



**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.

<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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 732. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3293. <sup>33</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1484. <sup>47</sup>
<b>OUTSTANDING LOAN TOTALS</b>	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.

Charlie Espinoza  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlie Espinoza, this the 16 day of July, 20 12, to certify which, witness my hand and seal of office.

Aleida S. Lopez  
Signature of officer administering oath

Aleida S. Lopez  
Print name of officer administering oath

Notary Public  
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 2

2 FILER NAME

CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-24-2012

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

GERARDO MARTINEZ

6 Contributor address; City; State; Zip Code

1522 LOCKART DRIVE  
EDINBURG, TEXAS 78541

7 Amount of contribution (\$)

\$28.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

UNKNOWN

10 Contributor's job title

UNKNOWN

11 Contributor's employer/law firm

UNKNOWN

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

UNKNOWN

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

UNKNOWN

Date

3-24-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROEL OLIVA

Contributor address; City; State; Zip Code

4203 NORTH PALM DRIVE  
PHARR, TEXAS 78577

Amount of contribution (\$)

\$14.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

N/A

Contributor's job title

N/A

Contributor's employer/law firm

N/A

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

4-5-2012

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAWRENCE ESPARZA

Contributor address; City; State; Zip Code

3525 W. FREED GONZALEZ, STE C  
EDINBURG, TEXAS 78539

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

OWNER

Contributor's employer/law firm

LAW OFFICE OF LAWRENCE ESPARZA

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):  
2 of 2

2 FILER NAME  
CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 4-24-12  
5 Full name of contributor: RND LOGISTICS  
6 Contributor address: EDINBURG, TEXAS 78539

7 Amount of contribution (\$): \$500.<sup>00</sup>  
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: ELECTRONICS  
10 Contributor's job title: OWNER

11 Contributor's employer/law firm: N/A  
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: 4-30-12  
Full name of contributor: BALDEMAR MOLINA  
Contributor address: P.O. Box 4021 EDINBURG, TEXAS 78540

Amount of contribution (\$): \$40.<sup>00</sup>  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: N/A  
Contributor's job title: N/A

Contributor's employer/law firm: N/A  
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: 5-2-2012  
Full name of contributor: RUDY DE LA VENA  
Contributor address: 907 W. STUBBS EDINBURG, TEXAS 78539

Amount of contribution (\$): \$50.<sup>00</sup>  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: RETIRED  
Contributor's job title: N/A

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

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

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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.

<b>1</b> Total pages Schedule F: <i>1 of 3</i>		<b>2</b> FILER NAME <i>CARLOS "CHARLIE" ESPINOSA</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>1 of 3</i>	
<b>4</b> Date <i>5-17-2012</i>		<b>5</b> Payee name <i>STARLITE BURGERS</i>			
<b>6</b> Amount (\$) <i>\$44.36</i>		<b>7</b> Payee address; City; State; Zip Code <i>1106 E. UNIVERSITY EDINBURG, TEXAS 78539</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>FOOD FOR CAMPAIGN VOLUNTEERS</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>FOOD/BEVERAGE</i>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> <i>5-21-2012</i>		<b>Payee name</b> <i>STARLITE BURGERS</i>			
<b>Amount (\$)</b> <i>\$48.44</i>		<b>Payee address; City; State; Zip Code</b> <i>1106 E. UNIVERSITY EDINBURG, TEXAS 78539</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <i>FOOD FOR CAMPAIGN VOLUNTEERS</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>FOOD/BEVERAGE</i>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
<b>Date</b> <i>5-28-2012</i>		<b>Payee name</b> <i>DOLLAR TREE STORES</i>			
<b>Amount (\$)</b> <i>\$17.32</i>		<b>Payee address; City; State; Zip Code</b> <i>3400 W. NOLANA MCALLEN, TEXAS 78504</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <i>SUPPLIES FOR CAMPAIGN</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>OFFICE OVERHEAD</i>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
<b>Date</b> <i>6-4-2012</i>		<b>Payee name</b> <i>TOWN CRIER</i>			
<b>Amount (\$)</b> <i>\$430.00</i>		<b>Payee address; City; State; Zip Code</b> <i>1811 N. 23RD MCALLEN, TEXAS 78501</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <i>CAMPAIGN ADVERTISING</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>ADVERTISING</i>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	

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**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: <b>2 of 3</b>		2 FILER NAME <b>CARLOS "CHARLIE" ESPINOZA</b>		3 ACCOUNT # (Ethics Commission Filers) <b>2 of 3 TE</b>	
4 Date <b>6-12-2012</b>		5 Payee name <b>LA MEXICANA BAKERY</b>			
6 Amount (\$) <b>\$90.00</b>		7 Payee address; City; State; Zip Code <b>723 E. SPRAGUE EDINBURG, TEXAS 78539</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CAMPAIGN CELEBRATION CAKES</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Food/Reimburse</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-24-2012</b>		Payee name <b>MALLEN MONITOR NEWSPAPER</b>			
Amount (\$) <b>\$1,600.00</b>		Payee address; City; State; Zip Code <b>EAST NOLANA MALLEN, TEXAS 78501</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CAMPAIGN ADVERTISEMENT</b>		Description (If travel outside of Texas, complete Schedule T) <b>ADVERTISEMENT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-25-2012</b>		Payee name <b>EL PATIO Restaurant</b>			
Amount (\$) <b>\$150.00</b>		Payee address; City; State; Zip Code <b>SOUTH CLOSNER BLVD EDINBURG, TEXAS 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CAMPAIGN Volunteers</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food/Reimburse</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6-5-2012</b>		Payee name <b>T-shirts &amp; MORE</b>			
Amount (\$) <b>\$568.31</b>		Payee address; City; State; Zip Code <b>308 N. CLOSNER EDINBURG, TEXAS 78539</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>T-shirts for Volunteers</b>		Description (If travel outside of Texas, complete Schedule T) <b>ADVERTISEMENT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# 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            |
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<b>1</b> Total pages Schedule F: <i>3 of 3</i>	<b>2</b> FILER NAME <i>Carlos "CHARLIE" ESPINOSA</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>3 of 3 72</i>
<b>4</b> Date <i>6-27-12</i>	<b>5</b> Payee name <i>CPL</i>	
<b>6</b> Amount (\$) <i>\$344.90</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 6608 97 DALLAS TEXAS 75266</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>campaign headquarters utilities "O"</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>OFFICE OVERHEAD</i>
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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