

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: 11
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		

MR. CARLOS E.
"CHARLIE" ESPINOZA

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	<input type="checkbox"/> Change of Address				

301 EAST LOUETT
EDINBURG, TEXAS 78539

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount
	(956)	Home 383-4248 Cell 330-9923 Work 380-4473			

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		

MR. PAUL T.
ERBOM JR.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	4106 North Doolittle Rd EDINBURG, TEXAS 78540 P.O. Box 3810				

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

9 REPORT TYPE	<input 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 checked="" 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	THROUGH	Month	Day	Year
	04	01	2012		05	18	2012

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
05 / 29 / 2012							

12 OFFICE OFFICE HELD (if any) JUSTICE OF PEACE PET 4 PL. 1	13 OFFICE SOUGHT (if known) SAME
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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 N/A				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

additional pages

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME CARLOS "CHARLIE" ESPINOZA 16 ACCOUNT # (Ethics Commission Filers)

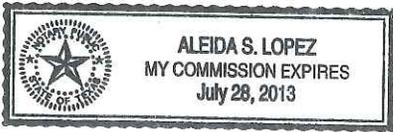
17 NOTICE FROM POLITICAL COMMITTEE(S)

- 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	\$ 132. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,718. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2,783. ⁶⁴
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,672. ²³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,045. ⁷⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Carlos Espinoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Espinoza, this the 22nd day of May, 2012, 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): <i>1 of 5</i>	
2 FILER NAME <i>CARLOS "CHARLIE" ESPINZA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-26-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.G. OR Z.G.</i>	7 Amount of contribution (\$) <i>\$78⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1211 GUADALUPE DRIVE EDINBURG, TEXAS 78539</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>UNIKANSUN</i>		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 <i>3-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SERVANDO RIVERA</i>	Amount of contribution (\$) <i>\$140⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4918 TERRY RD. EDINBURG, TEXAS 78541</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>WOODEN PALLETS</i>		Contributor's job title <i>OWNER</i>	
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 <i>4-10-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JONES, GALLIBAN, KEY, & LOZANO, L.L.P.</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. DRAWER 1247 WESLACO, TEXAS 78599</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEYS AT LAW</i>		Contributor's job title <i>OWNER</i>	
Contributor's employer/law firm <i>SAME</i>		Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>			

ATTACH ADDITIONAL COPIES OF THIS FORM 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 5

2 FILER NAME

CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-26-12

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

EZEQUIEL REYNA LAW OFFICES

6 Contributor address; City; State; Zip Code

*702 W. EXPRESSWAY # 100
WESLACO, TEXAS 78596*

7 Amount of contribution (\$)

\$1,000.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

ATTORNEY AT LAW

10 Contributor's job title

owner

11 Contributor's employer/law firm

LAW OFFICES F EZEQUIEL REYNA

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

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

Date

5-7-12

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

FRED PALACIOS

Contributor address; City; State; Zip Code

*1809 E. RUSSELL RD.
EDINBURG, TEXAS 78541*

Amount of contribution (\$)

\$1,000.⁰⁰

In-kind contribution description (if applicable)

(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

5-9-12

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

CESAR SEGOUA, DDS

Contributor address; City; State; Zip Code

*9201 SUNSET BLVD, STE 208
LOS ANGELES, CALIFORNIA 90069*

Amount of contribution (\$)

\$500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

dentist

Contributor's job title

owner

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

ATTACH ADDITIONAL COPIES OF THIS FORM 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 5	
2 FILER NAME CARLOS "CHARLIE" ESPINOZA		3 ACCOUNT # (Ethics Commission files)	
4 Date 5-11-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICES OF GARCIA, QUINTANILLA, & PALACIOS	7 Amount of contribution (\$) \$2,500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5526 NORTH 10TH MCALLEN, TEXAS 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEYS AT LAW		10 Contributor's job title PARTNER	
11 Contributor's employer/law firm SAME AS ABOVE		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 5-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN GARCIA dba Chempro Services	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3305 ROBBIE LANE EDINBURG, TEXAS 78542		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation SALES		Contributor's job title OWNER	
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 5-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD GARCIA	Amount of contribution (\$) \$1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5526 N. 10TH ST. MCALLEN, TEXAS 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title PARTNER	
Contributor's employer/law firm GARCIA, QUINTANILLA, & PALACIOS		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 FORM 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): <i>4 of 5</i>	
2 FILER NAME <i>CARLOS "CHARLIE" ESPINOZA</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>5-12-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SAMUEL REYES</i>	7 Amount of contribution (\$) <i>\$250.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 4267 EDINBURG, TEXAS 78540</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>UNKNOWN</i>		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 <i>5-15-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN PALACIOS</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>624 PALACIOS DRIVE EDINBURG, TEXAS 78539</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>UNKNOWN</i>		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 <i>5-15-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROEL TREUINO</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1401 W. PDK PHARR, TEXAS 78577</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>UNKNOWN</i>		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 FORM 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 5

2 FILER NAME *CARLS "CHARLIE" ESPINOZA* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-1-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSE CHANIN</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>	8 In-kind contribution description (if applicable) <i>USE of Building FOR CAMPAIGN HEADQUARTERS FIRE SPACE</i>
6 Contributor address; City; State; Zip Code <i>815 NORTH CLARKE EDINBURG, TEXAS 78539</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *PROPERTY MANAGEMENT* 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 <i>5-1-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSE CHANIN</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable) <i>USE of Building FOR CAMPAIGN HEADQUARTERS FIRE SPACE</i>
Contributor address; City; State; Zip Code <i>815 NORTH CLARKE EDINBURG, TEXAS 78539</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *PROPERTY MANAGEMENT* Contributor's job title

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	Full name of contributor <input type="checkbox"/> 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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1 of 4

2 FILER NAME

Carlos "Charlie" Espinoza

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-6-12

5 Payee name

TX II ENERGY

6 Payee address; City; State; Zip Code

P.O. Box 650638
DALLAS, TEXAS 75265

7 Amount (\$)

\$55.76

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN HEADQUARTER UTILITIES

(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

4-20-12

Payee name

EVERYDAY PARTY SUPPLY

Payee address; City; State; Zip Code

307 E. UNIVERSITY
EDINBURG, TEXAS 78539

Amount (\$)

\$52.22

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

CAMPAIGN SUPPLIES

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4-23-12

Payee name

STAPLES

Payee address; City; State; Zip Code

1606 W. UNIVERSITY
EDINBURG, TEXAS 78539

Amount (\$)

\$54.27

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

OFFICE SUPPLIES FOR CAMPAIGN

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4-24-12

Payee name

DELIA'S

Payee address; City; State; Zip Code

3012 N. CLASNER
EDINBURG, TEXAS 78539

Amount (\$)

\$52.66

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

FOOD ITEMS FOR CAMPAIGN VOLUNTEERS

(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 4

2 FILER NAME
CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-25-12

5 Payee name
DELTA SPECIALTIES
6 Payee address; City: State; Zip Code
10205 E. HIWAY 107
EDINBURG, TEXAS 78542

7 Amount (\$)
\$ 222.⁹⁷

8 Purpose of payment (See instructions regarding type of information required.)
MAGNETIC ADVERTISEMENT SIGNS
(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
5-1-12

Payee name
H.E.B.
Payee address; City: State; Zip Code
1212 SOUTH CLARK
EDINBURG, TEXAS 78539

Amount (\$)
\$ 71.³⁵

Purpose of payment (See instructions regarding type of information required.)
FOOD/SOFT DRINKS FOR VOLUNTEERS
(If travel outside of Texas, complete Schedule T)

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

Date
5-2-12

Payee name
VALLEY TOWN CRIBB
Payee address; City: State; Zip Code
1811 N. 23RD
MCKENNA, TEXAS 78501

Amount (\$)
\$ 780.⁰⁰

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN 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
5-8-12

Payee name
DELTA SPECIALTIES
Payee address; City: State; Zip Code
10205 E. HIWAY 107
EDINBURG, TEXAS 78542

Amount (\$)
\$ 222.⁹⁷

Purpose of payment (See instructions regarding type of information required.)
ADVERTISEMENT SIGNS
(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 4

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

4 Date 5-12-12	5 Payee name McGoy's Building Supply	7 Amount (\$) \$59.48
6 Payee address; City; State; Zip Code 299 E. UNIVERSITY EDINBURG, TEXAS 78539		

8 Purpose of payment (See instructions regarding type of information required.) FOR CAMPAIGN SIGNS	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date 5-14-12	Payee name STAR-LITE	Amount (\$) \$54.34
Payee address; City; State; Zip Code 1106 E. UNIVERSITY EDINBURG, TEXAS 78539		

Purpose of payment (See instructions regarding type of information required.) FOOD FOR CAMPAIGN VOLUNTEERS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date 5-16-12	Payee name VALLEY TOWN CRIER	Amount (\$) \$780.⁰⁰
Payee address; City; State; Zip Code 1811 N. 23RD MCALLEN, TEXAS 78501		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN ADVERTISEMENT	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date 5-14-12	Payee name SAM'S CLUB	Amount (\$) \$107.65
Payee address; City; State; Zip Code Pharr, TEXAS		

Purpose of payment (See instructions regarding type of information required.) WATER / soft drinks for campaign	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

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:
4 of 4

2 FILER NAME
CARLOS "CHARLIE" ESPINOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-15-12

5 Payee name
Church's Chicken

7 Amount (\$)

6 Payee address; City; State; Zip Code
*820 E. UNIVERSITY
EDINBURG, TEXAS 78539*

\$58.43

8 Purpose of payment (See instructions regarding type of information required.)
Food for Campaign Volunteers
(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
5-18-12

Payee name
ACADEMY Sports

Amount (\$)

Payee address; City; State; Zip Code
EDINBURG, TEXAS

\$54.10

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN material (CANOPIES) for Volunteers
(If travel outside of Texas, complete Schedule T)

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

Date
5-18-12

Payee name
SAM'S club

Amount (\$)

Payee address; City; State; Zip Code
Pharr, TEXAS

\$360.32

Purpose of payment (See instructions regarding type of information required.)
Food/Drinks for Campaign Volunteers
(If travel outside of Texas, complete Schedule T)

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

Date
5-18-12

Payee name
SAM'S club

Amount (\$)

Payee address; City; State; Zip Code
Pharr, TEXAS

\$185.71

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN SUPPLIES
(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