

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: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST CARLOS	MI E.	OFFICE USE ONLY Date Received 2013 FEB 1 AM 10 04 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <i>Hilda Sanchez</i>
	NICKNAME "CHARLIE"	LAST ESPINOZA	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 301 EAST LOUETT ST. EDINBURG, TEXAS	APT / SUITE #: 78539	CITY: TEXAS	
	STATE: TEXAS	ZIP CODE 78539		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER CELL - 330-9923 WORK - 380-4473 HOME - 383-4248	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST PAUL	MI T.	
	NICKNAME EBROM	LAST EBROM	SUFFIX JR.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 4106 N. DOOLITTLE RD. P.O. BOX 3810 EDINBURG, TEXAS		CITY: STATE: ZIP CODE TEXAS 78540	
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER HOME - 381-5174 CELL - 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 07 / 01 / 2012	THROUGH	Month Day Year 12 / 31 / 2012	
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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

additional pages

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,650.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>342.²⁴</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,440.⁰⁶</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,594.⁴¹</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Charlie Espinoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said "Charlie" Carlos Espinoza this the 31 day of January 2013, to certify which, witness my hand and seal of office.

Aleida Lopez
Signature of officer administering oath

Aleida S. Lopez
Print name of officer administering oath

notary
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 3

2 FILER NAME **CARLOS "CHARLIE" ESPINOZA** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6-30-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME	7 Amount of contribution (\$) \$500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 311 EAST EXPRESSWAY 83 SAN JUAN, TEXAS 78589		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **FUNERAL HOME** 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 7-2-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 EAST CANTON EDINBURG, TEXAS 78540		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **FUNERAL HOME** 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 7-19-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL MARKER COMPANY	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 312 EAST EXPRESSWAY 83 SAN JUAN, TEXAS 78589		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **GRAVE MARKERS** 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): 2 - of 3	
2 FILER NAME CARLOS "CHARLIE" ESPINOZA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-25-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAW OFFICE OF RYAN SOLIS	7 Amount of contribution (\$) \$200.⁰⁰-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3900 N. 10TH SUITE 915 MCALLEN, TEXAS 78501		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation LAWYER		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 7-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: "Y" DRIVE INN	Amount of contribution (\$) \$200.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6258 E. HIWAY 107 EDINBURG, TEXAS 78542		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation BUTANE SALES / REPAIR		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 7-30-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G + S GLASS	Amount of contribution (\$) \$ 250.⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 616 N. CLOSNER EDINBURG, TEXAS 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation WINDOW, GLASS REPLACEMENT		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			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 3

2 FILER NAME

CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-1-12

5 Full name of contributor out-of-state PAC (ID#: _____)

A-24 HOUR BAIL BONDS

6 Contributor address; City; State; Zip Code

**1506 W. PECAN BLVD.
MEALLEN, TEXAS
78501**

7 Amount of contribution (\$)

\$500.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

BAILS

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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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
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: <i>1 of 1</i>	2 FILER NAME <i>CARLOS "CHARLIE" ESPINOZA</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-5-2012</i>	5 Payee name <i>AGUILAR'S MEAT MARKET</i>
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6 Amount (\$) <i>\$235.42</i>	7 Payee address; City; State; Zip Code <i>3317 W. UNIVERSITY DRIVE EDINBURG, TEXAS 78541</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR 3-D EVENT</i>
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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 <i>8-8-2012</i>	Payee name <i>CABELA'S CLUB</i>
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Amount (\$) <i>\$862.40</i>	Payee address; City; State; Zip Code <i>P.O. BOX 82608 LINCOLN, NEBRASKA 68501</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>TARGETS/FLIERS FOR 3-D EVENT</i>
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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	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <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