Texas Finds Commiss	Austin, Texas 78711-2070 (512)	163-5800 (TDD 1-800-735-298
CAMPAK CAMPAK	TETOFFICEHOLDER	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE #: CITY: STATE; ZIP CODE 1205 North Main St. Ft. Wo. to, TX 76164	Date Hand Arrange of Pastmarked CTT Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 624-3352	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST FIRST LAST LAST SUFFIX STREET ADDRESS (NO PO BOX PLEASE); \ APT/SUME#: CITY; \ STATE:	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUNE#: CITY; STATE: 1205 No-th Main St F1 Wo-th, TX 76164	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 624-3352	
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH OHOTH Day	AOI I
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (If any) FUICILY (LUNC) - DISTRICT SOUGHT (If known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION	CANDIDATE'S PRIOR CONSENT OR APPROVAL. DN OF THE DIRECT CAMPAIGN EXPENDITURE.
additional pages	Address / PO Box; Apt. / Suite #: City, State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH COVER SHEET PG 2

17 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY AND EXPENDITURES MADE BY THE YEAR OWNER OF THE YEAR OWNER OW	
FROM POLITICAL COMMITTEE(S) CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT. CANDIDATE S NO OFFICEHOLDERS AND OFFICEHOLDERS AND HAVE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME	CCOUNT # (Ethics Commission Filers
COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER	S OR OFFICEHOLDER'S KNOWLEDGE OD
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 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) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all informs me under title 15. Election Code. NONALD P. GONZALES Notary Public, State of Texas My Commission Expires NOTATION Expires OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
additional pages COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 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) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all informs me under title 15. Election Code. NOTALLY PUBLIC, State of Texas NOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
COMMITTEE CAMPAIGN TREASURER ADDRESS 18 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) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjuny is true and correct and includes all informs me under-Title 15. Election Code. NOTAL PRINCIPAL STANDING IN SWEAR OF THE REPORTING PERIOD RONALD P. GONZALES NOTAL PRINCIPAL STANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all information me under title 15. Election, Code. RONALD P. GONZALES Notary Public, State of Texas My Commission Expires	
TOTALS 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all information me under title 15. Election Code. Notary Public, State of Texas My Commission Expires	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all informs me under Title 15, Election Code. Notary Public, State of Texas My Commission Expires	\$
TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15. Election Code. Notary Public, State of Texas My Commission Expires	\$ 36, 225,00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury is true and correct and includes all informs me under title 15. Election Code. Notary Public, State of Texas My Commission Expires	\$
DUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all informations me under Title 15. Election Code. Notary Public, State of Texas My Commission Expires	\$16,122.16
19 AFFIDAVIT I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15. Election Code. Notary Public, State of Texas My Commission Expires	\$ 16, 122.16 \$ 58, 607.90
RONALD P. GONZALES Notary Public, State of Texas My Commission Expires	\$
May 17, 2012 Signature of Candidate of	etion required to be reported by
Sworn to and subscribed before me, by the said Solvator Espino	, this the
day of April , 20 11 , to certify which, witness my har	id and seal of office.
Signature of officer administering path Printed name of officer administering oath Title	e of officer administering oath

Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A The Instruction Guide explains how to complete this form. Total pages Schedule ACCOUNT # (Ethics Commission Filers) 7 Amount of In-kind contribution description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution Contributor address, City, State; Zip Code 400 Zary Blud, Sk 600 contribution (\$) description (if applicable) 2/15/11 31,000,00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Joseph Busch Contributor address; City; State; Zip Code 1.0, Box 470278 contribution (\$) description (if applicable) 2/18/11 Wo- S. TX 76147

- Frincipal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
118111	Contributor address; City; State; Zip C 2230 College A F1.Wu-L, TX 7	rve.	\$ 100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)

