

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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:

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR. NICKNAME

CARLOS LAST

SUFFIX

"CHARLIE" ESPINOZA

OFFICE USE ONLY

Date Received

2013 JUL 19

[Signature]

Date Hand-delivered (Postmarked)

Receipt #

AM 10 32

[Signature]

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

301 EAST LOUETT ST.
EDINBURG, TEXAS 78539

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) CELL - 956-330-9923
WORK - 956-330-4473
HOME - 956-333-4248

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR. NICKNAME

PAUL LAST

SUFFIX

EBROM

JR

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4106 NORTH DOOLITTLE RD.
P.O. BOX 3810
EDINBURG, TEXAS 78540

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) HOME - 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

THROUGH

Month Day Year

01 / 01 / 2013

06 / 30 / 2013

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

General

Special

/ /

12 OFFICE

OFFICE HELD (if any)

JUSTICE OF PEACE
ACT 4 PLACE 1

13 OFFICE SOUGHT (if known)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 6,350.⁰⁰ =

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,350.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,700.⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 2,000.⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,944.⁴¹

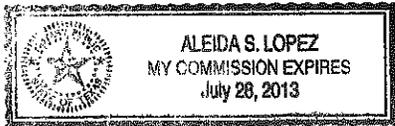
OUTSTANDING LOAN TOTALS

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Espinoza, this the 18th day of July, 20 13, 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
Title of officer administering oath

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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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>4-3-13</i>	5 Payee name: <i>EDINBURG LITTLE LEAGUE</i>
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6 Amount (\$): <i>\$100.⁰⁰</i>	7 Payee address; City; State; Zip Code: <i>EDINBURG TEXAS 78539</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>ADVERTISING</i>	(b) Description (If travel outside of Texas, complete Schedule T): <i>TEAM SPONSORSHIP</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <i>4-5-13</i>	Payee name: <i>AL CIELO church</i>
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Amount (\$): <i>200.⁰⁰</i>	Payee address; City; State; Zip Code: <i>PUERTA AL CIELO church EDINBURG TEXAS 78539</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T): <i>church Bulletin</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED