**CANDIDATE / OFFICEHOLDER** 

# OFFICIAL RECORD Austin, Texas 78711-2070 TTY SEGRETARS

(TDD 1-800-735-2989)

## FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SIRST  Salvador  NICKNAME LAST  ESPINO	MI	OFFICE USE ONLY  Date Received 1 2 3 4 5 6
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	Pt. Wo-tr, TX 7616		RECEIVED  MAY - 1 2015  Date Hand-delivered or Postmarked  CITY OF FORT WORTH  Receipt # CITY SEURINGHINY
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 624-3352	EXTENSION	Date Probessor DE 7 L WY
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  FIRST  FIRST  LAST  LAST		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 1205 N. Mainst. Fl. Worth, Ty 76	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 624-3352	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  THROUGH	Month Day / 30 /	Year / 1 5
11 ELECTION	Month ELECTION DATE Day Year Primary  O5/09/\\$\\$\\$\\$\\$\\$\\$	Runoff	Special Special
12 OFFICE	Fort Worth C. 4 Caracil District Z	13 OFFICE SOUGHT (IFKNOWN), Fort Wort O's ti	they Cornell
	GO TO PAGI	======================================	

# **CANDIDATE / OFFICEHOLDER REPORT:**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL	.5	GOVER GILLITO 2
14 C/OH NAME	or "Sal	Espino	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,150,00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$68,427,56
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESTING PERIOD	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 5,000.00
18 AFFIDAVIT	SANDY OLIV Notary Publi State of Texa comm. Expires <b>09</b> /1	is true and correct and includes all me under file 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder
AFFIX NOTARY STAME		ne, by the said Salvador E.	50'NO this the
aud	Oliver	, 20 15, to certify which, witness in	ny hand and seal of office.
Stonature of officer admir	istering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

	<u> </u>			
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sc	redule A:
2 FILER NAME	10 10 1	NU	3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  6 Contributor address; City: State; Zip Code  4 108 Mile Cane	· · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
110213	HYUS Mike Lane Ff. Warty, TX 71	5 11 la	\$100.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#_ Sell lelicope Text Contributor address; City; State; Zip Code	rontAc	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/02/15	P.O. Box 482 F1, Wan, TX 761	_	\$ 300,00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		r toxas, complete conceder 17
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/02/15	Contributor address: City; State; Zip Code	a C	\$500,00	
	Ft. Wo-h, TX 761	09	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributes out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/15	Contributor address; City; State; Zip Code  2325 Mistle toe D  Ft. Work, TX 76	110	\$1,000.0	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#	s, L, P.	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/15	2650 Meachan Blud Ft. Worth, TX 7613		(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir		The state of the s

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

Texas Ethics Cor	nmission	P.O. Box 12070	Austin, T	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
i		ONTRIBUTION PLEDGES		NS		SCHEDULE A
The	Instruction	Guide explains how t	o complete ti	his form.	1 Total pages Sch	H &
2 FILED NAME	luada	"Sal" Es	o' NO		3 ACCOUNT# (E	thics Commission Filers)
4 Date	1 (	7 205 0	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/0	6 Contribu	utor address; City; S	State; Zip Cod		\$250,00	 
9 Principal occu	pation / Job ti	tle (See Instructions)	<u>, ty</u>	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full nam	e of contributor	Fink	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/15	Contribu	tor address; City: S	State: Zip Cod		\$1,000.00	•
Principal occu	pation / Job til	tle (See Instructions)	,747	Employer (See		f Texas, complete Schedule T)
Date	Full nam	e of contributor 🔲 o	ut-of-state PAC (ID#	:	Amount of contribution (\$)	In-kind contribution description (if applicable)
OYloalis		4608 Win		Se Or.	\$250,00	)
	_	truing, T	( 750	38	(If travel outside o	f Texas, complete Schedule T)
Principal occup	oation / Job tit	le (See Instructions)		Employer (See	Instructions)	
Date	7	. Chris	ut-of-state PAC (ID#: 	9.5	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/15	I. P	301 Throck 4. Worth.		1,#2105	\$250.00	Í
Principal occup	pation / Job titl	e (See Instructions)		Employer (See		Texas, complete Schedule T)
Date	<u></u>	richnel k	it-of-state PAC (ID#:_ L	······································	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/15	6	-1. Wo-to,		116	\$),000, Quality (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job titl	e (See Instructions)		Employer (See I		
If co	ontributor is	ATTACH ADDITION out-of-state PAC, ple		OF THIS SCHEDULE		equirements.

Texas Ethics Com	nmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(100 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	ANS		SCHEDULE A
The	Instruction Guide explains how to complete	this form.	1 Total pages Sch	o E8
2 FILER NAME	vada "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID) 6 Contributor address; City; State; Zip Co		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/15	301 Connerus St., Ft. Worth. TV 761	Ste 3200	\$1,000-0	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		J. IEAGS, COMPLETE CONTOURS 1,
Date	Full name of contributor Unit-of-state PAC (IL)  Contributor address; City, State; Zip Co	* Fred Deve	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/15		3100	\$250.00	)  f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date OHIS 113	Full name of contributor out-of-state PAC (ID)  Contributor address: City; State; Zip Contributor Address: TX 76	ner de	Amount of contribution (\$)	In-kind contribution description (if applicable)  Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
Date 04   16   15	Full name of contributor out-of-state PAC (ID)  Contributor address; City; State; Zip Coo  1229 Shury Da Es  FL-Word, TX 71	an Lare 6107		In-kind contribution description (if applicable) If Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
04116115	Full name of contributor out-of-state PAC (ID)  Greater Fort Worth A  Contributor address: City; State; Zip Coc  2650 Parkview D  F1. Worth, TY 761	s sociation o	Amount of contribution (\$)  Log 1 + cx	In-kind contribution description (if applicable)  FAC  Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
, If c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see ins			equirements.

on	PΩ	Box	1207
<i>)</i>	1.0.	DOV	1201

Texas Ethics Comn	nission P.O. Box 12070 Aus	tin, Texas 78711-2070	(512) 463-5800	(1DD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR L	OANS		SCHEDULE A
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages School	dule&:
2 FILER NAME	ador "Sal" Espin	C)	3 ACCOUNT # (Eth	ics Commission Filers)
<u> </u>	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/15	6 Contributor address; City; State; ZII P. O. Box 4705 Pt. Worth, TX7	p Code	4300.00	Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state F	- Rabel	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/5	904 Coller S. Ft. Worth TV	<i>†</i>	\$5,000.0	
Principal occupa	ation / Job title (See Instructions)	Employer (See		Texas, complete Schedule T)
OH Julis	Full name of contributor out-of-state F  Teresa A+u  Contributor address; City; State; Zip  1613 NE 37	Code St.	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Pt. Worth, 7	TX 76106		Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state P	2 Russell	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/15	10532 Shady	WAS Dr.	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state Poly out-o	AC (ID#:)  Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/15	901 Washing to	w Terrace 76107	\$ 1,000. 0	C Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See		TONGS, COMPLETE COMMUNICATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Principal occupation / Job title (See Instructions)

(TDD 1-800-735-2989)

(512) 463-5800

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
	POLITICAL CONTRIBUTIONS SCHEDULE A						
OTHER	OTHER THAN PLEDGES OR LOANS						
The	Instruction G	uide explains how to	complete thi	s form.	1 Total pages Sche	dule A:	
2 FILER NAME	10 110	3/11/2			3 ACCOUNT # (Ell	nics Commission Filers)	
4 Date	5 Full name	of contributor out	t-of-state PAC (ID#:_			8 In-kind contribution description (if applicable)	
ι.	6 Contributo	terfort Woraddress; City; St	Jan Le ate: Zip Code	ral Estate	Cancil P	AC	
04/21/18		or address; City; St			\$ 500,00	)	
	L	Worth, TS	(76106	T	`	Texas, complete Schedule T)	
9 Principal occu	pation / Job title	e (See Instructions)		10 Employer (See	mstructions)		
Date		of contributor ou	il-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4121115	Contributo		ate; Zip Code		\$ 1,000.0	υ	
	Et	. Worty, T	y 7616	.1	(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title	(See Instructions)		Employer (See	Instructions)		
Date	Ra	Λ_	it-of-state PAC (ID#:_	Campaig	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/23/15	4	21 Conne	nero ) ( ale; Zip code  H ve		\$2,500	.00	
Delevel and a second		(See Instructions)	, , , ,	6105 Employer (See	·	Texas, complete Schedule T)	
Principal occuj	pation / Job title	(See Instructions)		Employer (coc			
Date	Full name	\ <u>^</u>	t-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/23/15	Contributo	raddress; City; Sta	ate; Zip Code Le Cree	FB122	\$10,000+	00.	
	17	91/45, TX	18521	<del>,}</del>		Texas, complete Schedule T)	
Principal occup	oation / Job title	(See Instructions)		Employer (See I	nstructions)		
Date	G. 1	Malcon	t-of-state PAC (ID#:_	Mulsh H	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/27/15	Contributo $5a$		54,5	k. 1007	\$5,000.	00.	
	P	4. Wart, 7	Y 761	Employer (See I		Texas, complete Schedule T)	
Principal occup	oation / Job title	(See Instructions)		Linployer (See I	non a on on ray		
	e summer	ATTACH ADDITION	IAL COPIES C	F THIS SCHEDULE	AS NEEDED		
If c	antributor is	out-of-state PAC. ple				equirements.	

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBUTION PLEDGES C		NS		SCHEDULE A
The	Instruction	n Guide explains how to	o complete th	is form.	1 Total pages Sche	adule A:
2 FILER NAME	. \	"3al" Es	 סגאס		3 ACCOUNT # (Et	thics Commission Filers)
4 Date	<del></del>	$\cap$ 11 $^-$	ut-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/27/15	1 -		State: Zip Code		4) 0000	of Texas, complete Schedule T)
9 Principal occu	pation / Job	title (See Instructions)		10 Employer (See	<del></del>	
Date	Full nar	me of contributor	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/16	1 -	outor address; City; St 5825 Furs Ft. Worth		. 1	350.00	>
Principal occu		title (See Instructions)		Employer (See	<del></del>	f Texas, complete Schedule T)
Date	_	me of contributor of or	out-of-state PAC (ID#:	V 7	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/15	Contrib	outor address; City; St	State; Zip Code	1 114	\$50.0	of Texas, complete Schedule T)
Principal occup	pation / Job	title (See Instructions)		Employer (See	Instructions)	
Date	Full par	onservative		es forum	Amount of contribution (\$)	in-kind contribution description (if applicable)
04/27/15	Contrib	1144 Terr	tate; Zip Code 790 V 9 V 760	h: 1	\$1,500	
Principal occup	pation / Job	title (See Instructions)	<u> </u>	Employer (See I		f Texas, complete Schedule T)
Date	Full nar	me of contributor	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/18		outor address; City; St 5045 Wi	tate; Zip Code	ton Pr. 76107	\$100.0	<i>20</i>
Principal occup	pation / Job	title (See Instructions)	r, ' X	Employer (See I	,	f Texas, complete Schedule T)
	1000 t 100					
		ATTACH ADDITION	NAL COPIES (	OF THIS SCHEDULE	AS NEEDED	

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

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA		SCHEDULE A	
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAME	1 10 11 1		3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Wyntess Ware		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04)28/15	6 Contributor address; City; State; Zip Code	tills Pr	\$ 200.	60
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	1 '	or rexas, complete scriedule 1)
Date	Full name of contributor   out-of-state PAC (ID#:    Market   Out-of-state PAC (ID#:   Contributor address; City; State; Zip Code	با	Amount of contribution (\$)	In-kind contribution description (if applicable)
0413015	Sudo Tunbark Ro Pallas, TX 752	<b>4</b>	\$5,000	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_  Apply Association of Contributor address; City; State; Zip Code	Turent Co	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/15	6350 Bakes Blud. Fishland Hills, TX-		\$ 3,000 o	OO  of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
9130115	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	•
	FI. Worth, TX 76	102	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES O			equirements.

LOANS			SCHEDULE E
The	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILED NAME	radar 11 Sal 11 Esp	סשום	3 ACCOUNT # (Ethics Commission Filers)
4 TOTA			\$\$5,000.00
5 Date of loan 4\23\3	+ 0.561 1.01	out-of-state PAC (ID#:	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial Institution?		Zip Code  LWOOd  TV 71-122	10 Interest rate  (50)  (7)  11 Maturity dates
YN	r, word,	TX 76133	07/3/15
12 Principal occupati	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	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; S	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were d	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	ES OF THIS SCHEDULE AS NEED uction guide for additional repo	

1 OLITIOAL			
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/F	ontract Labor alsing Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee Cotter (enter a category not listed above)	
	The Instruction Guide explains how to		
1 Total pages Schedule F:	Salvador Sal Esp	3 ACCOUNT # (Ethics Commission Filers	·) —
4 Date 04/01/15	Tejano Gold Radi	io	
\$450.00	7 Payee address; City; State; Zip Code K	). 44	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	(towertising Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date (04/02/15	Payee name  Murphy Nasica &	Associales	
Amount (\$)	,	SJe 304	
11,383.01		Description (Iftravel oulside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
OHlual\5	Payeename  Lanuna Harris		
Amount (\$)	Payee address; Qity; State; Zip Code		
29.19	A26, TX 76020		
PURPOSE OF	Category (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Wase/ References Schedule To Check if Austin, TX, office holder living expense	
Complete ONLY if direct expenditure to benefit C/O	Landidate / Officeholder name	Office sought Office held	
experialtale to beliefit 6/6	, ,		=
04/02/15	Payer name Condig		
Amount (\$)	Payee address; City; State; Zip Code	Ave	
7128,44	Fl. Worth, TX 761		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin TX, office finder living expense	
EXPENDITURE	UTTUESTATE		
Complete ONLY if direct expenditure to benefit C/C			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Re	eimbursement
Accounting/Banking	Legal Services	Solicitation/Fundral	Ising Expense		pment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District Travel Out Of Dist	rict	Contributions/Donat Candidate/Office	lions Made By eholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Office Overhead/R			tegory not listed above)
1 000	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME	1 \ C		3 ACCOUNT	# (Ethics Commission Filers)
20618	Salvador Sa	1" 50	is NU		
4 Date	5 Payee name	1		(	
04/06/15	Muschy Mas	si'cad A	Issocia	<i>ک</i> مل	
6 Amount (\$)	7 Payee address; City; Sta	te: Zip Code	- \	1	
4	815-A Bra	205 S.J.	Sle 30	†	
48,305.76	Austin T	V 7870	<b>, )</b>		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
OF	0		Came	201-00	na becials
EXPENDITURE	Printing		Check if A	tustin, TX, afficeholder l	iving expense
9 Complete ONLY if direct	Candidate / Officehelder name	l	Office sough	nt	Office held
expenditure to benefit C/C					
	Payeo namo				
Date	Payee name	7. W			
09106113	1.197 Lew	71.676			
Amount (\$)	Payee address; City; Sta	te; Zip Code	OC HI	42	
47000	Sour Emere		_	, •	
7 200.00	H. Wort,	1x76108			
PURPOSE	Category (See categories listed at the top	of this schedule)	Pescription	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	$I \cap I \cap I$		Campo	ngw We	
	CONTROL DECE	<b>&gt;</b>		ustin, TX, officeholder l	
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	τ	Office held
experience to belief 670					
Date	Payee name				
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Amount (\$)	Payee address;City; Stat	te; Zip Code 🕜	)		
	2912 tropi	ration [	J ( .		
\$200.00	Weate for	J. TX -	76087		
	Category (See categories listed at the top			(If travel outside of Texas	, complete Schedule T)
PURPOSE OF	<b>^</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/ 1	_ \	1-
EXPENDITURE	Contact Labo	01	Check if A	ustin, TX, officeholder I	iving expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/O	Н				
Date	Payele name				
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7 1/6110	JORGAN DAY	te; Zip Code			
Amount (\$)	Payee address; City; Stat	esa 4)	07.		
4140 0-		, ,•			
9180.00	Houston,	1 7700'	<del>_</del>		and or and a
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule 1)
OF	( - \	2		PAIZNU	UQ K
EXPENDITURE	Convacticas			ustin, TX, officeholder li	Office held
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name	•	Office sough		Office Held
expenditure to benefit G/C			<del></del>		
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS I	NEEDED	