Date Full name of contributor ut-of-slate PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 2/18/11 (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 foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete	this form.	1 Total pages Sc	of 20
Salvadu, "Sal" Espin	VO	3 ACCOUNT # (I	Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (II A → PS → US → N 6 Contributor address; City; State; Zip Co		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
alishi 2017 Tenkwood	Terrace	\$50,00	
FJ. Worty, TX	76112	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (IE	D#:	Amount of	La Linda and Charles
John J. Hern	mdez	contribution (\$)	In-kind contribution description (if applicable)
2/18/11 Contributor address; City; State; Zip Co	ow St.	\$50,00	
Fl. Worth, TX	16164	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	rexas, complete scriedule 1)
Date Full name of contributor out-of-state PAC (ID	*	Amount of	
6. Malcolm Lo	nden	contribution (\$)	In-kind contribution description (if applicable)
109 It Ity Urive	2	\$1,500.00	
FJ. War In, TY	76107	(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	Toxas, complete ochedale 1)
Date Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of	
Jin Dungward		contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Cod	k. 400	\$100,00	
FJ. Worth, TX 7	6102		_
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
Mr. Jyn Bujess 162	Lundford	contribution (\$)	description (if applicable)
	Lway	\$100.00	
[-1. Worm, TY 76	106		
Principal occupation / Job title (See Instructions)	Employer (See Ins	(If travel outside of Tetructions)	Texas, complete Schedule T)

Texas Ethics Co	mmission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
		ONTRIBUTION PLEDGES C		NS		SCHEDULE A
The	nstruction	Guide explains how to	complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	inda	"Sal" Es	o', <i>NO</i>		3 ACCOUNT # (E	thics Commission Filers)
4 Date	$\mid \in$	d Casas	-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/18/11	6 Contribu	utor address; City; Str	ate; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$ 500,00	
9 Principal occur	(-	7. Wo- h, 7	X 761	64		of Texas, complete Schedule T)
9 Filicipal occu	pation / Job ti	tle (See Instructions)		10 Employer (See	Instructions)	
Date	Je.	ons fer & Ch	of-state PAC (ID#:_	reviño	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18/11	Contribu	tor address; City; Sta	Zip Code		\$ 75,00	
Principal occu		=+. Wo-th,	TX 76	Employer (See		f Texas, complete Schedule T)
			**************************************	, , , , , , ,		
Date	Foct	Vactor fical	of-state PAC (ID#:_	m. He for	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/22/11	Contribute 385	tor address; City; Sta	te; Zip Code	Government	\$5,000.00	
Principal occur	F+	e (See Instructions)	76107	Employer (See)	(If travel outside of	Texas, complete Schedule T)
, ,		(= =	i i	CITIDIOVEL (See 1	USULICTIONS	

Date	Full name of contributor out-of-state PA	,	In-kind contribution description (if applicable)
1122/11	Contributor address; City; State; Zip 200 Texas Way Ft. Wart, Ty 7	\$1.000.00	
Principal occupa	ation / Job title (See Instructions)	(If travel outside of T	Texas, complete Schedule T)

Employer (See Instructions)

Amount of

contribution (\$)

\$ 250,00

Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ut-of-state PAC (ID#

Ft. Worth, Ty 76164

Tom Kramp, tz Contributor address; City State, Zip Code 749 N. Main St

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

Date

2/22/11

Principal occupation / Job title (See Instructions)

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

	ne Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	of 20
	vador Sall Espino			Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	Ft. War in Retired Firef	-ighlesd	contribution (\$)	description (if applicable)
2/22/11	6 Contributor address; City; State; Zip Code	· WILLUS	11 mm. W	\ <u></u>
4166111	1617 Tierrey Rd	ì	\$1,000,00	1
	FI. War In, TX 7611	.2	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		31 Texas, complete conceded 17
Date	Full name of contributor		Amount of	In Island contribution
	Don Collins		contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Code		\$500.00	1
	McKinney, TX 750-		(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	r texas, complete concedure 17
Date	Full name of contributor U out-of-state PAC (ID#:		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code, 12205 Smet Leuf Ct		contribution (\$)	description (if applicable)
-11.	Contributor address; City; State; Zip Code		. 1	
2/25/11	F1. Wo. L, TI 762	i dei	\$100.001	
	1 7.0000 30, 12.100	147	(If traval outside o	and the contract of the contra
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	f Texas, complete Schedule T)
			,	
Date	Full name of contributor		Amount of	In-kind contribution
	Dolves Valdez		contribution (\$)	description (if applicable)
1126/11	Contributor address; City; State; Zip Code		1 -	
3192111	4323 Calmant	- ·	\$50,00	
	FI. Wartn, TX76107	1	1	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	(If travel outside of	Texas, complete Schedule T)
		Employer (OCC III.C	tructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	المائية والمقصد المساعة
	Michael Beneff	(contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City: State: Zip Code		A som My	
	Contributor address: City: State: Zip Code	•	3 250. av	
	Ft. WO- 2, TX 7610) 9		
Principal occupa	ation / Job title (See Instructions)	Employer (See Insti	(If travel outside of T	Texas, complete Schedule T)
		Employer (Cooc.	ructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	e Instruction Guide explains how to complete		1 Total pages Sc	nedule A:
	vadar Sal Espino		3 ACCOUNT# (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (IE) Hulf f Associates S 6. Contributor address: City State 7:00	tak PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/25/11	6 Contributor address; City; State; Zip Co	P.1	\$500.00	1
	Fichardson, Ty	75081		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	or reveal, comprete ocheanie 1)
Date	Full name of contributor Out-of-state PAC (ID	S	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Co. 1415 Circle Park (F. Worth, TX)	510d	\$20,00	
Principal occur	pation / Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)
	satisfies the (See instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID)	Fenna	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Cod		\$ 100,00	
	Ft. Worth, TX 71	0164	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	nstructions)	rickes, complete scriedule 1)
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2125/11	Contributor address; City; State; Zip Code 2 400 Vayohn Blud Fl. Wah, TX		\$250,00	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	(If travel outside of nstructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	la kind as with the
	Jackie D. Bewley		contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City: State; Zip Code)c.	\$1,000.00	
		-104	(If travel outside =5	Toyon complete C
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
	radion Sal Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Jout-of-state PAC (ID#_	hictel	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/25/11	6 Contributor address City; State; Zip Code	. •	\$ 250.00	
	Ft. Work, TY 7	16111	(If travel outside o	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Code 2105 Marke + F1. Worth, TY 76	164	\$ 30.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside of	f Texas, complete Schedule T)
Date	Full name of contributor			
Date	Molyada Cheva	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Code 1616 Continent 1 Dr Ft. Worth, Ty7612	`ve	3 250,00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Data	F.U.			
Date	Full name of contributor out-of-state PAC (ID# Ochbie)	2 tre	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Code		\$ 500.00	
	Azle, TX 76020		(If traval quitaids as:	Tours assessed to the second
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	Texas, complete Schedule T)
Date	Full name of contributor ul-of-state PAC (ID#:		Amount of	
2/25/11		ins PHC	contribution (\$)	In-kind contribution description (if applicable)
J145 J11	F1. Wo-m, Tx 76101-	0916	\$ 250,00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	(If travel outside of T tructions)	ēxas, complete Schedule T)

SCHEDULE A

	Instruction Guide explains how to complete the	is form.	1 Total pages Sch	hedule A: 0 \ 20
2 FILER NAME	vador Sal Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC UD#_ Out-of-state PAC U		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2125/11	1 P.O. Box 4705		\$500,00	<u> </u>
	F1. War I, TX 7616	1.0705		of Tanas
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	F. III.			
Sate	Full name of contributor out-of-state PAC (ID#_	artirez	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Code 4400 Terrue Trus F. Wo-h, TX 761	14	\$100.00	
Principal occup	pation / Job title (See Instructions)	<u>, </u>	(If travel outside o	f Texas, complete Schedule T)
	(Coo mondadions)	Employer (See In	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#_	Jr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	2 900 b = Averve		\$250,00	
	Ft. Worth, TY 76	102	(If travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of	In Line 1
	Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
2/25/11	420 Throckmator FI Ub. h, TX 76	, Sk. 640	\$500,00	
Principal occupa	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
1 molpai occupa	ation 7 Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Code		,	description (ii applicable)
, , , , , ,		011	1250,001	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

