

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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: MR FIRST: CARLOS MI: E NICKNAME: CHARLIE LAST: ESPINOSA SUFFIX:	OFFICE USE ONLY Date Received: JAN - 8 PM 3:26 Date Hand-delivered or Date Postmarked: Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 301 EAST Lovett EDINBURG, TX 78541 APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: Home 383-4248 EXTENSION: cell 330-9923		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: PAUL MI: T NICKNAME: EBRGM LAST: SUFFIX: JR		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2308 N. Doolittle Rd. EDINBURG TX 78540 APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 571-6738 EXTENSION:		
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 THROUGH Month Day Year 6 / 30 / 09 1 / 15 / 2010		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Pct 4 PL1 JUSTICE OF THE PEACE	13 OFFICE SOUGHT (if known) SAME	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name _____ Address / PO Box: Apt. / Suite #: City: State: Zip Code _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

CARLOS "CHARLIE" ESPINOZA

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 4,700⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,700⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 784

4. TOTAL POLITICAL EXPENDITURES

\$ 4,228⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,284⁶¹

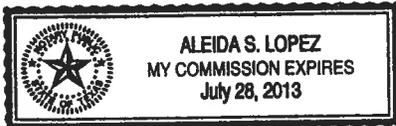
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2,508³⁶

19 AFFIDAVIT

X



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.

Carlos Espinoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Espinoza, this the 13 day of JAN, 20 10, to certify which, witness my hand and seal of office.

X *Aleida S. Lopez*
Signature of officer administering oath

X Aleida S. Lopez
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10 of 3
2 FILER NAME Carlos "Charlie" Espinoza		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-5-08	5 Payee name Juan Hernandez	7 Amount (\$) \$800.00
6 Payee address; City; State; Zip Code mile 17 1/2 Edinburg TX		
8 Purpose of payment (See instructions regarding type of information required.) campaign sign trailer usage and replacement due to theft		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-22-08	Payee name CPL	Amount (\$) \$500.00
Payee address; City; State; Zip Code PO BOX 22136 Tulsa, Oklahoma 74121		
Purpose of payment (See instructions regarding type of information required.) campaign headquarters electrical services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-22-08	Payee name John Alexander	Amount (\$) \$400.00
Payee address; City; State; Zip Code 4310 N. Dolittle Rd. Edinburg TX		
Purpose of payment (See instructions regarding type of information required.) Campaign material trailer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-26-08	Payee name Town Crier Newspaper	Amount (\$) \$500.00
Payee address; City; State; Zip Code 1811 N. 23rd McAllen, TX 78501		
Purpose of payment (See instructions regarding type of information required.) Political advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME Carlos "Charlie" Espinoza		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-19-08	5 Payee name City of Edinburg 6 Payee address; City; State; Zip Code PO BOX 1079 Edinburg TX 78539	7 Amount (\$) \$178.00
8 Purpose of payment (See instructions regarding type of information required.) campaign headquarters city services		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-20-08	Payee name Trophies Etc. Payee address; City; State; Zip Code 609 West Bus 83 McAllen, TX 78501	Amount (\$) \$237.45
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-20-08	Payee name CPL Payee address; City; State; Zip Code PO BOX 22136 Tulsa, Oklahoma 74121	Amount (\$) \$84.45
Purpose of payment (See instructions regarding type of information required.) electrical services for campaign headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-24-08	Payee name AT & T Payee address; City; State; Zip Code San Antonio, TX	Amount (\$) \$99.17
Purpose of payment (See instructions regarding type of information required.) phone services for campaign headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 3
2 FILER NAME Carlos "Charlie" Espinoza		3 ACCOUNT # (Ethics Commission filer's)
4 Date 3-25-08	5 Payee name Amsterdam Printing Services	7 Amount (\$) \$280.32
6 Payee address; City; State; Zip Code PO BOX 580 Amsterdam, NY 12010		
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-25-08	Payee name Amsterdam Printing Services	Amount (\$) \$209.01
Payee address; City; State; Zip Code PO BOX 580 Amsterdam, NY 12010		
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-31-08	Payee name Edinburg Daily Review	Amount (\$) 400.⁰⁰
Payee address; City; State; Zip Code 320 W. University Edinburg, TX 78539		
Purpose of payment (See instructions regarding type of information required.) political advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G:
1 of 2

2 FILER NAME: **Carlos "Charlie" Espinoza** 3 ACCOUNT # (Ethics Commission filer's)

4 Date 2-18-08	5 Payee name City of Edinburg 6 Payee address; City; State; Zip Code Edinburg TX 78539 7 Purpose of expenditure (See instructions regarding type of information required.) City Services for campaign headquarters	8 Amount (\$) 89.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	--	--

Date 2-19-08	Payee name AT&T Payee address; City; State; Zip Code San Antonio, TX Purpose of expenditure (See instructions regarding type of information required.) phone services for campaign Headquarters	Amount (\$) 104.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	---	---

Date 2-22-08	Payee name Party Supply Store Payee address; City; State; Zip Code Edinburg TX 78539 Purpose of expenditure (See instructions regarding type of information required.) material for campaign headquarters	Amount (\$) 25.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	---	--

Date 2-26-08	Payee name E1 Fenix Bakery Payee address; City; State; Zip Code Edinburg TX 78539 Purpose of expenditure (See instructions regarding type of information required.) Snacks for campaign volunteers	Amount (\$) 16.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	--

Date 2-27-08	Payee name E1 Fenix Bakery Payee address; City; State; Zip Code Edinburg, TX 78539 Purpose of expenditure (See instructions regarding type of information required.) Snacks for campaign volunteers.	Amount (\$) 16.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G. <i>2 of 2</i>
2 FILER NAME	3 ACCOUNT # (Ethics Commission filer):

4 Date <i>3-17-08</i>	5 Payee name <i>El Patio Restaurant</i>	8 Amount (\$) <i>\$ 70.00</i>
	6 Payee address; City; State; Zip Code <i>Edinburg TX 78539</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Food for Campaign Volunteers</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-14-08</i>	Payee name <i>City of Edinburg</i>	Amount (\$) <i>\$ 139.26</i>
	Payee address; City; State; Zip Code <i>Edinburg TX 78539</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>city services for campaign</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

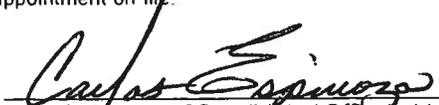
1 C/OH NAME

CARLOS "CHARLIE" ESPINOZA

2 ACCOUNT # (Ethics Commission file #)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

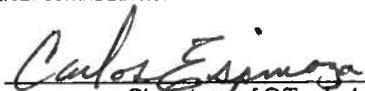
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder