#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY SECRETARY FORM C/OH FT. WORTICOVER SHEET PG 1

	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR  Salvaco	MI SUFFIX	Date Received 3 4 5 6 RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / POBOX: APT / SUITE #: CITY:  1205 N. Mainst.  Ft. Worth, TX7  AREA CODE PHONE NUMBER  (B) 624-3352	STATE; ZIP CODE	MAY - 3 2013  Date Hand-delivered or Postmarked  CITY SECRETARY  Amount  Date Processed: 9 5
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  FIRST  FIRST	SPINO MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#;  1205 N. Mains  Ft. Worth, TX	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 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 05 / 03 /	And the second second
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	Fort Wath City Cancil-Dist. 2	13 OFFICE SOUGHT (if known	
	GO TO PAG	SE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	10 1150	11 FS 01 4/0)	CCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY THOUDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,210.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$		
. 9 90 0	4. TOTAL POLITICAL EXPENDITURES \$ 39,750.64				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 39,750.64 \$ 20,873,92		
OUTSTANDING LOAN TOTALS	17945 1.11776(1.11776) 1.	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$\$10,000.00		
18 AFFIDAVIT					
	LOURDES ARROY Notary Public State of Texas nm. Expires 04/18/	A Clarke	mation required to be reported by		
AFFIX NOTARY STAM		me, by the said Salvador Espino			
Sworn to and subs	of Man	me, by the said <u>JAWCCO7 ESP3 NC</u> , 20 <u>13</u> , to certify which, witness my h			
Signature of officer adm	inistering oath	Printed name of officer administering path	Title of officer administering oath		
organization of officer addition	and a second	and the control of th			

P.O. Box 12070

#### SCHEDULE A

	Instruction Guide explains how to complete this for	rm.	1 Total pages Sch	edule A:
2 FILER NAME	vada "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)
4/12/12	6 Contributor address City; State; Zip Code	Are	\$75,00	
9 Principal secur	14. Word, 14 161	67		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
4/12/13	3904 Hami How Are		\$500,00	
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
- Tincipal occup	salon 7 300 title (See Instructions)	Employer (See II	istructions)	
Date	Full name of contributor Out-of-state PAC (ID#	PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/13	Contributor address; City: State; Zip Gode	17-61	\$500.00	
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	Salori 7 355 title (See Histractions)	Employer (oee ii		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
			(If traval autoid	of Toyon complete Cabedula Ti
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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		1	
		1	(If travel autoids	f Tours assented Sabadula T\
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
15	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE	AS NEEDED	ramiramanta

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAME	under 'SI' Espino	3 ACCOUNT # (Ethics Commission Filers)
1116/13	5 Full name of contributor □ oul-of-state PAC (ID#:  An f  Contributor address; City; State; Zip Code  7020 Castle Creek C+	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) 10 Employer (S	(If travel outside of Texas, complete Schedule T) See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution contribution (\$) description (if applicable)
4116113	201 Man St, Ste. 2500 Ft. Wart. TV 76102	\$3,00.00
Principal occup		(If travel outside of Texas, complete Schedule T) See Instructions)
Date 4/16/13	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Employer (S	(If travel outside of Texas, complete Schedule T)
Date 4116/13	Full name of contributor out-cf-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occup		See Instructions)
Date 4   16   13	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)  35000  (If travel outside of Texas, complete Schedule T)
		Gee Instructions)

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form	m. Total pages Schedule A:
FILER SAME	1 1 1 1 1 1	3 ACCOUNT # (Ethics Commission Filers)
Date 11613	5 Full name of contributor out-of-state PAC (ID#	
Principal occu		(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)
Principal occu	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule Trapployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City: State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
	Haltancib. TV 7613	340,00
	Halton City TX 7613 pation / Job title (See Instructions)	The second secon
Principal occup	Full name of contributor out-of-state PAC (ID#:	(If travel outside of Texas, complete Schedule T Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable in the contribution of the contribution (\$) In-kind contribution (\$)
Principal occup	Full name of contributor out-of-state PAC (ID#:	(If travel outside of Texas, complete Schedule T Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable in the contribution (\$) In-kind contributio
Principal occup	Full name of contributor out-of-state PAC (ID#:	(If travel outside of Texas, complete Schedule T  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule T  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule T)