SCHEDULE A

	e Instruction Guide explains how to complete t	his form.	1 Total pages Sc	o 20
	ador "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.	1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2125/11	1220 N. Main, 5	le , 115	\$ 50.00	†
9 Principal occu	Pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
			- ,	
Date	Full name of contributor Out-of-state PAC (ID)	PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Coo	Pluza, Ste. 2	9 250.00	
	Fl. Worth, TY 71	109	9 030.00	
Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)	of Texas, complete Schedule T)
Date	Full pame of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Cod.	Are.	\$ 200.00	
	Fl. Worth, Ty 71	0104	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State: Zip Code	errez	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Code 2604 N.W. 222 C	106 106	\$ 75.00	
Principal occup	ation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Δ	
	Jin Finley		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City: State; Zip Code		\$2,000.00	
	Ft. Worty, Ty 7	6103		Taura
Principal occupa	ation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	Instruction Guide explains how to complete	this form.	1 Total pages Sci	of 20
2 FILER NAME	Vador "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID	USG	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2125/11	6 Contributor address: City; State; Zip Co.	Ave.	\$200.00	1
	Ft. Worth, TX 76		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full pame of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	2303 Chinton An	e.	\$100.00	
Principal and	Ft. Word, TX76	·	(If travel outside or	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
2/25/11	Full name of contributor Gut-of-state PAC (ID# Out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
, , ,	Contributor address; City; State; Zip Code 2230 College Av F1. Worth, Ty	re. 7/011/0	\$100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	4163 Princie Mend Ft. Worm, Ty	au Ct	\$ 250.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of nstructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City: State; Zip Code 8104 Mane LN F1. Wo-th, TX 7		\$ 50,00	
Principal occupat	ion / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	e Instruction Guide explains how to complete	this form.	1 Total pages Sc	hedule A:
2 FILER NAME	ador "Sal" Espino		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID OSE ESPINO 6 Contributor address: City: State: Zin Co		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2125/11	2200 Marte + Ave		\$100.00)
9 Principal occu	FJ. Www., TY71	10 Employer (See		of Texas, complete Schedule T)
		10 Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC (ID)	ン <i>ル</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2125/11	Contributor address; pity; State; Zip Con 3307 Loosevell Ft. Wath, TX	16106	\$100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributes			
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	JEDJ EISEN HOVER	\mathcal{D}_{c}	\$ 50.00	
Principal occup	ation / Job title (See Instructions)	• 11 d	(If travel outside of	f Texas, complete Schedule T)
	and it is the (See instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-stale PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	720 Oakwood Tr	1	\$25,00	
Principal occupa	tition / Job title (See Instructions)	16112	(If travel outside of	Texas, complete Schedule T)
	and (See Mandellons)	Employer (See In	nstructions)	
Date	Full name of contributor Perez		Amount of contribution (\$)	In-kind contribution description (if applicable)
2125/11	Contributor address; City: State; Zip Code 1220 N. Main St., Ft. Wa-L, TY 761		\$100.00	
Principal occupat	ion / Job title (See Instructions)	Employer (See In	(If travel outside of astructions)	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages So	hedule A:
Salvadur 'Sal' Espino	3 ACCOUNT#(Ethics Commission Filers)
Date 5 Full pame of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2)25)11 6 Contributor address; City; State; Zip Code	\$25.00	
Ft. Worth, TX 76115	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (Se		
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
5825 Fursman Ave.	\$100,00	
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside o	of Texas, complete Schedule T)
Employer (See	e Instructions)	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11 Contributor address; City; State; Zip Code 4028 Aragov F1. Worth, TX 76133	\$100.00	
Principal occupation / Joh titlo (See Instructions)		f Texas, complete Schedule T)
Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2125/11 Contributor address; City; State; Zip Code 3609 Renzel Blod	\$ 50,00	
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of	Texas, complete Schedule T)
Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2)25/11) Contributor address: City: State; Zip Obde 130 E. Exchange Ave.	\$ 500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	Instruction Guide explains how to complete t	his form.	1 Total pages Sc	hedule A:
	rador 'Sal' Espino		3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	ne 11	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/25/11	6 Contributor address; City; State; Zip Cod 310 Driste II Blu Ft. Wo-h, Ty	3. 6107	\$ 200,00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Code 345 Chaleston () 54	\$100,00	
Principal occup	ation / Job title (See Instructions)	Employer (See	(If travel outside o	f Texas, complete Schedule T)
Date 2125/11	Full name of contributor out-of-state PAC (ID#_ Contributor address: City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
		800	(If travel outside or	f Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address; City; State; Zip Code 5 36 Kings Know	re Pkwy	\$ 50.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of nstructions)	Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/11	Contributor address: City; State; Zip Code	1250	\$ 300,00	
Principal occupati	on / Job title (See Instructions)	Employer (See In:	(If travel outside of a structions)	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to comple	ete this form. 1 Total pages Schedule A: 13 of 20	
Salvador 'Sal" Espino	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 Full name of contributor Out-of-state P/	contribution (\$) description (if applic	
3 25 11 6 Contributor address; City; State; Zin	150,00	
Ft. Wort, TX		e T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	<u> </u>
Date Full name of contributor out-of-state PA ovis	contribution (\$) description (if applica	
2125111 Contributor address: City; State; Zip		
Fl. Work, Ty-	1610 2 (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 PA	contribution (\$) description (if applica	
2/25/11 Contributor address; City; State; Zip	Lone \$200.00	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule	T)
	Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC PAC	contribution (\$) description (if applicat	
2/25/11 Contributor address; City; State; Zip of 206 Aber Jean	~ Dr. 3500,00	
Irophy Club,	(If travel outside of Texas, complete Schedule 1	Γ)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC	(ID#) Amount of In-kind contribution contribution (\$) description (if applicable)	
3 1 Contributor address; City: State; Zip C	Tre. 3350,00	
Principal population / lab 444 (2)	(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

