Texas Ethics Commission   P.O. Box 12070   Austin, Texas 78711-2070   (512) 463-5800   1-800-325-8506

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:
6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST CARLOS MI E.	OFFICE USE ONLY
	NICKNAME CHARLIE LAST ESPINOZA SUFFIX	Date Received RECEIVED JAN 15 2016 15 @ 2:55 pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX APT / SUITE #; CITY; STATE; ZIP CODE 301 E. Lovett EDINBURG, TX 78539	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 380-4478 work 330-9923 cell EXTENSION	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Paul T. MI NICKNAME LAST EBROM SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4186 N. Doolittle Rd. P.O. Box 3510 EDINBURG, TX 78540
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 381-5171 Home 571-6738 cell EXTENSION

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 6 /30/15 THROUGH Month Day Year 12/31/2015

11 ELECTION

ELECTION DATE Month 03 Day 01 Year 2016

ELECTION TYPE ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE	OFFICE HELD (if any) HIDALGO County J.P. pct 4 Place 1	**13 OFFICE SOUGHT** (if known) SAME "incumbent"

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

Revised 06/27/2008

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. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ additional pages

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	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,333.08
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11,686.33
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

ALEIDA LOPEZ
MY COMMISSION EXPIRES
November 1, 2017
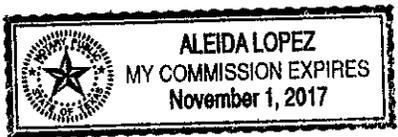
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Carlos "Charlie" Espinoza_ this the __15__ day

of _January_, 20_16_, to certify which, witness my hand and seal of office.

_____   _Aleida Lopez_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

Revised 06/27/2008

SUBTOTALS - JC/OH

19	FILER NAME	20	Filer ID (Ethics Commission Filers)
	CARLOS " CHARLIE " ESPINOZA		

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	$
2.	☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	$
4.	☐ SCHEDULE E(J): LOANS (JUDICIAL)	$
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 2,144.08
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 189.00
9.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
10.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
11.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 Filer ID (Ethics Commission Filers)

4 Date 9-4-2015	5 Payee name AMSTERDAM SUPPLIES

6 Amount ($) $369.07	7 Payee address; City; State; Zip Code P.O. BOX 580 AMSTERDAM, NEW YORK 12010

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN Advertising "PENS"	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

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

Date 9-11-2015	Payee name PACER PRINTING

Amount ($) $405.94	Payee address; City; State; Zip Code 300 EAST EXPRESSWAY 83, SUITE E PHARR, TEXAS 78577

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN PUSH CARDS	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

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

Date 11-18-2015	Payee name Hidalgo County Democratic Party

Amount ($) $1,000.00	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fee FOR J.P. Pct 4 Place 1	Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 Filer ID (Ethics Commission Filers)
4 Date 12-15-2015	**5** Payee name AMSTER DAM Supplies	
6 Amount ($) $369.07	**7** Payee address; City; State; Zip Code P.O. Box 580 AMSTERDAM, NEW YORK 12010	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN ADVERTISNG "PENS"	(b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY 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 ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME CARLOS "CHARLIE" ESPINOZA	3 Filer ID (Ethics Commission Filers)

4 Date 9-4-2015	5 Payee name J. C. SPORTS Connection

6 Amount ($) $189.00 [X] Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3326 South U.S. Hiway 281 EDINBURG, TEXAS 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN SHIRTS	(b) Description [ ] Check if travel outside of Texas, complete Schedule T [ ] Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($) [ ] Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description [ ] Check if travel outside of Texas, complete Schedule T [ ] Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($) [ ] Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description [ ] Check if travel outside of Texas, complete Schedule T [ ] Check if Austin, TX, officeholder living expense

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

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