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edula A:9
2 FILER NAME	odor "Sal" Espino	3 ACCOUNT # (E	thics Commission Filers)
4 Date 4 1913	Full name of contributor out-of-state PAC (ID#:  Pobert J. Folzer loser  6 Contributor address; City: State; Zip Code  1916 Barkeloy PI  F1. Wash, 77 76110	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu		mployer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
411913	4000 Norward	\$100.00	
	1 midland, 7 19701	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor  out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
4123113	417 Rivercrost Dr.	\$250,00	
	Pt. Wast, 7876107	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of	In-kind contribution
Dato	Chaster Cadieux  Contributor address; City; State; Zip Code	contribution (\$)	description (if applicable)
4123113	6808 E. 109 5 St	\$2000	1.0
	Tulsa, OK 74133	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	) Amount of	In-kind contribution
4123/13	Contributor address; City; State; Zip Code 3411 A. Suo-n Ct	contribution (\$)	description (if applicable)
	Anligton, TX 7601	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	

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

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 5 of 9
2 FILER NAME	adar "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
4/23/13	Jimes R. Toal 6 Contributor address; City: State; Zip Code 341 Nursen Lare Ft. Worth. TX 7611	s) w.co
O Deleviant annual	lan annua annu	(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#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4/23/13	2805 AHON Rd	\$50000
	F1. Wo-h, TV 76/09	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
4123/13	2314 Azle Are.	\$250,00
	Ft. Was, 78 76106	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Contributor addless; Chy. State; Zip Code; W	Amount of In-kind contribution contribution (\$) description (if applicable)
4/23/13	P. O. Boy 100066	\$250.00
	F1 Wach TV 7685	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of In-kind contribution
4123113	Contributor address; City: State: Zip goder.  700 Jenkins Rd  ATOMA TX 76008	description (if applicable)  description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
-		

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule 2 9
2 FILER NAME	du 'Sal' Esoino	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#.  1 Contributor address: City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4/23/13	7001 Blud 26, Sk 323	\$500.00
9 Principal occup	pation / Job title (See Instructions) 10 Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4/23/13	301 Connerast, St. 2400 Ft. Wash, TV 76102	\$ 1,000.00
Principal occup		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
4/24/13	Cedar H.II, TX 75 104	\$250,000
Principal occup		(If travel outside of Texas, complete Schedule T) (See Instructions)
Date	Full name of contributor  out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
4/24/13	6312 Mesa Lidge Dr.	\$100.00
Principal occup	pation / Job title (See Instructions) Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
4/24/13	608 Paint Pary THN.	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form	n. 1 Total pages S	chedule A: of 9
2 FILER NAME	adar 1801 " Espina	3 ACCOUNT#	(Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$	
4/25/13	Aglia ton. TX 76017		1
9 Principal occup		(If travel outsic	e of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$	In-kind contribution ) description (if applicable)
4/25/13	102 Wooddale Dr.	\$500.00	>
Principal occup	pation / Job title (See Instructions)	(If travel outsid	e of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$	In-kind contribution description (if applicable)
412613	505 High Woods Tal Ft. Ward, TV 7611	\$500.00	le of Texas, complete Schedule T)
Principal occup		Employer (See Instructions)	e of rexas, complete scriedule 17
Date	Full name of contributor  ut-of-state PAC (ID#	Amount of contribution (\$	
4/26/13	P.O. BOX 1892 Fl. Worth TX 76101	\$ 125,00	
Principal occup		Employer (See Instructions)	e of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$	In-kind contribution description (if applicable)
4 129/13	Contributor address; City; Hate; Tip Code 1409 Summer Ave	\$2,000.00	
Principal occup	pation / Job title (See Instructions)	(If travel outside Employer (See Instructions)	e of Texas, complete Schedule T)

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER MAME.	lucdor" Sal" EssiNo	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:  Cary Haukins 6 Contributor address; City: State; Zip Code  11 +8 Durano Spras Or	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
	Huslet, TX 76052	(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	Amount of In-kind contribution contribution (\$) description (if applicable)
4/29/13	Contributor address; City; State; Zip Code  11664 Paul's 4  P4. Wash, 77 76179	\$ 25000 (If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
4/29/13	Contributor address; Oity; State; Zip Code  2200 Mark + Are.	\$100.00
Principal occup	pation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date	Full name of contributor   out-of-state PAC (ID#)  Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
4130/13	2820 Jacks bro Hall Pt. Wann, TX	\$ 1,000.00 (If travel outside 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#:)  F1. Use of Land table, LLC  Contributor address; City: State: Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
4130113	101 Showert Are. Fl. Word, TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E 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 FILER NAME	vadar "Sal" Espine	)	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)
05/3/13	5505 Rutland Ave		\$ 50.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Construct Construction and Construction	of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/13	Contributor address; City; State; Zip Code 3709 Sch Hago CH Truin TX 7613	3	\$100.00	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		r rexas, complete Schedule 1)
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)
5/3/13	1221 1-23 Ei Ste. 7 Carrolton, TX 750	006	\$1,000 ad	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#_ Contributor address; City; State; Zip Code	prign	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/12	Pt. Words, TV 76		\$350.00	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (10#:_  New Arer: cm PA	c )	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/3	Contributor address; City: State; Zip Code 400 S, 200 Blud, 5th Dalles, TY 75208	.600	\$4,420,00 Canual	+1420.α0  SS. OS  Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		

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

	EXPENDITURE CAT	EGORIES FOR BOX 8(a	)	
Advertising Expense Accounting/Banking		ries/Wages/Contract Labor	Loan Repayment/Reimburs	
Consulting Expense		itation/Fundraising Expense el In District	Transportation Equipment &	
Event Expense		el Out Of District	Contributions/Donations Ma Candidate/Officeholder/F	
Fees		e Overhead/Rental Expense	OTHER (enter a category n	ot listed above)
4 Total access Cabadata F		ains how to complete this fo	irm.	
1 Total pages Schedule F:	2 FILER NAMES a Vada 13	Sal Espinu	3 ACCOUNT # (Ethics	s Commission Filers)
4 Date   12   13	Daniele San	elez		
6 Amount (\$)		Zip Code		
401722	3616 Ellis AV	Dhich		
\$247.33	FI. War h. T	16106		
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	(If Iravel putside of Texas, complet	te Schedule T)
OF EXPENDITURE	Advertising	Tish	xic-ts	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Of	ffice held
expenditure to benefit C/C	Н			indo ridio
Date 1	Payee name			
4/13/13	Samuel Mava	rro		
Amount (\$)	Payee address; City; State; 2	Zip Code		
\$ 90.00	Et Wo- h, TX	TINGS		
9 10.00	F1.000-71-X	ICIO 1		
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	Contract Labor	Camo	alan Wort	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	-1.	fice held
expenditure to benefit C/O	н			
Date .	Payee pamę			
4/13/13	Dies a Carrola			
Amount (\$)	Payee address; City; State; Z	Zip Code		
	1716 Montrose	,		
\$135.00	Ft. Wo-t, T	¥ 76114		
PURPOSE	Category (See categories listed at the top of this s		(If travel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	Contract Labor	Cem	pain Work	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	Of Of	fice held
Date	Payee name			
4/13/13	Francisco Higz			
Amount (\$)	Payee address; City; State; 2	Code		
981.00	A. Wort. TY.	76164		
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	Contact Labor	Cam	aign West	
Complete ONLY if direct expenditure to benefit C/o	Candidate / Officeholder name	Office sough		fice held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED	

P.O. Box 12070

Advertising Expense		CATEGORIES FOR	4 . D. 4	D
Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense			Repayment/Reimbursement
Consulting Expense	Food/Boyering Eviness			sportation Equipment & Related Expense
Event Expense	Polling Expense	Travel In District Travel Out Of District	Cont	ributions/Donations Made By
Fees	Printing Expense	Office Overhead/Rental E		Candidate/Officeholder/Political Committee
		explains how to compl		ER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		T	3 ACCOUNT # (Ethics Commission Filers)
2018				
4 Date	5 Payee name	-1-		
7110119	Hillardro Doi	nzale 2		
6 Amount (\$)	7 Payee address; City: State: Zip Code			
\$108.00	River Octs,	双门的四		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	escription (if trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Contact Labo.		umpala	n Work
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	0	ffice sought	Office held
Date 41313	Payee name	lativez		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
۸ .	3308 H-ron	1/3		
\$135.00	Ft. Wash,	TY 76135		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
EXPENDITURE	Contact Labor		Camp	Man Work
Complete ONLY if direct				
Date	Payes name	<b>L</b> I		The state of the s
4113113	Kaymond 1	ne drano		
Amount (\$) Payee address; City; State: Zip Code				
\$200.00	Fl. Wah,	776164		
PURPOSE	Category (See categories listed at the top	of this schedule)		el outside of Texas, complete Schedule T)
OF EXPENDITURE	Contact La	bo- (	ampa	Say West
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name	1 1		The state of the s
4/14/13		5 do L. (	o. Saen	~2
Amount (\$)	Payee address; City; Sta	ite: Zip Code		
\$ 600.00	Fl. Wastr. T	76164		
PURPOSE	Category (See categories listed at the top	of this schedule)	escription (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expe	nce	Music	
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Of	ffice sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	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	3-,	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
3248	Salvador Sal Esp	NO	
4 Date	5 Payee name		
4115/13	Adib Sentos		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
2001 -	0.55	8 _	
481.00	FA Wart, TX 7610	06	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF		(A) Description (in naver obtained of rexast, complete scription ()	
EXPENDITURE	Contact labor	Campaign work	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	JH.	= 00-0000 <b>*</b> 00	
Date	Payee name		
4/22/13	Hdib Sontos		
Amount (\$)	Payee address; City; State; Zip Code		
	2525 NW 30 to St		
\$126.00	Pl. Work, TX 76106		
	( 7. 000.73		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Cash Ilahar	Companion	
EXPENDITORE	Contact 14001	Campaign work	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	п		
Date <sub>i</sub>	Payee-name .		
4/22/13	1 1	Λ	
110-110	Januel Mavar o		
Amount (\$)	Payee address; City; State; Zip Code		
146			
194.50	F1. Wash, 7776164		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	0-7117	Carrie	
EXPENDITURE	Contact labor	Campa. In wat	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	Н		
Date	Payeg name		
4/22/13	W. 7 W.7		
3.1.3	1 Miney   write		
Amount (\$)	Payee address; City; State; Zip Code		
\ . <del>.</del>			
9126,00	P1. Want, T876135		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	- 1 1 1	·	
EXPENDITURE	Contract 19501	Campaign war	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	Н	FF. 1	
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS MEEDED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0			
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fund	- The state of the		
Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	Contributions/Donations Made by		
Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead			
	The Instruction Guide explains how to	more than the second se		
1 Total pages Schedule F:	2 FILER NAME			
4 of 8	Saludi Sul Espin	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
4/22/13	Alemoro Ounzalez			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
4101	179 Can les	1		
7126.00	F1. Wet, TX 7611	4		
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	Contract Labor	Campaign West		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payeename			
4122113	Diego Occia			
Amount (\$)	Payee address; City; State; Zip Code			
\$121.50	Ft. Wart. TY 761	N		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF	0 1 1 1	Compain Work		
EXPENDITURE	Contact Labor	Carripolity		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name 0			
4/22/13	Francisco Digz			
Amount (\$)	Payee address; City; State; Zip Code			
*	2201 NW 245			
794.50	Ft. WastroTy 7616	4		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Contact Labor	Campaign Wort		
	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O		Office sought Office neid		
Date	Payes name			
4/22/13	Coming Establer			
Amount (\$)	Payee address; City; State; Zip Code			
	51 111 1			
\$ 27.00	Fl. Wash TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Contract labor	Campaign Work		
	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct Candidate / Onice holder name Onice sought Onice held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Advertising Expense Gift/Awards/Memorials Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense  EXPENDITURE CATEGORIES FOR BOX 8(a)  Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense Travel In District Cor		ontributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/		THER (enter a category not listed above)
	The Instruction Guide explains how to		The state of the s
1 Total pages Schedule F:	2 FILER NAME Sal"Es	p:NO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 22 13	5 Payee name Pessica Esquivel		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 54.00	Ft. Wob, TX		
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	Contract Labor	Cano	aign Work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
1/24/13	Payee name PSSica Esquive		
Amount (\$)	Payee address; City; State; Zip Code		
\$27.00	PI-Wastr, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Campa	nigh Work
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name .		
4/22/13	Francisco Pigz		
Amount (\$)	Payee address; City; State; Zip Gode		
\$ 27.00	F1. Wort, TX 761	64	
PURPOSE	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contractions	Camar	ign Wak
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date,	Payee pame		
4/22/13	Samuel Navarro		
Amount (\$)	Payee address; City: State; Zio Code		
\$58.50	F1. Wort, TX 7616		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Campa	ian Wark
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 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

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

Fees	S Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME Sal' Esp.	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 4 23 13	Political Advisors,	UC			
6 Amount (\$)	815-A Grazos St., 1	1301			
\$ 18,463.66	Austin TV 7870				
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	Consultingbyence	Camping N Dervices			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
Date 4 23)13	Raymond Medrano				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	Ft. Wash, 77 76164				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Consulting Expence	Campuign Work			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date 4 24 13	Payee name U.S. Postal Serve				
Amount (\$)	Payee address; City: State: Zip Code				
\$46,00	Ft. W. tr. 78761	64			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Office (Xense	Postage			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4/26/13	Political Advisor, 1	16			
Amount (\$)	Payee address; City; State; Zip Code	20-			
\$6,244.08	Anstin, TV 78701				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Printing / Consulting Exercise	Campaign Services			
Complete ONLY if direct					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor		oan Repayment/Reimbursement	
Accounting/Banking			Fransportation Equipment & Related Expense	
Consulting Expense			Contributions/Donations Made By	
Event Expense Fees		Out Of District	Candidate/Officeholder/Political Committee	
1 663	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
4 T-11 0-1 - 1 1 5		s now to complete this for		
1 Total pages Schedule F:	Salvada "Sal" Es	PINO	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
4126113	() Zarta			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$47,93	Fl. Work, TX			
8 PURPOSE	(a) Category (See categories listed at the top of this sch	edule) (b) Description (i	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office Exerse	Walerf	or Comparan Workers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date .	Payee name			
11/26/13	D. troil Dones			
Amount (\$)	Payee address; City; State; Zip	Code		
Au	Club 1 -			
4116.00	Pl. Wah, TX			
PURPOSE	Category (See categories listed at the top of this sch	edule) Description (I	ftravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	OfficeExamse	Postage	tor Dailing	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
4 26   13	L. G. Snenz/L	atin Expres	72	
Amount (\$)	Payee address; City; State; Zip			
2100	1901 Could HAVE	t - 121 - V	i	
460.00	A. Wart. 7776	164		
PURPOSE	Category (See categories listed at the top of this sch		f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Nusi	C	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4) 27/13	Install Correct	1 LLC		
Amount (\$)	Payee address; City; State; Zip	Code		
41100	2401 S. Ervoy 1	4 303		
\$1,187,50	Dallus, TX 75	215		
PURPOSE	Category (See categories listed at the top of this sch	edule) Description (	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printipl Installation	Line	Signs	
Complete CNII V if dis-	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F

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

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	2007 (1907) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a sategory not listed above)
1 003	The Instruction Guide explains how to	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a category not listed above)
1 Total pages Schedule F:	Salvadar Sal" Espira		UNT # (Ethics Commission Filers)
4 Date 05/01/3		LC	
6 Amount (\$)	7 Payee address; City; State; Zip Gode 815-A Brazos Shae # 3	+al	
\$ 8,597.14	PUST. N. TY 78701		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside o	Texas, complete Schedule T)
EXPENDITURE	Consulty Ifr. 1 th Expense	Campaign Se	nices
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
04/24/13	Payeename tical Adusors, L	LC	
Amount (\$)	Payee address; City; State; Zip Code	14304	
\$1,800.00	Aust N. TX 78701	1	
PURPOSE	Category (See categories listed at the top of this schedule)	Rescription (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Consulting exerce	Canpaign.	Series
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside o	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside o	f Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME	dor"Sal" Espin	10	3 ACCOUNT # (Ethics Commission Filers)	
4	L OF UNITEMIZED LOANS:	D D D D D	⇒ \$	
5 Date of loan 4 1 2 3 1 3	7 Name of lender Richard Abrar	out-of-state PAC (ID#:	9 Loan Amount (\$) \$10,000.00	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate	
Y (N)	Pt. Wo-d, TX	76133	07/22/13	
12 Principal occupati	on / Job title (See Instructions)  Level Towastasety	501 - employed		
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor	Jeen	19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code				
20 Principal Occupat	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;	Zip Code	Interest rate	
Y N			Maturity date	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	12 - 12	deposited into political account	
none			Amount Guaranteed (\$)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			