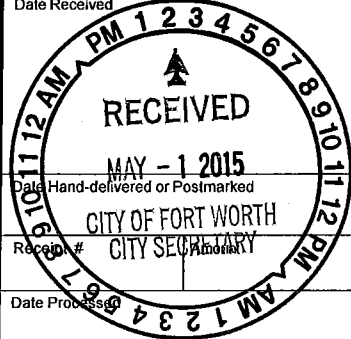


OFFICIAL RECORD**CITY SECRETARY****FT. WORTH, TX****CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

| | | | |
|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 29 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Salvador NICKNAME LAST SUFFIX "Sal" Espino | | OFFICE USE ONLY Date Received  Date Hand-delivered or Postmarked Receipt # 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 04 / 30 / 15 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 09 / 15 | | |
| 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$

44,150.00

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

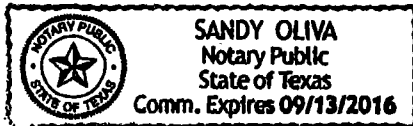
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 12th day of May, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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. nu

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 Alton 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 Mistake 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 Thrackmorton, # 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

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:

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 Ransom 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

04/15/15

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 <input type="checkbox"/> out-of-state PAC (ID#: Q PAC | 7 Amount of contribution (\$) \$1,000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 301 Commerce St., Ste 3200 Ft. Worth, TX 76102 | | (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 <input type="checkbox"/> out-of-state PAC (ID#: William U. Boecker Fire Line Diversified Development | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 201 Main St., Ste 3100 Ft. Worth, TX 76102 | | (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 <input type="checkbox"/> out-of-state PAC (ID#: Gary W. Havener | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 121469 Ft. Worth, TX 76121 | | (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 <input type="checkbox"/> out-of-state PAC (ID#: Arnold Gachman | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Ft. Worth, TX 76107 | | (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 <input type="checkbox"/> out-of-state PAC (ID#: Greater Fort Worth Association of Realtors PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2650 Parkview Dr. Ft. Worth, TX 76102 | | (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 <input type="checkbox"/> 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 (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 04/16/15 | Full name of contributor <input type="checkbox"/> 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 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/16/15 | Full name of contributor <input type="checkbox"/> 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 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/20/15 | Full name of contributor <input type="checkbox"/> 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 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/20/15 | Full name of contributor <input type="checkbox"/> 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 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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" Espinoza

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 Romero, 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
Dallas, TX 75219 #10A

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 Lender / 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. Ballarrama

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 & Marilyn 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#)

Martina Alameel

Contributor address; City; State; Zip Code

5020 Timber Rd
Dallas, 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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 45,000.00

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

614 S 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F: 1 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 04/01/15 | | 5 Payee name Tejano Gold Radio | | | |
| 6 Amount (\$) \$450.00 | | 7 Payee address; City; State; Zip Code 8712 Arcadia Pkwy. Keller, TX 76244 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/02/15 | | Payee name Murphy Nascia & Associates | | | |
| Amount (\$) \$17,382.01 | | Payee address; City; State; Zip Code 815-A Brazos St. Ste 304 Austin, TX 78701 | | | |
| 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 | |
| Date 04/02/15 | | Payee name Ramona Harris | | | |
| Amount (\$) 29.19 | | Payee address; City; State; Zip Code 1521 Oakridge Ct Azle, TX 76020 | | | |
| 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 | |
| Date 04/02/15 | | Payee name Pilar Candia | | | |
| Amount (\$) \$128.44 | | 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) Office Expense | | Description (If travel outside of Texas, complete Schedule T) Supplies <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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F: 2 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 04/06/15 | | 5 Payee name Murphy Music & Associates | | | |
| 6 Amount (\$) \$8,305.76 | | 7 Payee address; City; State; Zip Code 815-A Brazos St. Ste 304 Austin, TX 78701 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/06/15 | | Payee name Matthew Stiffle | | | |
| Amount (\$) \$200.00 | | Payee address; City; State; Zip Code 8000 Emerald Crest Dr #142 Ft. 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 4/06/15 | | Payee name Sara Medina | | | |
| Amount (\$) \$200.00 | | 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 4/6/15 | | Payee name Jordan Ganger | | | |
| Amount (\$) \$180.00 | | Payee address; City; State; Zip Code 3629 N. Magbrega #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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: 3 of 18 | | 2 FILER NAME Salvada "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 04/06/15 | | 5 Payee name Nadyah Diaby | | | |
| 6 Amount (\$) \$160.00 | | 7 Payee address; City; State; Zip Code 9440 Goldenview Dr. Keller, TX 76244 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/06/15 | | Payee name L. G. Saenz | | | |
| Amount (\$) \$550.00 | | Payee address; City; State; Zip Code 1204 Gould Ave. Ft. Worth, TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) Music Equipment <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 04/06/15 | | Payee name Stuart Clegg | | | |
| Amount (\$) \$1,000.00 | | Payee address; City; State; Zip Code 3201 Adessa Ave. Ft. Worth, TX 76109 | | | |
| 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 4/10/15 | | Payee name Q Designs Creative | | | |
| Amount (\$) \$365.57 | | Payee address; City; State; Zip Code P.O. Box 11 Itasca, TX 76052 | | | |
| 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 | |
| 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to 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 Ft. Worth, TX 76108 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Contact 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. Wentworth, TX 76087 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Contact 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 Mabregur #102 Houston, TX 77004 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Contact 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 5 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/10/15 | | 5 Payee name Nadyah Dicky | | | |
| 6 Amount (\$) \$160.00 | | 7 Payee address; City; State; Zip Code 9446 Goldenview Dr. Keller, TX 76244 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/10/15 | | Payee name Mikaela Gonzalez | | | |
| Amount (\$) \$140.00 | | Payee address; City; State; Zip Code 4221 Hardy St. Ft. Worth, TX 76106 | | | |
| 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 4/10/15 | | Payee name Pilar Candia | | | |
| Amount (\$) \$112.66 | | 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) Office Expense | | Description (If travel outside of Texas, complete Schedule T) Supplies <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 4/10/15 | | Payee name Fred's Texas Cafe North | | | |
| Amount (\$) \$793.75 | | Payee address; City; State; Zip Code 2730 Western Etr Blvd. Ft. Worth, TX 76131 | | | |
| 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 | |
| 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 6 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/10/15 | | 5 Payee name City of Fort Worth | | | |
| 6 Amount (\$) \$200.00 | | 7 Payee address; City; State; Zip Code 1000 Throckmorton Ft. Worth TX 76102 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/15/15 | | Payee name Nuevo Leon Restaurant | | | |
| Amount (\$) \$236.04 | | Payee address; City; State; Zip Code 1544 Ellis Ave. Ft. Worth, TX 76164 | | | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/15/15 | | Payee name Cantina Laredo | | | |
| Amount (\$) \$215.01 | | Payee address; City; State; Zip Code 530 Throckmorton Ft. Worth, TX 76102 | | | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/15/15 | | Payee name Elizabeth Espino | | | |
| Amount (\$) \$178.23 | | Payee address; City; State; Zip Code 1205 W. Main St. Ft. Worth, TX 76164 | | | |
| 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 | |
| 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) | |
| 4 Date 4/16/15 | | 5 Payee name Zip Printing | | | |
| 6 Amount (\$) \$189.00 | | 7 Payee address; City; State; Zip Code 3406 S. Cooper #102 Arlington, TX 76015 | | | |
| 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/17/15 | | Payee name Murphy Norica & Associates | | | |
| Amount (\$) \$447.82 | | Payee address; City; State; Zip Code 815-A Brazos St Ste. 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 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/17/15 | | Payee name Casa del Inmigrante Fort Worth | | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code #421 Ellis Ave. 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 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/17/15 | | Payee name All Saints Catholic School | | | |
| Amount (\$) \$1,000.00 | | Payee address; City; State; Zip Code 2006 N. Hauston St. 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 | |
| Complete <u>ONLY</u> 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: <u>8 of 18</u> | | 2 FILER NAME: <u>Salvador "Sal" Espinoza</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date: <u>04/18/15</u> | | 5 Payee name: <u>L. G. Saenz</u> | | | |
| 6 Amount (\$): <u>\$1,000.00</u> | | 7 Payee address; City; State; Zip Code: <u>1204 Gould Ave.</u> <u>Ft. Worth TX 76164</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule): <u>Event Expense</u> | | (b) Description (If travel outside of Texas, complete Schedule T): <u>Entertainment</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>04/20/15</u> | | Payee name: <u>Murphy Nascia & Associates</u> | | | |
| Amount (\$): <u>\$9,810.44</u> | | Payee address; City; State; Zip Code: <u>815-A Brazos St. Ste. 304</u> <u>Austin, TX 78701</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>Printing</u> | | Description (If travel outside of Texas, complete Schedule T): <u>Campaign Materials</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>04/20/15</u> | | Payee name: <u>Murphy Nascia & Associates</u> | | | |
| Amount (\$): <u>\$1,219.27</u> | | Payee address; City; State; Zip Code: <u>815-A Brazos St. Ste. 304</u> <u>Austin, TX 78701</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>Printing</u> | | Description (If travel outside of Texas, complete Schedule T): <u>Campaign Materials</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: <u>4/20/15</u> | | Payee name: <u>Matthew Stiffle</u> | | | |
| Amount (\$): <u>\$240.00</u> | | Payee address; City; State; Zip Code: <u>8000 Emerald Crest Dr. #142</u> <u>Ft. Worth, TX 76108</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>Contract Labor</u> | | Description (If travel outside of Texas, complete Schedule T): <u>Campaign Work</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> 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) |
| 4 Date 4/20/15 | 5 Payee name Sara Meding | |
| 6 Amount (\$) \$170.00 | 7 Payee address; City; State; Zip Code 2912 Inspiration Dr. Wentworth, TX 76687 | |
| 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 4/20/15 | Payee name Jordan Ganger | |
| Amount (\$) \$180.00 | Payee address; City; State; Zip Code 3629 MacGregor #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 _____ | |
| Date 4/20/15 | Payee name Madyah Diaby | |
| Amount (\$) \$160.00 | Payee address; City; State; Zip Code 9440 Goldenview Dr. Keller, TX 76244 | |
| 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 4/20/15 | Payee name Mikaela Gonzalez | |
| Amount (\$) \$160.00 | Payee address; City; State; Zip Code 4221 Hwy 81 St. Ft. Worth, TX 76106 | |
| 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 _____ | |

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: 10 of 18 | 2 FILER NAME Salvador "Sal" Espino | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4/26/15 | 5 Payee name Pilar Cordig | |
| 6 Amount (\$) \$104.98 | 7 Payee address; City; State; Zip Code 2610 Goldenrod Ft. Worth, TX 76111 | |
| 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 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | |
|--|---|
| Date 4/26/15 | Payee name Leticia Sanchez |
| Amount (\$) \$650.00 | Payee address; City; State; Zip Code 5938 Wall Ave Italtom City, TX 76117 |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Candidate / Officeholder name | |
| Office sought | |
| Office held | |

| | |
|--|---|
| Date 4/26/15 | Payee name Leticia Tepichin |
| Amount (\$) \$650.00 | Payee address; City; State; Zip Code 5938 Wall Ave Italtom City, TX 76117 |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Candidate / Officeholder name | |
| Office sought | |
| Office held | |

| | |
|--|---|
| Date 4/21/15 | Payee name Alfredo Romero |
| Amount (\$) \$82.50 | Payee address; City; State; Zip Code 2501 M. J. Cole Blvd Ft. Worth, TX 76105 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Travel |
| | Description (If travel outside of Texas, complete Schedule T) Mileage / Gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Candidate / Officeholder name | |
| Office sought | |
| Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to 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 | | | |
| 6 Amount (\$) \$130.98 | | 7 Payee address; City; State; Zip Code 4420 Robinson St. Ft. Worth, TX 76114 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/23/15 | | Payee name Pilar Candia | | | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| 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 | | | |
| 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 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 | | | |
| 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 | |
| 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) | |
| 4 Date 04/24/15 | | 5 Payee name Chuyito's Texican Grill | | | |
| 6 Amount (\$) \$743.79 | | 7 Payee address; City; State; Zip Code 1521 N. Main St. Ft. Worth, TX 76104 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| 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 76164 | | | |
| 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 04/27/15 | | Payee name Leticia Tepichin | | | |
| Amount (\$) \$650.00 | | Payee address; City; State; Zip Code 5938 Wall Ave Haltom City, TX 76117 | | | |
| 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 04/27/15 | | Payee name Leticia Sander | | | |
| Amount (\$) \$650.00 | | Payee address; City; State; Zip Code 5938 Wall Ave Haltom City, TX 76117 | | | |
| 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F: 13 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/27/15 | | 5 Payee name Carla Cisneros | | | |
| 6 Amount (\$) \$120.00 | | 7 Payee address; City; State; Zip Code 2340 Linda Lane Ft. Worth, TX 76119 | | | |
| 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/27/15 | | Payee name Arian Lovington | | | |
| Amount (\$) \$170.00 | | Payee address; City; State; Zip Code 6248 Glenview Dr. North Richland H., TX 76180 | | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4/27/15 | | Payee name Br. Henry Lucio | | | |
| Amount (\$) \$180.00 | | Payee address; City; State; Zip Code 3803 Ohio Garden Rd. Ft. Worth, TX 76114 | | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/27/15 | | Payee name Marky Ramos | | | |
| Amount (\$) \$160.00 | | Payee address; City; State; Zip Code 1817 Harrington Ave. Ft. Worth, TX 76164 | | | |
| 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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 14 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 04/27/15 | | 5 Payee name Penny Ramos | | | |
| 6 Amount (\$) \$120.00 | | 7 Payee address: City: State: Zip Code 1817 Harrington Ave. Ft. Worth, TX 76164 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/27/15 | | Payee name Paulina Paredes | | | |
| Amount (\$) \$200.00 | | Payee address: City: State: Zip Code 1315 Park St. Ft. Worth, TX 76164 | | | |
| 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 4/27/15 | | Payee name Eunice Bustillos | | | |
| Amount (\$) \$240.00 | | Payee address: City: State: Zip Code 4000 Beacon St. Ft. Worth, TX 76140 | | | |
| 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 4/27/15 | | Payee name Remmy Guzman | | | |
| Amount (\$) \$200.00 | | Payee address: City: State: Zip Code 2704 NW 21st Ft. Worth, TX 76106 | | | |
| 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F: 15 of 18 | | 2 FILER NAME Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 04/27/15 | | 5 Payee name Matthew Stiffle | | | |
| 6 Amount (\$) \$250.00 | | 7 Payee address; City; State; Zip Code 8000 Emerald Crest Dr. #142 Ft. Worth, TX 76108 | | | |
| 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/27/15 | | Payee name Sara Medina | | | |
| Amount (\$) \$170.00 | | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/27/15 | | Payee name Jordan Gausser | | | |
| Amount (\$) \$180.00 | | Payee address; City; State; Zip Code 3629 N. MacGregor #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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/27/15 | | Payee name Nadyah Diaby | | | |
| Amount (\$) \$210.00 | | Payee address; City; State; Zip Code 9440 Goldenview Dr. Keller, TX 76244 | | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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: 16 of 18 | | 2 FILER NAME: Salvador "Sal" Espino | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date: 04/27/15 | | 5 Payee name: Milkaela Gonzalez | | | |
| 6 Amount (\$): \$160.00 | | 7 Payee address; City; State; Zip Code: 4221 Hardy St. Ft. Worth, TX 76106 | | | |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: 04/28/15 | | Payee name: All Star Party Service | | | |
| Amount (\$): \$210.01 | | Payee address; City; State; Zip Code: 117 S. Sylvania Ave. Ft. Worth, 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date: 04/29/14 | | Payee name: Murphy Nascica & Associates | | | |
| Amount (\$): \$2,663.24 | | 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 | |
| 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: 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 Goldered 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 <u>ONLY</u> 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to 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 Candia | | | |
| 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 Candia | | | |
| 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 Candia | | | |
| 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