

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: <u>MR</u> FIRST: <u>CARLOS</u> MI: <u>E.</u> NICKNAME: <u>CHARLIE</u> LAST: <u>ESPINOZA</u> SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <i>2011 JAN 20 PM 1:52</i> <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>301 EAST LOUETT</u> CITY: <u>EDINBURG</u> STATE: <u>TX</u> ZIP CODE: <u>78541</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>HOME CELL</u> EXTENSION: <u>383-4248</u> <u>330-9923</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>PAUL</u> MI: <u>T</u> NICKNAME: <u>EDRUM</u> LAST: <u>SR.</u> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>4308 N. Doolittle Rd</u> CITY: <u>EDINBURG</u> STATE: <u>TX</u> ZIP CODE: <u>78540</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>571-6738</u> 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 <u>6 / 30 / 10</u> <u>1 / 15 / 2011</u>		
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <u> / /</u>		
12 OFFICE	OFFICE HELD (if any): <u>PCT 4 PL 1</u> <u>JUSTICE OF THE PEACE</u>	13 OFFICE SOUGHT (if known): <u>SAME</u>	
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 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.

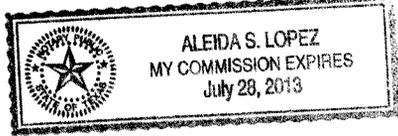
additional pages

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4,700 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,700 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 78 ¹⁴
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,228 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,284 ^{<1}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,505 ³⁶

19 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.



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 18 day of JAN, 20 11, to certify which, witness my hand and seal of office.

Aleida Lopez Aleida Lopez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3	2 FILER NAME CARLOS (CHARLIE) ESPINOZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-15-08	5 Payee name JUAN HERNANDEZ
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6 Amount (\$) 800 ⁰⁰	7 Payee address; City; State; Zip Code MILE 17 1/2 EDINBURG, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN SIGN	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-22-08	Payee name CP+L
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 22136 TULSA, OKLA 74121
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN ADVT. ELECTRICAL SERVICES	Description (If travel outside of Texas, complete Schedule T)
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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 2-22-08	Payee name Sohn Alexander
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Amount (\$) 400 ⁰⁰	Payee address; City; State; Zip Code 4310 N. Doolittle Rd EDINBURG, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN TRAILER SIGN	Description (If travel outside of Texas, complete Schedule T)
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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 2-26-08	Payee name Town Courier Newspaper
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 1811 N. 23RD MCALLEN TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertise	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 2 of 3	2 FILER NAME CARLOS (charlie) ESPINOSA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-19-08	5 Payee name CITY OF EDINBURG	
6 Amount (\$) 178 ⁰⁰	7 Payee address, City, State, Zip Code P.O. Box 1979 Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN ADVT. CITY SERVICES	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-20-08	Payee name TROPHIES ETC	
Amount (\$) 237. ⁴⁵	Payee address, City, State, Zip Code 609 W. BUS. 83 MCALEER 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) AWARDS FOR SUPPORTERS	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-20-08	Payee name CP+L	
Amount (\$) 84. ⁴⁵	Payee address, City, State, Zip Code P.O. Box 22136 TULSA, OKLA 74121	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ELECTRICITY FOR CAMPAIGN ADVT	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-24-08	Payee name AT & T	
Amount (\$) 99. ¹⁷	Payee address, City, State, Zip Code SAN ANTONIO TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE SERVICES FOR ADVT	Description (If travel outside of Texas, complete Schedule T)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction 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 Filers)
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4 Date 3-25-08	5 Payee name AMSTERDAM PRINTING
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6 Amount (\$) 209.01	7 Payee address, City, State, Zip Code P.O. Box 580 AMSTERDAM, NY 12510
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-25-08	Payee name AMSTERDAM PRINTING
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Amount (\$) 280.32	Payee address, City, State, Zip Code P.O. Box 580 AMSTERDAM, NY 12510
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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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 3-31-08	Payee name EDINBURG DAILY REVIEW
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Amount (\$) 400.00	Payee address, City, State, Zip Code 320 W. UNIVERSITY EDINBURG TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 2</i>	2 FILER NAME <i>CARLOS (CHARLIE) ESPINOZA</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-18-08</i>	5 Payee name <i>CITY of EDINBURG</i>
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>EDINBURG, TX 78539</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CITY SERVICES FOR HDQT.</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>2-19-08</i>	Payee name <i>A T E T</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>SAN ANTONIO, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Phone Services Hdqt.</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>2-22-08</i>	Payee name <i>PARTY SUPPLY STORE</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>EDINBURG TX 78539</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>MATERIAL FOR HDQT.</i>	Description (If travel outside of Texas, complete Schedule T)
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Date <i>2-26-08</i>	Payee name <i>EL FENIX BAKERY</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>EDINBURG TX 78539</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SNACKS FOR VOLUNTEERS</i>	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME CARLOS (CHARLIE) ESPINOZA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3-17-08	5 Payee name EL PATIO RESTAURANT
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6 Amount (\$) 70.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code EDINBURG TX, 78539
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD FOR VOLUNTEERS	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 4-14-08	Payee name CITY OF EDINBURG
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Amount (\$) 139.26 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code EDINBURG TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CITY SERVICES ADGT.	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Filers)

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:

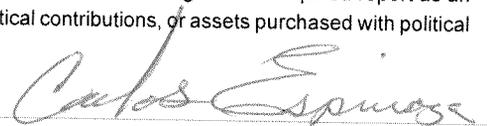
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder