2730 Western Ctr Blvd. Ft. Worth, TX 76131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/24/15	5 Payee name Chuyito's Texican Grill
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6 Amount (\$) \$ 743.79	7 Payee address; City; State; Zip Code 1521 W. Main St. Ft. Worth, TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food / Beverage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/15	Payee name L. G. Saenz
-----------------	---------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1204 Gault Ave. Ft. Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/27/15	Payee name Leticia Tepichin
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 5938 Wall Ave Halton City, TX 76117
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/27/15	Payee name Leticia Sander
------------------	------------------------------

Amount (\$) \$650.00	Payee address; City; State; Zip Code 5938 Wall Ave Halton City, TX 76117
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/27/15	5 Payee name Carla Cisneros
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6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 2370 Linda Lane Ft. Worth, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/15	Payee name Arian Lovington
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Amount (\$) \$170.00	Payee address; City; State; Zip Code 6248 Glenview Dr. North Richland Hills, TX 76180
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/15	Payee name Dr. Henry Lucio
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Amount (\$) \$180.00	Payee address; City; State; Zip Code 3803 Ohio Garden Rd. Ft. Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/27/15	Payee name Marky Ramos
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Amount (\$) \$160.00	Payee address; City; State; Zip Code 1817 Harrington Ave. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 14 of 18	2 FILER NAME Salvador "Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/27/15	5 Payee name Penny Ramos
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6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 1817 Harrington Ave. Ft. Worth, TX 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/27/15	Payee name Paulina Paredes
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1315 Park St. Ft. Worth, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/15	Payee name Eunice Bustillos
-----------------	--------------------------------

Amount (\$) \$240.00	Payee address; City; State; Zip Code 9000 Beacon Ct. Ft. Worth, TX 76140
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/15	Payee name Remmy Guzman
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 2704 NW 21st Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>15 of 18</b>		2 FILER NAME <b>Salvador "Sal" Espino</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>04/27/15</b>		5 Payee name <b>Matthew Stiffle</b>			
6 Amount (\$) <b>\$ 250.00</b>		7 Payee address; City; State; Zip Code <b>8000 Emerald Crest Dr. # 142 Ft. Worth, TX 76108</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>04/27/15</b>		Payee name <b>Sara Medina</b>			
Amount (\$) <b>\$170.00</b>		Payee address; City; State; Zip Code <b>2912 Inspiration Dr. Weatherford, TX 76087</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>04/27/15</b>		Payee name <b>Jordan Gausser</b>			
Amount (\$) <b>\$180.00</b>		Payee address; City; State; Zip Code <b>3629 N. MacGregor #102 Houston, TX 77004</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>04/27/15</b>		Payee name <b>Nadyah Diaby</b>			
Amount (\$) <b>\$ 210.00</b>		Payee address; City; State; Zip Code <b>9440 Goldenview Dr. Keller, TX 76244</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 16 of 18		<b>2</b> FILER NAME Salvador "Sal" Espino		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 04/27/15		<b>5</b> Payee name Mikaela Gonzalez			
<b>6</b> Amount (\$) \$160.00		<b>7</b> Payee address; City; State; Zip Code 4221 Hardy St. Pt. Neches, TX 76106			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 04/28/15		Payee name Murphy Nascica & Associates			
Amount (\$) \$5017.48		Payee address; City; State; Zip Code 815-A Brazos St. Sk. 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Campaign Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 04/28/15		Payee name All Star Party Service			
Amount (\$) \$210.01		Payee address; City; State; Zip Code 117 S. Sylvania Ave. Pt. Neches, TX 76117			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 04/29/14		Payee name Murphy Nascica & Associates			
Amount (\$) \$2,663.29		Payee address; City; State; Zip Code 815-A Brazos St. Sk. 304 Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees/Consulting		Description (If travel outside of Texas, complete Schedule T) Phone Work <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17 of 18		2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/29/15		5 Payee name Pilar Candia			
6 Amount (\$) \$128.99		7 Payee address; City; State; Zip Code 2610 Goldwood Ave. Ft Worth, TX 76111			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Magnets / Stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought		Office held
Date 4/29/15		Payee name Elizabeth Espino			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 1205 N. Main St. Ft. Worth, TX 76164			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense - Reimbursement		Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 04/30/15		Payee name Righteous Branch Ministries			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1500 Circle Park Blvd Ft. Worth, TX 76164			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 04/30/15		Payee name Gilbert Perez - Tejano Town DJ's			
Amount (\$) \$300.00		Payee address; City; State; Zip Code Ft. Worth, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 18 of 18		2 FILER NAME Salvador "Sal" Espino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/30/15		5 Payee name Pilar Candig			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 2610 Goldenrod Ave. Ft. Worth, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 04/30/15		Payee name Francisco Velasquez -			
Amount (\$) \$320.00		Payee address; City; State; Zip Code Ft. Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Entertainment <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 04/30/15		Payee name Pilar Candig			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 2610 Goldenrod Ave. Ft. Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Campaign work <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 04/30/15		Payee name Pilar Candig			
Amount (\$) \$58.92		Payee address; City; State; Zip Code 2610 Goldenrod Ave. Ft. Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel		Description (If travel outside of Texas, complete Schedule T) Gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED