

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: 2009 JUL 15 AM 10:10
 Date Hand-delivered or Date Postmarked:
 Receipt #:
 Amount:
 Date Processed:
 Date Imaged:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO-BOX: APT / SUITE #: CITY: STATE: ZIP CODE
301 EAST LOUETT EDINBURG, TEXAS 78541
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
(950) Home - 383-4248 CELL - 330-9923

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

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
4308 NORTH DOOLITTLE ROAD EDINBURG, TEXAS 78540

8 CAMPAIGN TREASURER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
(956) 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 Month Day Year
1 / 1 / 09 THROUGH 6 / 30 / 09

11 ELECTION
 ELECTION DATE: Month Day Year: / / ELECTION TYPE:
 Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): Pct 4 ALI JUSTICE OF THE PEACE

13 OFFICE SOUGHT (if known)
SAME

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 .. 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:
 additional pages.

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)

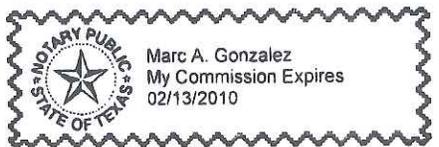
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. "

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

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 ⁶¹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>2046⁸⁹ + 461⁴⁷</u>	\$ 2,508 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.



Marc A. Gonzalez
My Commission Expires
02/13/2010

Carlos Espinoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 14 day of July, 2009, to certify which, witness my hand and seal of office.

Marc A. Gonzalez
Signature of officer administering oath

MARC A. GONZALEZ
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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)

4 Date
02-15-08

5 Payee name
JUAN HERNANDEZ
6 Payee address; City; State; Zip Code
*mile 17 1/2
EDINBURG, TEXAS*

7 Amount (\$)
\$800.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN SIGN TRAILER USAGE AND REPLACEMENT DUE TO THEFT.
(If travel outside of Texas, complete Schedule T)

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

Date
2-22-08

Payee name
CPL
Payee address; City; State; Zip Code
*P.O. Box 22136
TULSA, OKLA 74114*

Amount (\$)
\$500.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN HEADQUARTERS, ELECTRICAL SERVICES
(If travel outside of Texas, complete Schedule T)

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

Date
2-22-08

Payee name
JOHN ALEXANDER
Payee address; City; State; Zip Code
*4310 N. Doolittle Road
EDINBURG, TEXAS*

Amount (\$)
\$400.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN MATERIAL TRAILER
(If travel outside of Texas, complete Schedule T)

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

Date
2-26-08

Payee name
TOWN CRIER NEWSPAPER
Payee address; City; State; Zip Code
*1811 N. 23RD
MCKAY, TEXAS 78501*

Amount (\$)
\$500.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
POLITICAL ADVERTISEMENT
(If travel outside of Texas, complete Schedule T)

.. 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
03-19-08

5 Payee name
CITY OF EDINBURG
6 Payee address; City; State; Zip Code
**P.O. Box 1079
EDINBURG, TEXAS 78539**

7 Amount (\$)
\$178.⁰⁰ -

8 Purpose of payment (See instructions regarding type of information required.)
**CAMPAIGN HEADQUARTERS
CITY SERVICES**
(If travel outside of Texas, complete Schedule T)

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

Date
03-20-08

Payee name
Trophies, ETC
Payee address; City; State; Zip Code
**609 West BUSINESS 83
MEAKEN, TEXAS 78501**

Amount (\$)
\$237.45

Purpose of payment (See instructions regarding type of information required.)
**Recognition AWARDS FOR
SUPPORTERS**
(If travel outside of Texas, complete Schedule T)

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

Date
03-20-08

Payee name
C.P.L.
Payee address; City; State; Zip Code
**P.O. Box 22136
TULSA, OKLAHOMA 74121**

Amount (\$)
\$ 84.45

Purpose of payment (See instructions regarding type of information required.)
**ELECTRICAL SERVICES FEE
CAMPAIGN HEADQUARTERS**
(If travel outside of Texas, complete Schedule T)

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

Date
03-24-08

Payee name
AT & T
Payee address; City; State; Zip Code
SAN ANTONIO, TEXAS

Amount (\$)
\$99.¹⁷ -

Purpose of payment (See instructions regarding type of information required.)
**PHONE SERVICES FOR
CAMPAIGN HEADQUARTERS**
(If travel outside of Texas, complete Schedule T)

-- 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 filers)
4 Date 03-25-08	5 Payee name AMSTERDAM PRINTING SERVICES	7 Amount (\$) \$280.³²
6 Payee address; City; State; Zip Code P. O. Box 580 AMSTERDAM, NY 12010		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 03-25-08	Payee name AMSTERDAM PRINTING SERVICES	Amount (\$) \$209.⁰¹
Payee address; City; State; Zip Code P.O. Box 580 AMSTERDAM, NY 12010		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 03-31-08	Payee name EDINBURG DAILY REVIEW	Amount (\$) \$400.⁰⁰
Payee address; City; State; Zip Code 320 W. UNIVERSITY Edinburg, TEXAS 78539		
Purpose of payment (See instructions regarding type of information required.) POLITICAL ADVERTISEMENT (If travel outside of Texas, complete Schedule T)		-- 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.) (If travel outside of Texas, complete Schedule T)		-- 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 filers)

4 Date <i>02-18-08</i>	5 Payee name <i>CITY OF EDINBURG</i>	8 Amount (\$) <i>\$89.²⁰</i>
	6 Payee address; City; State; Zip Code <i>EDINBURG, TEXAS 78539</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>CITY SERVICES FOR CAMPAIGN HEADQUARTERS</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>02-19-08</i>	Payee name <i>AT & T</i>	Amount (\$) <i>\$104.⁰⁷</i>
	Payee address; City; State; Zip Code <i>SAN ANTONIO TEXAS</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>PHONE SERVICES FOR CAMPAIGN HEADQUARTERS</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>02-22-08</i>	Payee name <i>PARTY SUPPLY STORE</i>	Amount (\$) <i>\$25.⁹⁴</i>
	Payee address; City; State; Zip Code <i>EDINBURG, TEXAS 78539</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>MATERIAL FOR CAMPAIGN HEADQUARTERS</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>02-26-08</i>	Payee name <i>EL FENIX BAKERY</i>	Amount (\$) <i>\$16.⁰⁰</i>
	Payee address; City; State; Zip Code <i>EDINBURG, TEXAS 78539</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>SNACKS FOR CAMPAIGN VOLUNTEERS</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>02-27-08</i>	Payee name <i>EL FENIX BAKERY</i>	Amount (\$) <i>\$16.²⁰</i>
	Payee address; City; State; Zip Code <i>EDINBURG, TEXAS 78539</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>SNACKS FOR CAMPAIGN VOLUNTEERS</i> (If travel outside of Texas, complete Schedule T)		<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:

2 OF 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

EL PATIO RESTAURANT

6 Payee address: City: State: Zip Code

EDINBURG TEXAS 78539

8 Amount (\$)

\$70.00

7 Purpose of expenditure (See instructions regarding type of information required.)

FOOD FOR CAMPAIGN VOLUNTEERS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

03-17-08

Date

Payee name

CITY OF EDINBURG

Payee address: City: State: Zip Code

EDINBURG TEXAS

Amount (\$)

\$139.26

Purpose of expenditure (See instructions regarding type of information required.)

CITY SERVICES FOR CAMPAIGN HEADQUARTERS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

04-14-08

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

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 <i>CARLOS "CHARLIE" ESPINOZA</i>	2 ACCOUNT # (Ethics Commission filers)
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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.

x Carlos Espinoza
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.

x Carlos Espinoza
Signature of Officeholder