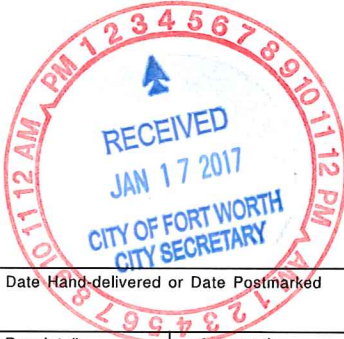


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Salvador MI: _____	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;">  </div>	
	NICKNAME: "Sal" LAST: Espino SUFFIX: _____		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1205 N. Main St. Ft. Worth, TX 76164		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 624-3352 EXTENSION: _____	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Elizabeth MI: A.	Date Hand-delivered or Date Postmarked	
	NICKNAME: _____ LAST: Harris-Espino SUFFIX: _____	Receipt # _____ Amount \$ _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1205 N. Main St. Ft. Worth, TX 76164		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 624-3352 EXTENSION: _____	Date Processed _____	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 07 / 01 / 16	THROUGH	Month Day Year: 12 / 31 / 16
11 ELECTION	ELECTION DATE: Month Day Year: / / 		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Salvador "Sal" Espino 15 Filer ID (Ethics Commission Filers)

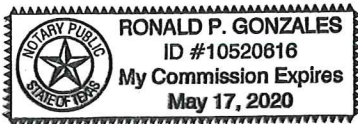
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 23,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,234.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,116.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Salvador Espino

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Salvador Espino, this the 17th day of January, 20 17, to certify which, witness my hand and seal of office.

Ronald P. Gonzales

Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Salvador "Sal" Espino		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,234.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

07/26/16

5 Full name of contributor

Armando Flores

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1441 N. Main St Ft. Worth, TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/26/16

Full name of contributor

Reed Pigman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

200 Texas Way Ft. Worth, TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/16

Full name of contributor

Elva Concha Le Blanc

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1512 Rivercrest Ct Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/16

Full name of contributor

Arnold Gachman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1229 Shady Oaks Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

08/02/16

5 Full name of contributor

Joe Dulle

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

2127 Pembroke

City; State; Zip Code

Ft. Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/02/16

Full name of contributor

John Avila

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

2600 W. 7th Unit 1833

City; State; Zip Code

Ft. Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/02/16

Full name of contributor

Larry Anfin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

7020 Cust Creek Ct

City; State; Zip Code

Ft. Worth TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/02/16

Full name of contributor

Marlene Beckman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

2300 Medford Ct. East

City; State; Zip Code

Ft. Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

08/02/16

5 Full name of contributor

Bill Meadows

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

1211 Rivercrest Dr.

City; State; Zip Code

Ft. Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/02/16

Full name of contributor

Tim Fleet

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,500.00

Contributor address;

3045 Lakeland Rd

City; State; Zip Code

Ft. Worth TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/02/16

Full name of contributor

Freezed Nichols PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

4055 Intl Plaza, Ste. 200

City; State; Zip Code

Ft. Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/02/16

Full name of contributor

Malcolm Louden

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address;

500 W. 7th Unit # 27

City; State; Zip Code

Ft. Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

08/08/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lineberger Goggan Blair Sampson

6 Contributor address;

City; State; Zip Code

P.O. Box 17428 Austin, TX 78760

7 Amount of contribution (\$)

\$ 2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/08/16

Full name of contributor

out-of-state PAC (ID#: _____)

Jeff Davis

Contributor address;

City; State; Zip Code

2325 Mistletoe Dr. Ft. Worth TX 76110

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/16

Full name of contributor

out-of-state PAC (ID#: _____)

Mac Churchill

Contributor address;

City; State; Zip Code

611 Rivercrest Dr. Ft. Worth, TX 76107

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/16

Full name of contributor

out-of-state PAC (ID#: _____)

Mike Moncrief

Contributor address;

City; State; Zip Code

777 Taylor St Ste 1030 Ft. Worth, TX 76102

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 8

2 FILER NAME

Salvador "Sgt" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

William Conley

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

2505 Lubbock Ave

City; State; Zip Code

Ft. Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/16

Full name of contributor

out-of-state PAC (ID#: _____)

Betsy Price Campaign

Amount of contribution (\$)

\$250.00

Contributor address;

P.O. Box 100066

City; State; Zip Code

Ft. Worth TX 76185

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/16

Full name of contributor

out-of-state PAC (ID#: _____)

Mike Berry

Amount of contribution (\$)

\$500.00

Contributor address;

6217 Genoa Rd

City; State; Zip Code

Ft. Worth TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/16

Full name of contributor

out-of-state PAC (ID#: _____)

R. Denny Alexander

Amount of contribution (\$)

\$100.00

Contributor address;

4200 Hulen St, Ste. 617

City; State; Zip Code

Ft. Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/16

5 Full name of contributor

Brad Barnes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

4456 Horley Ave

City; State; Zip Code

Ft. Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/22/16

Full name of contributor

Joe Paniagua

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

8125 Mt. Shasta Cir.

City; State; Zip Code

Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/16

Full name of contributor

Halt Associates - State PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

1201 W. Bowser Rd.

City; State; Zip Code

Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/16

Full name of contributor

Brad Hickman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

914 Alta Dr.

City; State; Zip Code

Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 8

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/16

5 Full name of contributor

Alfred Saenz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

2821 W. 7th #400 Ft. Worth, TX 76107

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/06/16

Full name of contributor

Tom Galbreath

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

11717 Cumbria Rd. Aledo, TX 76008

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/16

Full name of contributor

Conservative Voters Forum

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

1144 Terrace Trail Hurst, TX 76053

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/16

Full name of contributor

Brenda Kostohryz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

20 Westover Rd. Ft. Worth, TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8078

2 FILER NAME

Salvador "Sal" Espino

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kay Granger Campaign

6 Contributor address; City; State; Zip Code

1701 Live Run St. 1010 Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/18/16

Full name of contributor

out-of-state PAC (ID#: _____)

Gerald Haddock

Contributor address; City; State; Zip Code

500 Main St Ste 1015 Ft. Worth, TX 76102

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/16

Full name of contributor

out-of-state PAC (ID#: _____)

Ralph Duggins

Contributor address; City; State; Zip Code

600 W. 6th St., Ste. 300 Ft. Worth, TX 76102

Amount of contribution (\$)

\$5,000.00

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/16	5 Payee name Johnny White	
6 Amount (\$) \$260.00	7 Payee address; City; State; Zip Code 1904 Velarde Rd Ft. Worth, TX 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/02/16	Payee name Booter Industries
------------------	---------------------------------

Amount (\$) \$2,600.00	Payee address; City; State; Zip Code 2344 Furrington St. Dallas, TX 75207
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/04/16	Payee name Melissa Salas Blair
------------------	-----------------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 9745 Highway 92, Ste A Woodstock, GA 30188
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------------	---------------------------------------

4 Date 08/10/16	5 Payee name Diamond Hill Northside Youth Association
--------------------	--

6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1315 WE 3 rd St. Ft. Worth, TX 76106
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 08/10/16	Payee name All Saints Catholic Church
------------------	--

Amount (\$) \$250.00	Payee address; City; State; Zip Code 214 N.W. 20 th St. Ft. Worth, TX 76164
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 08/17/16	Payee name Hope and Family Matters
------------------	---------------------------------------

Amount (\$) \$250.00	Payee address; City; State; Zip Code 6881 Daniel Dale Dr. Ft. Worth, TX 76137
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 08/31/16	5 Payee name Southwest Voter & Education Project	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 320 El Paso St. San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/07/16	Payee name Francisca Alvarez		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 800 N. Blue Mound Rd. Ft. Worth, TX 76131		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/14/16	Payee name Dynasty Baseball		
Amount (\$) \$450.00	Payee address; City; State; Zip Code 209 E. McElroy Blvd. Saginaw, TX 76179		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
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4 Date 10/07/16	5 Payee name Melissa Salas Blair
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 9745 Highway 92, Ste A Woodstock, GA 30188
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/16	Payee name Sergio De Leon Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 4521 Diaz Avenue Pt. Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/16	Payee name Ruby Woolridge Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1615 West Abram St, Ste 108 Arlington, TX 76013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/16	5 Payee name North Side High School Legacy Foundation	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 4181 Ft. Worth, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/16	Payee name Chisholm Ridge PTA		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 8301 Running River Dr. Ft. Worth, TX 76131		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/16	Payee name MACE - Mexican - American College Education Fund		
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 47152 Ft. Worth, TX 76147		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/16	5 Payee name Round One Boxing	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3452 Worsley Ft. Worth, TX 74133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/16	Payee name Sal Espino, Attorney
Amount (\$) \$167.20	Payee address; City; State; Zip Code 1205 N. Main St. Ft. Worth, TX 76164

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement - Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/16	Payee name Sal Espino, Attorney
Amount (\$) 500.00	Payee address; City; State; Zip Code 1205 N. Main St. Ft. Worth, TX 76164

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement - Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/16	5 Payee name Fort Worth Margarita Society	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P. O. Box 17417 Ft. Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/11/16	Payee name Melissa Salas Blair		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 9745 Highway 42, Sk. A Woodstock, GA 30188		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/29/16	Payee name Booker Industries		
Amount (\$) \$967.73	Payee address; City; State; Zip Code 2344 Farnington St. Dallas, TX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
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4 Date 11/29/16	5 Payee name Melissa Salys Blair
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 9745 Highway 92, Ste. A Woodstock, GA 30188
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/06/16	Payee name Federacion de Clubes Zacatecanos
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 4323 East Lancaster Ave. Ft. Worth, TX 76103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/07/16	Payee name Juntos Se Puede
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2621 NW 29th St. Ft. Worth, TX 76106
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 9	2 FILER NAME Salvador "Sal" Espino	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/16	5 Payee name The Capital Grille	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 800 Main St. Ft. Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/22/16	Payee name Constable Christmas - Ruben Garcia	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 410 Rose Marine Theater 1440 N. Main St. Ft. Worth, TX 76164	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/24/16	Payee name Tejano Gold Radio	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 221 W. Exchange, Ste 203 Ft. Worth, TX 76164	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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