POLITICAL	CONTRIBUTIONS
OTHER TH	AN PLEDGES OR LOANS

SCHEDULE A

	e Instruction Guide explains how to complete th	his form.	1 Total pages Sch	of 20
2 FILER NAME	vadar "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 Cod.	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
311111	901 FW Club Bldg Ft. Worth, TX 76		\$500.00	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		n toxuo, comprote concuero , ,
Date	Full pame of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
311111	Contributor address: City; State; Zip Code 4213 Condlewind L F. Worm, TY 761	-w 33	\$ 200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	(It travel outside of nstructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Ongle Contributor address; City; State; Zip Code Table V. Marw S.	i NS, Jr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
311111	TAAN. Main SI. Ft. Word, TX 76	i l	\$150,00	
Principal occupa	eation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code	SUGUE	Amount of contribution (\$)	In-kind contribution description (if applicable)
311]]]	1820 Jacksborg H. Fl. Worth, TX 761	w)	\$1,000.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)
3)8)11	Full name of contributor out-of-state PAC UD#_ Contributor address; City: State; Zip Code Sold Don Cello	6N	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupat		Employer (See Inst	If travel outside of T	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

TEXAS ETTICS CO	P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-580((TDD 1-800-735-29
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc	pedule A: 20
2 FILER NAM	Vadur "Sal" Espino			Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	ere 2	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
3/8/11	6 Contributor address: City: State: Zio Code		\$ 250.00	
9 Principal occi	Coder H.II, TX 7.	10 Employer (See		of Texas, complete Schedule T)
Date 3/8/11	Full name of contributor out-of-state PAC (ID#_ Che 1 Dustin Contributor address; City; State; Zip Cade 1452 Store h. II Dr		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
	F.W.			
318111	Full name of contributor out-of-state PAC (ID#_ OOD COVERNMENT Contributor address; City; State; Zip Code 201 Main St., Ste Ft. Worth, TX 76	2500	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_	2ployer (See II	Amount of	In-kind contribution
3111/11	Vernell Styras Contributor address; City; State; Zip Code 612 Highwoods Trl F1. Worth, TX 7611	2	\$50.00	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)
311111	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable) Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	ouriodic 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	e Instruction Guide explains how to complete t	this form.	1 Total pages Sc	hedule A: DO
	radur "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)	#:) 	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3111111	1401 Wood borough 141Ler, Ty 7624	18	\$ 250,00	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		UI TEABS, CONTINUES CONTIQUIS 17
Date	Full name of contributor Out-of-state PAC (ID#	255er	Amount of contribution (\$)	In-kind contribution description (if applicable)
3111111	Contributor address; City; State; Zip Cod 12316 Gellow W F1. Wo. L. Ty	lood A.	\$ 50.00	
Delegion occur	1		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	+	Amount of contribution (\$)	In-kind contribution description (if applicable)
311111	Contributor address; City: State; Zip Code 3536 Funday War FJ. Worder, TX	9	\$ 100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#			
	T.J. Hurris		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/11/11	Soyu Valley Pr.		\$100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of nstructions)	Texas, complete Schedule T)
3)11)11	Full name of contributor out-of-state PAC (ID# Contributor address; City: State; Zip Code	instruct	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State; Zip Code 5751 Krases D.,	St 185		
Principal occupat	tion / Job title (See Instructions)	Employer (See In:	(If travel outside or is	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Salvador 'Sal' Espino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
3)11/11 6 Contributor address; City; State; Zip Code 101 Summit Aw, Ste 208 Ft. Wordn, TX 76102	\$ 250.00
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor out-of-state PAC (ID#) John V, Rach	Amount of In-kind contribution contribution (\$) description (if applicable)
3115/11 Contributor address; City; State; Zip Code 2805 Allow RJ F1. Wort, TY 76109	\$100,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution
3/15/11 Samuel P. Gonez Contributor address: City; State; Zip Code 5/10 Breton Dr. Gend Prairie, TX 75052	description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In	
Date Full name of contributor out-of-state PAC (ID# Steve Murring Contributor address; City; State; Zip Code 500 N.E. 23 CLSt	Amount of contribution (\$) In-kind contribution description (if applicable)
F1. Worth, TX 76164	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
To be + C Joplin,	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) tructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	ador "Sal" Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/15/11	6 Contributor address; City; State; Zip Code 3815 L15 SON 5-1, 5	te. 203	\$ 250,00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/11	Contributor address: City; State: Zip Code 117 Shaly Lak. C Hust, TX 7605	.4	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3118111	Contributor address: City: State: Zip Code (611 River RS + Dr. F1. Worth, TX 76)	07	\$ 500.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (ID#	Jr	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/18/11	Contributor address: City: State: Zip Code 2200 Clenco Torre F. Wardn, TV 761		\$100,00	Toyon complete Catalyte T
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	tructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3118111	301 Commerce St, S Ft. Wo. In, TX 761	Ste. 1500	\$250.00	
Principal occupat	ion / Job title (See Instructions)	Employer (See Inst		Texas, complete Schedule T)
lf cor	ATTACH ADDITIONAL COPIES OF tributor is out-of-state PAC, please see instru	THIS SCHEDULE AS	S NEEDED onal reporting re-	quirements.

	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
Th	ne Instruction Guide explains how to complete th	his form.	1 Total pages Sch	l of 20
2 FILER NAM	vador "Sal" Espin	0	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# L B G Contributor address: City: State: Zin Cod	irr	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3118111	6 Contributor address; City: State; Zip Cod	Ave. 76109	(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#	Campaign	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/18/11	FI. Wo. to, TX 7	te. 1030	A 350, co	f Towas complete Cabodula TV
Principal occu	upation / Job title (See Instructions)	Employer (See II	nstructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#. Out-of-state PAC (ID#. Contributor address; City; State; Zip Code	rs L. P.	Amount of contribution (\$)	In-kind contribution description (if applicable)
3129111	2650 Meuchan 1 Fli Worth, TX	B1-9-	\$2,000 00	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	Toxas, complete contestio 17
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3124111		1/20	\$ 50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ SHEPLEN LUSEK Contributor address City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/29/11	4124 Bolan St. Fl. Way to, TX76:	244	J _D , _{OO}	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		exas, complete scriedule 1)
If cc	ATTACH ADDITIONAL COPIES Ontributor is out-of-state PAC, please see instru	F THIS SCHEDULE At	S NEEDED	quirements.

www.ethics.state.tx.us

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	hedule A: 20 a F 2 O
2 FILER NAME	radur'Sal' Espino		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	, \$	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/11	001 104 W ST. 1 Ste		\$ 1,500.00	1
	FI. Worth, TX 71	6102	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#_ Line Durger Goggen B	Marca Smg	Amount of contribution (\$)	In-kind contribution description (if applicable)
OHOILI	Contributor address; City; State; Zip Code	•	\$1,000.00	 }
Seite eine Leanur	Austin, TX 78	7		 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Molha	Contributor address: City; State; Zip Code], Ste. 600	41,000,00	
	F1. Wort, TX 7611			 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)
410111	6217 benon Rd	- •	31,000,00	
	Ft. Worty, TX 76			of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				CT
Principal occupa	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

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

Loan Repayment/Reimbursement
Transportation Equipment & Related

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 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code 1940 No- h ha w St.			
\$ 500.00	F1. Worth, TX 7616-1			
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	contributions made by holle Chartable contribution			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH			
2 110 111	Josh Villarreal Come Bere Fit			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 350,00	Ft. Warty, TX 76106			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Contibutions mude by holler Chartable contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
Date 2 25 11	Payee name Dany Scarth Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 100,00	505 High Woods Tail			
7100,00	F1. Warh, Ty 76/12			
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	contibutions made by holler Campaign contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held			
2 28 11	Oakhurst Neighburhard Association			
Amount (\$)	Payee address; Gity; State; Zip Code			
\$ 150.00	F1. Worth, TX 76111			
PURPOSE OF	Category (See categories listed at the lop of this schedule) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	It due tising brease Political advertising reuseller			
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			

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis	aising Expense	Contributions/Donation Candidate/Office	ment & Related Expense ons Made By nolder/Political Committee
1 663	Printing Expense The Instruction Guide	Office Overhead/le explains how to	•		egory not listed above)
1 Total pages Schedule F:	2 FILER NAME SALVE 'S	ul" Esp	ino	3 ACCOUNT#	(Ethics Commission Filers)
2 2 3 11	Forbert A. E	sp.wo			
6 Amount (\$)	7 Payee address; City: St.	ate; Zip Code	Trail		
\$276,00	Ft. Worth,				
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Contract Labo	>	Lumpa	aign lu	o-K
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
311111	Payee name Oakhust N	Veighb	boods	Associa	ition
Amount (\$)	Payee address; City; Sta	ate; Zip Code	-		
\$40,00	F). Work	ラフィフィ	0111		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Itduertising type	nse	1. C 141 ()	la le toure	wise Day
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
3121111	Paree name FustSigns				
Amount (\$)	Payee address; City; Sta	te; Zip Code	16 21	, Ste C	
674.67	Fichland H	Ils, Ty	76118	•	
PURPOSE OF	Category (See categories listed at the top	of this schedule)		f travel outside of Texas, o	complete Schedule T)
EXPENDITURE	It due tising Ex	erse	$\mathcal{D}^{\prime\prime}$	9ns	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 13/2/1/1/	Payee name Suray Sur	reen (praphic	S	
Amount (\$)	Payee address; City; Sta	te; Zip Code			
\$3,412.80	GIL Magne Actington,	Ty 76	011		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of			travel outside of Texas. co	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	ν >	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

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

P.O. Box 12070

Polling Expense Printing Expense

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

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

	The Instruction Guide explains how to		HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	NO	3 ACCOUNT # (Ethics Commission Filers)
3)21)11	5 Payer name dusties		
6 Amount (\$)	7 Payee address; City: State; Zip Code 5 415 Mank Art U	20-	
9861,22	Dallas, Ty 75235	2 <i>30</i> -	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		el outside of Texas, complete Schedule T)
EXPENDITURE	Consulting Exercis	Vole Cont	1 < 1 1.
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
3122/11	Payename Redo Delgado		
Amount (\$)	Payee address; City: State; Zip Code		
\$200.00	Ft. Wor h, TX 761	16	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
EXPENDITURE	1-ecs	Photo	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
3 124 111	Payaname Fustsiqws		
Amount (\$)	Payee address; City; State; Zip Code	01 51-1	
\$674.67	Fichland Hills, Ty	16118	
PURPOSE OF	Category (See categories listed at the top of this schedule)		outside of Texas, complete Schedule T)
EXPENDITURE	It dre-tising Expense	Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
3 2 4 11	Payee name Hogel Luebonos		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 200,00	Ft. Wur L. TY 76	-e 0110	
PURPOSE OF	Category (See categories listed at the top of this schedule)		tside of Texas, complete Schedyle T)
EXPENDITURE	Contract Labor	Compai	1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDUI FAS NEEDE	
w athics state ty			

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 Evnense

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F:	2 FILER NAME Salvadur 15alli Es	pino	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3 135 111	5 Payee name Parks			
6 Amount (\$)	7 Payee address: Scity; State; Zip Code	Le 2200		
\$ 3 26.00	FI. Wast, TX 76			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	Park Kes	ervation	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
3 25/11	Payename A. Espir	V O		
Amount (\$)	Payee address; City; State, Zip Code	re Truit		
\$260,00		76131		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)	
EXPENDITURE	Contract Labor	Lamp	nigh Work	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 3127111	Payee name Ff. a Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00		76107		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
EXPENDITURE	Ottice overtend expenses	Cumpaig	N Supolies	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
3)29)11	Payee name Open Channels G	roup		
Amount (\$)	Payee address; City; State; Zip Code			
3 3, 449,00		Sk. 208 102		
PURPOSE OF	Category (See categories listed at the top of Ihis schedule)		utside of Texas, complete Schedule T)	
EXPENDITURE	Event (Consulting Expense)	Services/costs	for Meet/Greets	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Accounting/Banking Consulting Expense Event Expense

Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

1003	Printing Expense Office Overhead/I	Rental Expense OTHER (enter a category not listed above)
4 7041	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F	Salvador 'Sal' Es	3 ACCOUNT # (Ethics Commission Filers)
3 30 11	5 Payee name L. G. Saen 2	
6 Amount (\$)		
\$ 750,00	1204 Could Hue	6164
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	Even + Expense	Deposit for Event
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name COH	Office sought Office held
3/3/11	Payee name Printing	
Amount (\$)	Payee address; City; State; Zip Code	> 1
12,548.80	Payee address; Scity; State; Zip Code 32 Arlington, TX 760	017
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Etrense	Vote contact materials
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
331111	Payee name Who Are You With	Benefit re: Cancer
Amount (\$)	Payee address; City; State; Zip Code	7
9 250,00	2723 NW 25 h	106
PURPOSE	Category (See calegories listed at the top of this schidule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contibution make holder	Chantable Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
3)31111	Payer name Trends of the Herd	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	131 E. Exchange # 215 Pt. hunt, TX 76164	-
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	contibutions much by holder	Charitable Goots but on
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS NEEDED
		1

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave	EGORIES FOR BOX 8(a ies/Wages/Contract Labor tation/Fundraising Expense In District Out Of District Overhead/Rental Expense ins 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:	Salvador Sal	EspiNO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 0 1 1 1	5 Payee game	/ U	
6 Amount (\$)	7 Payee address; City; State; Z	X76131	
8 PURPOSE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhend 1Sup	pha Cump	paign Supplies
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	ip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	o Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sough	t Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED