JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY
Date Received 2.23
RECEIVED JAN 24 2012
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR. FIRST: CARLOS MI: E.
NICKNAME: "CHARLIE" LAST: ESPINOZA SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
301 EAST LOVETT
EDINBURG, TEXAS 78539

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(956) Home - 383-4248
CELL - 330-9923
OFFICE - 380-4473

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. FIRST: PAUL MI: T.
NICKNAME: LAST: EBROM SUFFIX: JR.

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4106 NORTH DOOLITTLE ROAD
P.O. BOX 3810
EDINBURG, TEXAS 78540

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(956) 381-5174
CELL 571-6738

9 REPORT TYPE
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 07 / 01 / 2011 THROUGH Month Day Year: 12 / 31 / 2011

11 ELECTION
ELECTION DATE Month Day Year: 04 / 03 / 2012
ELECTION TYPE ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): JUSTICE OF PEACE PCT 4 PLACE 1

13 OFFICE SOUGHT (if known): SAME

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME: CARLOS "CHARLIE" ESPINOZA

15 ACCOUNT # (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.

COMMITTEE TYPE
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

- [ ] additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1,085.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15,255.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 877.41
	4. **TOTAL POLITICAL EXPENDITURES** Schedule F - $14,083.55 Schedule G - $ 2,625.06	$ 17,586.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Carlos (Charlie) Espinoza
Signature of Candidate or Officeholder

ALEIDA S. LOPEZ
MY COMMISSION EXPIRES
July 28, 2013

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos (Charlie) Espinoza, this the 23 day of January, 2012, to certify which, witness my hand and seal of office.

Aleida S. Lopez	Aleida S. Lopez	Notary
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 1 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
8-10-11	FIDEL PEREZ 1311 CEDAR ST. EDINBURG, TEXAS 78539	$200.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: GENERAL MAINTENANCE

10 Contributor's job title: MAINTENANCE

11 Contributor's employer/law firm: SELF EMPLOYED

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
9-15-11	YZAGUIRRE & CHAPA ATTYS 6521 N. 10th STREET McALLEN, TEXAS 78501	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: ATTORNEYS

Contributor's job title: ATTORNEYS

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
9-28-11	PENA FARMS 13303 N. 281 EDINBURG, TEXAS 78539	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: FARMING

Contributor's job title: FARMER

Contributor's employer/law firm: SELF EMPLOYED

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 2 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-17-11	TERRY CANALES ATTY 2727 W. UNIVERSITY EDINBURG, TEXAS 78539	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: ATTORNEY

11 Contributor's employer/law firm: TERRY CANALES LAW FIRM

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-18-11	ARMANDO BARRERA 1506 BLUE BONNETT EDINBURG, TEXAS 78539	$100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: HIDALGO COUNTY TAX ASSESSOR

Contributor's job title: TAX ASSESSOR

Contributor's employer/law firm: HIDALGO COUNTY

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-18-11	LOYA INSURANCE 11900 N. 26TH McALLEN, TEXAS 78501	$250.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: INSURANCE

Contributor's job title: MANAGER

Contributor's employer/law firm: FRED LOYA INSURANCE

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 3 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-25-11	CASAS INSURANCE 702 N. CLOSNER EDINBURG, TEXAS 78539	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: SALES

10 Contributor's job title: INSURANCE SALESMAN

11 Contributor's employer/law firm: SAME

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-25-11	BLUE STAR Chemical - GABE LOZANO P.O. BOX 3305 EDINBURG, TEXAS 78539	$200.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: SALES

Contributor's job title: SALESMAN

Contributor's employer/law firm: BLUE STAR

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-26-11	EDWARD ESTRADA P.O. BOX 1797 EDINBURG, TEXAS 78539	$300.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: UNKNOWN

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 4 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-26-11	G & S GLASS 616 N. CLASNER EDINBURG, TEXAS 78539	$100.00 (If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation: GLASS SALES / INSTALLATION

10 Contributor's job title: OWNER

11 Contributor's employer/law firm: SAME

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-28-11	LINEBARGER GOGGAN BLAIR & SAMPSON LLP P.O. BOX 17428 AUSTIN, TEXAS	$500.00 (If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: ATTORNEYS

Contributor's job title: ATTORNEY / TAX COLLECTION

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-28-11	RAUL BALDERAS P.O. BOX 1896 EDINBURG, TEXAS 78539	$1,000.00 (If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: UNKNOWN

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers): 6

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-11	RAUL GUAJARDO PLLC ATTORNEY 706 E. UNIVERSITY EDINBURG, TEXAS 78539	$250.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: ATTORNEY

11 Contributor's employer/law firm: SAME

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
10-31-11	SKG FUNDING LLC 323 NOLANA MCALLEN, TEXAS 78501	$250.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: UNKNOWN

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

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)
10-31-11	LUIS SALINAS 1902 MESA DRIVE EDINBURG, TEXAS 78539	$100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: UNKNOWN

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 6 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-11	JOHN MINYARD 200 W. UNIVERSITY DRIVE EDINBURG, TEXAS 78540	$500.00	USE OF BUILDING AS CAMPAIGN HEADQTRS.

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: RETIRED AUTO PARTS SHOP

10 Contributor's job title: OWNER

11 Contributor's employer/law firm: MINYARD AUTO SUPPLY

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

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)
11-2-11	BRUCE WILSON 1702 IVY LANE EDINBURG, TEXAS 78539	$200.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation:

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

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)
11-3-11	ESPERANZA ESPINOZA 1408 S. 15th EDINBURG, TEXAS 78539	$100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: RETIRED TEACHER

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 7 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
11-4-11	RENANTO HERNANDEZ 1912 N. 10th McALLEN, TEXAS 78501	$500.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation:

10 Contributor's job title:

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any):

13 If contributor is a child, law firm of parent(s) (if any):

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)
11-7-11	A-24 HOUR BAIL BOND 1506 W. PECAN McALLEN TEXAS 78501	$100.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: BAIL BONDSMAN

Contributor's job title: BONDSMAN

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
11-8-11	F.M. OPPORTUNITIES LLC 2120 ALBERTA RD EDINBURG, TEXAS 78539	$1,500.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Unknown

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 8 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-8-11	ROMEO VILLARREAL 2814 S. CESAR CHAVEZ EDINBURG, TEXAS 78539	$100.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: REAL ESTATE

10 Contributor's job title: OWNER

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any):

13 If contributor is a child, law firm of parent(s) (if any):

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)
11-8-11	LA OLLA RESTAURANT 424 E. UNIVERSITY EDINBURG, TEXAS 78539	$100.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: RESTAURANT

Contributor's job title: OWNER

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

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)
11-8-11	F. M. ASSIGNMENTS LLC 2120 ALBERTA RD EDINBURG, TEXAS 78539	$1,000.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: UNKNOWN

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 9 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-9-11	Jesse Hernandez 5515 E. Texas Edinburg, Texas 78539	$125.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Retired Social Worker

10 Contributor's job title:

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any):

13 If contributor is a child, law firm of parent(s) (if any):

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)
11-11-11	Juan Hernandez 7204 E. Mile 17 Edinburg, Texas 78539	$100.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Retired Oil Field

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

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)
11-14-11	Carlos Ortegon 6521 North 10th McAllen, Texas 78501	$100.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Unknown

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 10 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
11-15-11	M & G 1211 GUADALUPE EDINBURG, TEXAS 78540	$170.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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)
11-16-11	EDWARD GONZALEZ 902 EBONY EDINBURG, TEXAS 78539	$125.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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)
11-16-11	ATLAS + HALL LLP P.O. BOX 3725 McALLEN, TEXAS 78501	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: ATTORNEYS

Contributor's job title: ATTORNEYS

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 11 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
11-18-11	DIMAS DELEON 1617 E. McINTYRE EDINBURG, TEXAS 78539	$500.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation:

10 Contributor's job title:

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any):

13 If contributor is a child, law firm of parent(s) (if any):

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)
11-21-11	SARAH WILSON 4411 Connecticut AVE. Washington, DC 20008	$500.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: TEACHER

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

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)
11-29-11	QUINCE APARTMENTS 2215 QUINCE McALLEN, TEXAS 78501	$500.00	(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: REAL ESTATE

Contributor's job title: OWNER

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 12 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-30-11	JOHN MINYARD	$500.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation:

10 Contributor's job title:

11 Contributor's employer/law firm:

12 Law firm of contributor's spouse (if any):

13 If contributor is a child, law firm of parent(s) (if any):

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)
12-7-11	UNLIMITED OIL FIELD SERVICES LLC P.O. BOX 1288 EDINBURG, TEXAS 78539	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation:

Contributor's job title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

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)
12-23-11	MEMORIAL FUNERAL HOME 208 E. CANTON EDINBURG, TEXAS 78539	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: FUNERALS

Contributor's job title: OWNER

Contributor's employer/law firm: SAME

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 13 of 13

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
12-28-11	MEMORIAL FUNERAL HOME 208 E. CANTON EDINBURG, TEXAS 78539	$500.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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)
12-31-11	JOHN MINYARD 200 W. UNIVERSITY EDINBURG, TEXAS 78539	$500.00	USE OF BUILDING AS CAMPAIGN HEADQUARTERS (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: RETIRED

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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)
			(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 6	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-7-11	5 Payee name CITY OF EDINBURG	
6 Amount ($) $100.00	7 Payee address; City; State; Zip Code P.O. BOX 1079 EDINBURG, TEXAS 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) UTILITY DEPOSIT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-11-11	Payee name HEB GROCERY STORE	
Amount ($) $78.26	Payee address; City; State; Zip Code FREDDY GONZALEZ DRIVE EDINBURG TEXAS 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) CLEANING SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-28-11	Payee name SAM'S WHOLESALE	
Amount ($) $360.17	Payee address; City; State; Zip Code MHARG TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) MISC SUPPLIES
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 6

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9-28-11

5 Payee name: TEXAS utility ENERGY

6 Amount ($): $51.88

7 Payee address; City; State; Zip Code: TXU energy@TXU.com

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): OFFICE OVERHEAD

(b) Description (If travel outside of Texas, complete Schedule T): UTILITIES

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

Date: 9-28-11

Payee name: HEB

Amount ($): $160.15

Payee address; City; State; Zip Code: FREDDY GONZALEZ DRIVE EDINBURG, TEXAS 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN OFFICE OPENING

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

Date: 10-4-11

Payee name: McCoy's LUMBER

Amount ($): $365.89

Payee address; City; State; Zip Code: McColl + HIWAY 107 EDINBURG, TEXAS 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): LUMBER/NAILS FOR SIGNS

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

Date: 10-14-11

Payee name: PACER PRINTING

Amount ($): $54.12

Payee address; City; State; Zip Code: 300 E. EXPRESSWAY 83 PHARR, TEXAS 78577

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): TICKETS FOR FUND RAISER

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 6

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10-24-11

5 Payee name: JOE KING PRINTING

6 Amount ($): $4,871.25

7 Payee address; City; State; Zip Code: 815 NORTH MINNESOTA AVE. BROWNSVILLE, TEXAS 78521

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): PRINTING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): SIGNS

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

Date: 11-2-11

Payee name: T-SHIRTS + MORE

Amount ($): $359.75

Payee address; City; State; Zip Code: 308 N. CLOSNER BLVD EDINBURG, TEXAS 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING EXPENSES

Description (If travel outside of Texas, complete Schedule T): T-SHIRTS for CAMPAIGN VOLUNTEERS

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

Date: 11-16-11

Payee name: HEB

Amount ($): $107.63

Payee address; City; State; Zip Code: Freddy Gonzalez DRIVE Edinburg, TEXAS

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): FUND RAISER

Complete ONLY 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 EXPENDITURE

Category (See categories listed at the top of this schedule):

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 6

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 11-16-11

5 Payee name: EDINBURG Boy's & Girls Club

6 Amount ($): $176.00

7 Payee address; City; State; Zip Code: P.O. Box 1079 EDINBURG, TEXAS 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): EVENT EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): TABLES / CHAIRS

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11-17-11

Payee name: Aquilars Meats

Amount ($): $1,890.00

Payee address; City; State; Zip Code: 1306 EAST UNIVERSITY EDINBURG, TEXAS 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): Meat FOR BBQ FUNDRAISER

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11-17-11

Payee name: WAL-MART

Amount ($): $81.06

Payee address; City; State; Zip Code: UNIVERSITY DRIVE Edin Burg, TEXAS 78539

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food / BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN Volunteers

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11-22-11

Payee name: Joe King Printing

Amount ($): $3,910.53

Payee address; City; State; Zip Code: 815 North MINNESOTA AVENUE Brownsville, TEXAS 78521

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing EXPENSE

Description (If travel outside of Texas, complete Schedule T): SIGNS, PLACARDS

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 5 of 6

2 FILER NAME: CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-1-11

5 Payee name: Home DEPOT

6 Amount ($): $60.28

7 Payee address; City; State; Zip Code: PHARR, TEXAS

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): CAMPAIGN Light for PARADE

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

Date: 12-2-11

Payee name: O'Reilly Auto Supply

Amount ($): $110.16

Payee address; City; State; Zip Code: Edinburg TEXAS

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN PARADE MATERIAL

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

Date: 12-7-11

Payee name: McCoy's

Amount ($): $400.08

Payee address; City; State; Zip Code: Edinburg TEXAS

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): 2x4's for SIGNS

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

Date: 12-9-11

Payee name: AMSTERDAM Printing

Amount ($): $321.34

Payee address; City; State; Zip Code: P.O. Box 580 AMSTERDAM, NEW YORK 12010

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN PENS / HANDOUTS

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 6	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-16-11	5 Payee name McAllen Monitor Newspaper	
6 Amount ($) $425.00	7 Payee address; City; State; Zip Code P.O. Box 3267 McAllen, Texas 78502	
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) CHRISTMAS AD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-20-11	Payee name LA MEXICANA BAKERY	
Amount ($) $80.00	Payee address; City; State; Zip Code 723 E. SPRAGUE EDINBURG, TEXAS 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CHRISTMAS EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-20-11	Payee name ESPERANZA MARTINEZ	
Amount ($) $120.00	Payee address; City; State; Zip Code EDINBURG	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CHRISTMAS EVENT
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	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 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 1	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-19-11	5 Payee name Joe King Printing	
6 Amount ($) $2,625.06 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 815 North Minnesota Avenue Brownsville, Texas 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signs, Decals, stickers
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED