Flexal Anksichmmist	P.⊈. Bo x 12070 Austin, Texas 78711-2070 (512) 4	463-5800 (TDD 1-800-735-2
CAMPAIG WODTL	THANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR SIGNA MI NICKNAME LAST, SUFFIX SUFFIX	OFFICE USE ONLY Date Received 2 3 4 5 6
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 1205 N. Mu; N St Ft. Was to, TX 76167	Date Hand-den Versia Galland CITY OF FOR I WORTH Receipt #CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 634-3352	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS/MRS/MR Elizabeth NICKNAME HART SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: STATE: 1205 No-to Main St. Ft. Worth, TX 76167	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (8)7) 634-335Q	
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	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) FWC. H Coraci) - Dist, 2 13 OFFICE SOUGHT (if known in the control of th	own)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT T CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICAL Name	
	Address / PO Box; Apt. / Suite #: City; State; Zip Code	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IUIAL	.3	COVER SHEET PG Z
15 CACH NAME	lor 15 a	"Espino	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N S
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,900.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 16,495,91
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PRTING PERIOD	\$56,011,99
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	HE \$
Nota	DNALD P. GONZALE ry Public, State of Te commission Expire May 17, 2012	is true and correct and includes all is me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
Sworn to and subs		Calmate 6	<u>™</u> . this the
Signature of officer admir	istering bath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

			,	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME Salva d	do 'Sal" Espinio		3 ACCOUNT # (E	thics 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)
04/08/11	6 Contributor address; City; State; Zip Code	· .	बे१००,००	
	Ft. Wastr, TX76	0)37	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#)	'AC	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/11	Contributor address; City; State; Zip Code 309 Wosh 7世, Sk		\$ 500,00	
	Ft. Warm, TX 7610	2	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / 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)
11180140	Contributor address: City; State; Zip Code 3 800 NW 30 ± 54		\$100,00	
	Ft. Wort, TX 7610	06	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / 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)
Hellho	Contributor address; City; State; Zip Code 801 Che (1) 54,5 k 3	700	\$500,00	
	Ft. Wort, TX7610	7.3		f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04122111	Ft. Wo-ty, TX		\$ 100.00	4T
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	·	f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	du 'Sal" Espino		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor bout-of-state PAC(ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/22/11	6 Contributor address: City: State: Zip Code 35) 2 Stone Cree K		\$500,00	
	Fl. Worth, TX 76	T	l	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#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/11	Contributor address: City: State: Zip.Code 3501 Elm Cree (Corr Ft. Wo-tn, TX 76)		\$500,00	
	1,70	T	<u></u>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	v of Reglibis	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/11	Contributor address; City; State: Zip Code	PAC	\$1,500.00	
	H. Wars, TX 76,102		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ Chae) A. Mc Beer Contributor address: City; State: Zip Code	e	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/11	Contributor address; City; State; Zip Code 4) 12 Deer Valley Land	<u>-</u>	\$500,00	
	FICALLESSA, 1 X		(If travel outside of	of 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)
04/22/11	Contributor address City: State: Zip Code 1) 615 Furest Contributor 041145, TV 75243	, ste 209	\$ 500,00	
			(If travel outside o	l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	dor "Sal" Espino	di ni iku	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
04/27/11			\$500,00	description (if applicable)
	Plano, TX 75093		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/11	Contributor address: City: State: Zip Code 1900 Preston RJ # Pall45, TX 75093	267-88	\$500,00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Stephen R. Turner		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/11	Stephen R. Turner Contributor address: City; State: Zip Code 2516 Honey Suckle A. Fl. Wowth, TX 76111	renue.	\$50,00 (If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Mrchael D. Fayce H		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/11	Contributor address; City, State; Zip Code 924 Blue bonne + (C+ Wo+, TX761)		\$ 50.00	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		. Toxas, complete constant ()
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
04/24/11	Contributor address; City: State: Zip Code 6350 Bater Blud Fl. W. L, TX 76118	of Thread	s d, contribution (\$) \$ d, contribution (\$) (If travel outside of	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 SHER NAME SGIVA	dur "Sal "Espino		3 ACCOUNT # (E	thics 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)
04/29/11	6 Contributor address; City; State; Zip Code 4201 N. MainSt, State Ft. Wo-th, TX 7611	119	\$ 2,500,00	(- - of Texas, complete Schedule T)
9 Principal occu	Dation / Job title (See Instructions)	10 Employer (See		or rexas, complete ochequie 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/11	Contributor address; City: State; Zip Code (.0, Box 264014 Plano, TX 75206-	9014	\$1,000,00	
Dain-sin-Loan				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/11	Contributor address; City; State; Zip Code 3709 Scnt, ago C+		\$1,000.0	U
	truing, Ty 7306		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	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)
05/0411	Contributor address; City; State; Zip Code 301 Com na-ca St, S		\$1,250,00	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Fl. Wash, TX76	102	(If travel outside o	f Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/11	P. O. BOX 121969 Ft. WortsTX 16121		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	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 Guid	e explains how to complete this t	form.
1 Total pages Schedule F:	2 FILER NAME \ \\(\)	i) [3 ACCOUNT # (Ethics Commission Filers)
	Dalvada Sal	tsp.No	
4 Date	5 Payee name	0 0 .	0
4/05/11	Syson G. Kon	men Kyre for the	e Cure
6 Amount (\$)	7 Paves address: . City: S		
	P. D. BOX 10	tate; Zip Code	
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₹50.00	Ft. Wart, 1	V76185	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Contribution made	of whole the	, table Cont. bution
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C)H		
Date	Payee name (
04/08/11	2 et contic	5 G.	
1/-		7 Zin Codo	
Amount (\$)	Payee address; City; S	tate; Zip Code	
1111100	1027 2,6	appoint	
41,664.38	Arline tons	TX 76017	
			n (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descriptio	(If travel outside of Texas, complete Schedule I)
EXPENDITURE	Printing	Vo les	Contact 11/4 terials
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C			•
	[
Date	Payee name	$\mathcal{O}(\mathcal{O})$	
04/08/11	Jim Line -	101119401	
Amount (\$)	Payee address; City; Si	ate; Zip Code	
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	アトリング・ア	1 x 16 100	
PURPOSE	Category (See categories listed at the to		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ka tak ti an ti	b lando.	ign Contibution
	Contobutions mude		
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C	У П		ALLO ALLO ALLO ALLO ALLO ALLO ALLO ALLO
Date 1	Payee name ()		
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Amount (\$)	Payee address; City: Si	ate; Zip Code.	
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PURPOSE OF	Category (See categories listed at the to	p of this screenie) Description	n (Iftravel outside of Texas, complete Schedule T)
EXPENDITURE	contribution made h	holter Char	Lyble Contribution
	Candidate / Officeholder name	Office soup	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C//			
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	SNEEDED

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this fo	
1 Total pages Schedule F:	2 FILER NAME Salvador 1'Sa	1) Espino	3 ACCOUNT # (Ethics Commission Filers)
4 Date ()4 \2)	5 Payge name	-te Media	
6 Amount (\$) \$ 1,535,00	7 Payee address; City; Star 1 20 Concurrence F1, Worth)		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date ()	Payee name Oakhust	Veighborhood	Association
Amount (\$)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e; Zip Code	
\$150,00	Ft. Worth	7 76111	
PURPOSE	Category (See categories listed at the top o	f this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	1 Man to	L Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	Office held
Date () 13 1	Payee name	10	
Amount (\$) 550. 77	Payee address; City, State 2804 Fuse, 1 King F4. Work, 7	y 76/31	
PURPOSE	Category (See categories listed at the top of	/ /	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Central Labor	(Lamor	lign Work
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sough	
O4 [13]]	Payee name	\$	
Amount (\$)	Payee address; City: State		
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PURPOSE OF	Setegory (See categories listed at the top of		If travel outside of Texas, complete Schedule T)
EXPENDITURE	Loon duct Luber	Cuma	aignition K
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS N	IEEDED

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		explains how to complete this t	
1 Total pages Schedule F:	2 FILER NAME	11/	3 ACCOUNT # (Ethics Commission Filers
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4 Date	5 Payeename		
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6 Amount (\$)	7 Payee address; City: Sta	te; Zip.Code	
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\$ 304,00	H. Wart.	Ty 76131	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Rescription	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Castad Labor	Com	raign Work
	Candidate / Officeholder name	Office souc	ght Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office soug	gnt Office neid
Date 04/18/11	Payee name	+	
Amount (\$)	Payee address; City; Sta	to: Zin Codo	
Amount (\$)	401 (a xx 2)1 S	te; Zip Code	
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7136,68	Ft. Work, T	x 76107	
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pastin	Joy.	fortions to Event
	Candidate / Officeholder name	Office soug	,
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office addg	Once held
04)18)11	Payee name Boines		
		71.00.1	
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$ 168,20	1. 0, 150y	11011	
, , , , , ,	P. Hsburgh, PA	15250-7874	
PURPOSE	Category (See categories listed at the top of	fthis schedule) Description	(if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	tuetore	\perp \downarrow \downarrow \uparrow \uparrow \uparrow	lines
	Candidate / Officeholder name	Office sough	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sough	nt Office field
Date	Payee name		
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Amount (\$)	- MIL	e; Zip Code	
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\$276,00	FI, Wart,	17 76131	
PURPOSE	Category (See categories listed at the top o	f this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contact lakes	Cumo	ains West
	Candidate / Officeholder name	Office sough	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sough	Onice risid
	ATTACH ADDITIONAL CO	DIES OF THIS SCHEDUL FAS	NEEDED
	AT IACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NECHEN

(512) 463-5800

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 BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimburse Transportation Equipment & I Contributions/Donations Mad Candidate/Officeholder/Po OTHER (enter a category no	Related Expense de By olitical Committee
	The Instruction Guide	explains how to complete this f	orm.	
1 Total pages Schedule F:	2 FILER NAME Salvador Sal	1"Espino	3 ACCOUNT # (Ethics	Commission Filers)
4 Date () 1 2 2) 1)	5 Paree name	cties	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address; City; Stat 5415 Maple A	te; Zip Code tve H 230		
12,543.76	Dallas, TX 7	15235	****	
8 PURPOSE	(a) Category (See categories listed at the lop of	of this schedule) (b) Description	n (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Consulting	Vole1	Contact Strate	gies
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	jht Offi	ice held
Date 04 25 111	Payee name	ewspages		
Amount (\$)	Payee address; City; Stat	te; Zio Code		
\$137,50	A. Wo-to, T	X76116		
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EXPENDITURE	Hower tising	Week	1, Wewspaper F	197
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Offic	ce held
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H 25 / 1)	Payee name			
Amount (\$)	Payee address; City: State	e; Zip Code		
169.39	Arlington.	TV 76016		
PURPOSE	Category (See categories listed at the top of	fthis schedule) Description	(If travel outside of Texas, complete S	Schedule T)
OF EXPENDITURE	Contact Labo	Camo	is ign work	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sough	nt Offic	ce held
Date	Payee name			
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Amount (\$)	Payee address; City; State	Zip Code		
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PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete S	ichedule T)
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	offic Office	ce held
	ATTACH ADDITIONAL COL	PIES OF THIS SCHEDULE AS	NEEDED	
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P.O. Box 12070

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries	/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	•	on/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense		District Contributions/Donations Made By
Event Expense		out Of District Candidate/Officeholder/Political Committee
Fees	• ,	verhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains	
1 Total pages Schedule F:	2 EILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Salvador Sul Es	2 · NO
4 Date	5 Payee name	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
04/20/11	El Intermeder	Veruspa ke
6 Amount (\$)	7 Payee address; City; State; Zip	Çode
	7 Payee address; City; State; Zip	+
\$ 500.00	Ft. Wastr. TV	16/64
9 300,CC	FA, VOOS AFI	
8 PURPOSE	(a) Category (See categories listed at the top of this sche	dule) (b) Description (If travel outside of Texas, complete Schedule T)
OF	DI a time	Weekly Ads
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	EXPENDITURE	CATEGORIES FOR B	OX 8(a)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	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 Expens	Loan Repaymen Transportation E Contributions/Do Candidate/Of	t/Reimbursement quipment & Related Expense nations Made By ficeholder/Political Committee category not listed above)		
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