Texas Ethics Commission

# SCHEDULE F

(512) 463-5800

CEITIOAL			
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor Indraising Expense Indicate Indi	
4 Tatal yanga Bahadula Et		3 ACCOUNT # (Ethics Commission Filers)	
1 Total pages achedule F:	2 FILESNAME Jala 1891 E	SPINO	
04106115	1 Payer name Nadyah Diaby		
6 Amount (\$)	7 Payee address; City; State; Zip Code 9440 Goldensew ( 1616 Ty 7624)	)c.	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contact Labor	Check Maustin, TX Jifficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Of 06 15	Payee name G. Saenz		
Amount (\$)	Payee address; City; State; Zip Code		
\$550.00	Ft. Warm, TX 76	164	
PURPOSE	Category (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Check if Austin, TX, oliticeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Date 04   06   15	Payee name Stuct Clegg	·	
Amount (\$)	Payee address; City; State; Ep Code		
\$1,000,00	Ff. Westy TV 76	.109	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contact Labor	Check if Apsth, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Date 4 110115	Payee name Q Designs Crea	tive	
Amount (\$)	Payer address; City; State; Zip Code		
\$365.57	1tasb, TX 7605	2	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing	Check if Austin, TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	· Candidate / Officeholder name · OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	jes/Contract Labor undraising Expense strict of District ead/Rental Expense	Loan Repayment/Reir Transportation Equipn Contributions/Donation Candidate/Officeho OTHER (enter a category	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F:	2 FIRST NAME Salvador Sal 11 E	SPINO	3 ACCOUNT#	Ethics Commission Filers)
4 Date 4 10/15	5 Payename Dynasty Baseba	41)		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	$\sim$		
\$ 500.00	Saginow, TX	76179		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Pa	(If travel outside of Texas, c	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sough	nt	Office held
Date 4 10 15	Payer name That Hew Stife	fle		
Amount (\$)	Payee address; City; State; Zip Cod	\$ Dr. #1	12	
\$220.00		6108		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	ContactLabor		Nustin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sough	nt	Office held
04/10/15	Sara Meding			
Amount (\$)	Payee address; City; State; Zip Code	(D) ·		
3730.00		087	are an industrial afficiency	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	1 1 1	(If travel outside of Texas, co	1/
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough		Office held
Date	Payeoname			
04/10/15	Jordan Gauger			
Amount (\$)	Payee address; City; State; Zip Code	102		
\$180.00	Houston, TY 77	0001		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Campi	(If travel outside of Texas, of the control of the	<b>t</b>
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough		Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorlals Expense Sal. Legal Services Soli Food/Beverage Expense Tra Polling Expense Offi	TEGORIES FOR BOX 8(a aries/Wages/Contract Labor icitation/Fundraising Expense vel In District vel Out Of District ce Overhead/Rental Expense lains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Sqluador 11 Sql	" Espino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 1015	5 Payee name Digh	1	
6 Amount (\$)	7 Payee address. City; State;	Zip Code	
\$ 160.00	Keller, TY 762	44	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this		(If travel outside of Texas, complete Schedule T)  ParawWor R
	Candidate / Officeholder name		ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		Office sough	office neid
Date 411615	Payee name Kaela Go	nzalez	
Amount (\$)	Payee address; City; State;	Zip Code	
\$140.00	FI. Wash, Th	176106	
PURPOSE OF	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contact Labor	Check if A	austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Pate 4 10 15	Payge name		
Amount (\$)	Payee address; City, State;	Zip Code	
9112.66	Pt. Worth, TX	76111	
PURPOSE OF	Category (See categories listed at the top of this		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office byense		ustin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held
Date	Payee name	C V / 7	
4)1015 Amount (\$)	Payee address; City; State; Z	le Norm	
\$743,75	Payee address: 20 City: State: 2 2030 Wes Jen	210 Code 12 10 10 10 10 10 10 10 10 10 10 10 10 10	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s		(If travel outside of Texas, complete Schedule T)  Berger Et perse  ustin, TX, officeholder wing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· Candidate / Officeholder name ·	Office sought	· Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel Ir Polling Expense Travel O	Wages/Contract Labor on/Fundraising Expense n District out Of District verhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
1 Total pages Schedule F:	2 FILER NAME Sal "E	Spinu	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 110 15	5 Payee Dame of Fart W	_ Atres	
6 Amount (\$)	7 Payee address City; State; Zip	16102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche	dule) (b) Description	Aftravel outside of Texas, complete Schedule T)  Oser Various fees
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nustin, TX, officehölder living expense  Office held
Date 4115115	Payee name Leav 1	tostaunt	
Amount (\$) \$ 236.04	Payee address; City; State; Zip	Ove. 776167	
PURPOSE OF	Category (See categories listed at the top of this sche	dule) Pescription	(If trave) outside of Texas, complete Schedule T)
EXPENDITURE	Luan Lyanse	Check if A	t Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date 4115115	Payee Pame ting Lar	edo	
Amount (\$)	Payee address; City; State; Zip of Through	morton TY7610	2
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scher		(If traveloutside of Texas, complete Schedule T)  A TO/ Campuigw Stof  austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date 4)15   5 -	Payee name Establish Es	Spino	
Amount (\$) \$178,23	Payee address; City; State, Zip of No. 17	x 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	Supp	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	· Candidate / Officeholder name · OH	Office sough	t · Office held
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P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor ing Expense ct ntal Expense	Loan Repayment/Rei Transportation Equipt Contributions/Donatic Candidate/Officeh OTHER (enter a cate rm.	ment & Related Expense ons Made By older/Political Committee gory not listed above)
1 Total pages Schedule F:	2 FILER NAME JACOV 119	al"Esp	5VVC	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 4116/15	5 Payee name Print	ing			
6 Amount (\$)	7 Payee address; City; Sta	لل بعاده	102		
9189,00	Alington		,015		and the Colorada TV
8 PURPOSE OF EXPENDITURE	(a) Category (See calegories listed at the top	of this schedule)	Camp	(If travel outside of Texas, of the control of the	interials
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office older name		Office sough	t	Office held
04/17/15	Payee name  Murphy  N	losica \$	Assoc St. 3	iales	
Amount (\$) 447, 82		ate; Zip Code 1205 St TV 7870		40	
PURPOSE	Category (See categories listed at the top	<u> </u>		(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Printing			ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held
Date 04 117115	Payername Casa del I	しろ ろごりつ	ate F	ort wor	8
Amount (\$)	Payee address; ECIty: Sta	te: Zip Code	1 /		
3250,00	Ft. Wort,	776	Description	(If travel outside of Texas,	complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	Don	ustin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date 4)17)15	Payee name Saints	Cartrol	ic Sch	700	
Amount (\$)	Payee address; City; Sta 2006 H. F.	te: Zip Cpde tous tov , TX 76	51.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	$\mathcal{O}$	(If travel outside of Texas,	<b>ン</b>
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name		Office sough	t ·	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEAS	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out O	es/Contract Labor indraising Expense rict District ad/Rental Expense	Loan Repayment/Reirr Transportation Equipm Contributions/Donation Candidate/Officehol OTHER (enter a categ	ent & Related Expense s Made By Ider/Political Committee
1 Total pages Schedule E:	2 FILED NAME Salvador 15al 11	SONU		Ethics Commission Filers)
4 Date 04)18/15	5 Payee name L. Co. Saenz			
6 Amount (\$)	7 Payee address; Gity; State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel oulside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Event Expense		Austin, TX, officeholder livin	g expense Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sough	u.	Onice neid
Date 04/26/15	Payee name  Muph Musica		i'ates	
Amount (\$) \$9,810,44	Payee address; City; State; Zip Code S15-A Bra 205 St.	ste, 304		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, co	glerials
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Date 04/20/15	Payename Nasic	g & Ass	ociates	
Amount (\$)	Payee address; City State; Zip Code State; Zip Code Code Code Code Code Code Code Code	101 31. Ste, 3	, 04	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Pescription	(If travel outside of Texap co	1 1 1
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Date 4/20/15	Payee name My HLewStiff	Cle		
Amount (\$)	Payee address; City; State; Zip Code  8000 Emarald Crest  fit 1122-2 TV 7610	Dr.#142		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Con Hack Labor	Pescription	(If travel outside of Texas, co	lark
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name · H	Office sough	· ·	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE $\mathbf{F}$

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	
Accounting/Banking	Legal Services Solicitation/Fundra	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	strict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee pame	
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6 Amount (\$)	7 Payee address; City; State; Zip Code	_
1	2912 Faspiration	$\Omega_{\rm col}$
\$170.00	112 4 6 6 7 7 7	687
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	$I \cap I \cap I$	Campaign Work
EXPERIMENT	Lontact Labor	Check if Austin, TX, officeholder living expense
- Alata ONII V if direct	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		J. 100 J.
Oxponuncio to		
Date	Payee name C	
4/20/15	Jordan Gauger	
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Amount (\$)	Payee address; City; State; Zip Code	loa
3 1600	3629 Macbresus	· . I
4 180.00	Haiston TV 770	004
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EXPENDITURE	1 Labor	Check If Austin, TX, officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	.H	
P-1-	Payee name	
Date	Payee name	
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7100,00	Lelve, - 100.	T
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Langact Labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		-
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Amount (\$)	Payee address; City; State; Zip Code	
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	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	^ ^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Campalan Wark
OF EXPENDITURE	Contract I have	Check If Austin, TX, officeholder living expense
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Complete ONLY if direct	· Candidate / Officeholder name	Office sought · Office held
expenditure to benefit C/C	)H	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

	EXPENDITURE	CATEGORIES FOR BOX 8(a	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 f	orm.
1 Total pages Schedule F:	2 FILER NAME	1.,	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payername		
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6 Amount (\$)	7 Payee address; City Sta	ate; Zip Code	
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4 104,70	r+. War,	1X-16[1]	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	1 (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Office Ex	Check if	Austin, TX, officeholder living expense
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9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/C	)H		
	T		*
Date	Payee name	\ _	
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Amount (\$)	Payee address; City; Sta	ate; Zip Code	
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9 650.00	Italtanu	4 TX 76117	
PURPOSE	Category (See categories listed at the top		(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	1 1 1 1		spagn Work
	CON VUCI LA	Check in	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/O	<sup>2</sup> H		
<del></del>			
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Amount (\$)	Payee address; G 2 City; Star	le; Zip Code	
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PURPOSE	Category (See categories listed at the top		(If travel outside of Texas, complete Schildule T)
OF			palan World
EXPENDITURE	Contact Labo	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/O		-	
Date	Payee name		
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1161113	TITTECO	- Williams	
Amount (\$)	Payee address; City; Stat	te; Zip Cod	
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700,00	T. VOOD	1 4 1010	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF			1000
EXPENDITURE	1 Varxel	Check If A	Austin, TX, officeholder living expense
	· Candidate / Officeholder name	· Office sough	
Complete ONLY if direct		Office sough	omee nea
avaanditura ta hanafit CIC	\U		
expenditure to benefit C/C	DH		

P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense Polling Expense Printing Expense C	ATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Fravel In District Fravel Out Of District Office Overhead/Rental Expense xplains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILESNAME Jadar 115	sal" Espino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/21/15	5 Payee name	PIND	
6 Amount (\$) \$130.98	7 Payee address: City State	Zip Code DINSON ST TX 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	Sug	n (If travel outside of Texas, complete Schedule T)  Outside To Schedule T)  Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	
Date 4123115	Payeoname Pilar Candi	<u>'</u>	
Amount (\$)	Payee address; City; State  JO10 Golden  F1. Worth	i Zip Code CX 76111	
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Eyren	Se Checkif.	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held
Date 4 23 115	Payee name  More Than J	ust Dance 1	)J
Amount (\$)	Payee address: City State;	Zip Code	
\$350.00	Pl. Worth, T	x76115	
PURPOSE OF	Category (See categories listed at the top of t	his schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Went Litters		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sougl	nt Office held
1/23/18	Payername Texus	Cale North	
Amount (\$)	Payee address: City; State;	IN COME H Blud	•
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	Ca From	(If travel outside of Texas, complete Schedule T)  Outside To Texas, complete Schedule T)  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H	Office sough	t Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS	NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I  Gift/Awards/Memorials Expense Salaries/Wages/Co Solicitation/Fundral Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro The Instruction Guide explains how to other	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER SAME Vandar 1'Sal " Es	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04 2415	5 Payee name Chun, to's Texic	can Gall	
6 Amount (\$) \$ 743, 79	7 Payee address; City: State; Zip Code 1.	6104	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave) outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Pate 4124/15	Payedname 6. Saenz		
Amount (\$)	Payee address; City: State: Zip Code  Could The  Charlet TATE	ollo4	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sthedule T)  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
04/27/15	Payee name Leticia Tepich	in	
Amount (\$) \$650.00	Payee address; City: State: Zip Code 5938 Wall Ave	6117	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Pescription (If travel outside of Toxas, complete Schedule T)  Greck if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date OH127/15	Payee name Leticia Sander		
Amount (\$) \$ 650.00	Payee address: 938 Wall Are  Ital Jon Cul, Ty	76117	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	<u> </u>	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR Salaries/Wages/Contract Solicitation/Fundraising Travel in District Travel Out Of District Office Overhead/Rental explains how to com	ct Labor Lo Expense Tra Co I Expense OT	an Repayment/Reimbur ansportation Equipment ontributions/Donations M Candidate/Officeholder FHER (enter a category	& Related Expense ade By /Political Committee
1 Total pages Schedule F:	2 FILERWAME DALYACEN	139111 Es	PIND	3 ACCOUNT # (Ethi	cs Commission Filers)
4 Date 4 127 115	5 Payername Gris	~~~			·
4120.00	7 Payee address; City; Sta 23 10 Lynd	ate; Zip Code	9		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b)	Campa	ravel outside of Texas, comple W. 9W 5 n, TX, officeholder living ex	v K
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	C	office held
Date   27   15	Payername Itrian Lou	ing ton			
Amount (\$)	Payee address; City Sta	ate; Zip Code On Jen Or Llad Hol	IsTV -	16180	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	Gmon	avel outside of Texas, comple No. TX, officeholder living ex	~K
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	(	Office sought	O	ffice held
Date 4/27/15	Payae name	ucio:			
4180.00	Payee address: 3 808 Ohio Pl. Worl	Gorden F - TX 761	14		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	1/6	evel outside of Texas, comple 4,9,000 n, TX, office holder living ex	ا سا
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	0	ffice held
Date 04/27/15	Payee name R	nos			
Amount (\$) \$160.00	Payee address: 7 City: Star	te; Zip Coda	Are.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Lampa	avel outside of Texas, comple A A A C C A, TX, officeholder living exp	er K pense
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name OH		Office sought	, O	fice held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS NEE	EDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Iralsing Expense t Contributions/Donations Made By Candidate/Officeholder/Political Committee I/Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER SALVADOR SALV	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 0-127115	5 Payor name Ramos			
6 Amount (\$) \$120.00	7 Payee address; It City: State: Zin Code  Ct. Warth, TV	16164		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Conhact Labor	(b) Description (If travel outside of Texas, complete Scriedule T)  Grand And Work  Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held		
O+127/15	Payename ling Poredes			
Amount (\$)	Payee address: City: State: Zip Code	164		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Can have Labor	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date 4127/15	Payee pame Eunice Busti	llus		
Amount (\$)	Payee address: Oo My: State: Zip Code	4. 76640		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, office holder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date   4   27   15	Payee rame Kenny Cuzm	an		
Amount (\$)	Payee address; OyCity State; Zip Sede s	76106		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Contact Labor	Description (If travel outside of Texas, complete Schedule T)  Graphy Graphy Www.  Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	· Candidate / Officeholder name ·	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE	CATEGORIES FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District	Contributions/Donations Made Candidate/Officeholder/Po	Related Expense e By olitical Committee
Fees	Printing Expense	Office Overhead/Rental Expens	, , , , , , , , , , , , , , , , , , , ,	t listed above)
		explains how to complete th	<del></del>	
1 Total pages Schedule F:	2 FILER NAME Sa Vandor 15	11 Espino	3 ACCOUNT # (Ethics (	Commission Filers)
4 Date 04/27/15	5 Payee name Heer	5ti Ffle		
6 Amount (\$)		ite; Zip Code Dr. #	142	
\$ 250,00	8000 treat	TX 76 108		
8 PURPOSE	(a) Category (See categories listed at the top		ption (If travel outside of Texas, complete S	Schedule T)
OF			1 Mark	
EXPENDITURE	Lantact L	abo Che	eck in Austin, TX, onliceholder living exper	nse
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office s	ought Offic	ce held
Date	Payer name Me	lina		
Amount (\$)		<del></del>		
\$170.00	2912 trap	ate: Zin Code Or.	വ	
PURPOSE	Category (See categories listed at the top	<del></del>	otion (If travel outside of Texas, complete S	Schedule T)
OF EXPENDITURE	$\Lambda$	L'en	moniar work	
EXPENDITURE	Contact La		ck if Austin, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office s	ought Offic	ce held
Date	Payed name C			
04/27/15	Jor Lan Gar	150/		
Amount (\$)	Payee address; City; Sta	te; Zip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
dia a	12623 W. W	Tachega #10	$\hat{\Gamma}$	
9180.00	Harston	1, 1X 1100	<u> </u>	<del> </del>
PURPOSE	Category (See categories listed at the top		otion (If travel outside of Texas, complete S	idhedule T)
OF EXPENDITURE	() what lake	Che	compala w Wor	nse
Complete ONLY if direct	Candidate / Officeholder name	Office s		e held
expenditure to benefit C/O	Н			
Date	Payee name	. \ 1		
04/27/15	Madygh D	1'aby		
Amount (\$)	Payee address; City; Sta	z vicen 0 1.		
\$ 210,00	Keller, 7	y 762H		
PURPOSE	Category (See calegories listed at the top	of this schedule) Descrip	otion (If travel outside of Texas, complete S	Schedule T)
OF EXPENDITURE	Contact	boy Che	mp 414W Www.ckifAustin, TX, dificeholder living expen	se
Complete ONLY if direct	· Candidate / Officeholder name	· Office so		e held
expenditure to benefit C/C		<u> </u>	-	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	ATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense xplains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	Salvada "S	all' Espino	3 ACCOUNT # (Ethics Commission Filers)
04 127 15	5 Payee name Milkaela (	bonzalez	
6 Amount (\$) \$160.00	7 Payee address; Gity; State P1-Uurin	: zip gode 4 St. 77 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Cach Lab	Carr	(If travel outside of Texas, complete Schedule T)  Page 19 10 10 10 10 10 10 10 10 10 10 10 10 10
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office soug	nt Office held
Date 0+128115 Amount (\$)	Payee address; Cay; State	1000 100 1	ociales
\$5017.48	Austin TV	78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	_Can	(If travel outside of Texas, complete Schedule T)  Office of Texas, complete Schedule T)  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
OH   28   15	Payee name All StarPar	Ly Service	
4210.01	Payee address; S. City; State;	inia Ave. Ty76117	
PURPOSE OF	Category (See categories listed at the top of the	his schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Officeholder name	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O			
04/29/14	Payee name  Muphy Ness	ica & Assoc	iales
Amount (\$)	Payee address; City: State; 815-19 Drustin	2015 Codes 1. S. 2. 3	,6V
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Consult)	المراكب المراكب	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H	Office sough	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS I	NEEDED

#### Texas Ethics Commission

# POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR I Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E explains how to comple	Labor Loan Repair kpense Transporte Contribution Candid Expense OTHER (e	ayment/Reimbursement ution Equipment & Related Expense ons/Donations Made By ate/Officeholder/Political Committee nter a category not listed above)
1 Total pages Schedule F:	2 FILEDINAME Squada 180	1" Espin	10 3 AC	CCOUNT # (Ethics Commission Filers)
4 Date 4 129/15		۹		
6 Amount (\$) \$128,99	1 10 10 1	ite; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) D	Magnets	de of Texas, complete Schedule T)  Strickers iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Of	ffice sought	Office held
Date 4 29 15	Payee name	Espino		
Amount (\$) 350:00	Payee address; City; Sta	16; Zip Code 91N ST. TU 7616		
PURPOSE	Category (See categories listed at the top	of this schedule) D	escription (If travel outsi	de of Texas, complete Schedule T)
OF EXPENDITURE	Event Exessi	-(leimbuses	Check if Austin, TX, off	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Of	fice sought	Office held
Date 04 130) 15	Payeemame Fighteous	Branch	Minis	hies
\$500.00	Payee address; City; State	たとめしる アメフレル	Ţ	
	Category (See categories listed at the top	<del> </del>	escription (If travel duts)	de of Texas (complete Schedule T)
PURPOSE OF EXPENDITURE	Contribution	<i>y</i>	Poat Check if Austin, TX, offi	( OV ceholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Off	fice sought	Office held
OH  36 15	Payer name best Pe	ez-Tej	ano Tau	~ DJ'S
Amount (\$) \$ 300.00	Payee address; City; Stat	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)		de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	· Candidate / Officeholder name	Off	ice sought	· Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

	EXPENDITURE C	ATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Lo	an Repayment/Reimbu	
Accounting/Banking				ansportation Equipmen	
Consulting Expense	1 000/2010/ags ampends	C	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Event Expense	1 Oming Emperior	Travel Out Of District Office Overhead/Rent	al Expense O	THER (enter a categor	
Fees	The Instruction Guide e				
Total pages Schedule F:	2 FILER NAME	2 1110	•	3 ACCOUNT # (Et	nics Commission Filers)
16 of 18	Salvador	Sul Es	PINO		
4 Date	5 Payee name	•			
04/30/15	Filar Condi	9			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			
\$500,00	Pt. Worth	双加加			
	(a) Category (See categories listed at the top of	f this schedule) (b	) Description (If	travel outside of Texas, com	plete Schedule T)
OF	$\sim$ 10		[mte	ctainn	ant 1
EXPENDITURE	Event Exers	e .		tin, TX, officeholder living	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	1				
Date A A	Payee name	Malan			
07/30/13	Payee address; City; State	e; Zip Code	1 wez		
Amount (\$)	A	- <b>T</b> V			
\$320,00	Ft. West,	, X			
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, com	
OF '			5 ter	-tainne	√ <del>-</del>
EXPENDITURE	L'ent Exer	28E		tin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payae name				
milla colic	Dilac Candi	G .			
Amount (\$)	Payee address; City; State	e; Zip Code			
Amount (4)	2610 Golden V	202 Hre.			
\$ 2,500.00	Ft. Warsh.	757611	1		
-, -00 .00	Category (See calegories listed at the top o	of (his schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
PURPOSE	Oziogory (coo congorno noto at ma topo		()	ogian h	10/K
OF EXPENDITURE	Cartact Lat	201	Check if Aus	tln, TX, officeholder living	expense
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OI			_		
Date	Payee	.lc			
Amount (\$)	Payee address; City; State	e; \ Zip Code \	١٨		
Amount (\$)	2610 60	e; Journal	the.		
\$ 58,92	Pl. Wash		<u> </u>		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description, (If	travel outside of Texas, con	nplete Schedule T)
OF	——————————————————————————————————————			as	
EXPENDITURE	vonel			itin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C	· Candidate / Officeholder name	,	Office sought	•	Office held
	ATTACH ADDITIONAL CO	DIES OF THIS SO	HEDULE AS N	FEDED	
	AT IACH ADDITIONAL CO	TIES OF THIS SU	,,		