

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:  |   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR <u>MR</u>   | FIRST<br>CHARLIE                             | MI<br>J  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><u>2/26/24</u> |  |
|  | NICKNAME  | LAST<br>ESPINOZA                             | SUFFIX   |   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2742 CHISHOLM TRAIL DENVER CITY TX 79323  |  |  |   |  |
|  | Date Hand-delivered or Date Postmarked<br><u>2/26/24</u>  |  |  |   |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE<br>( 806 )  | PHONE NUMBER<br>773-9332                     | EXTENSION  | Receipt #<br><u>N/A</u>   Amount \$<br><u>N/A</u>             |  |
| <b>6</b> CAMPAIGN TREASURER NAME   | MS / MRS / MR <u>MR</u>   | FIRST<br>CHARLIE                             | MI<br>J  | Date Processed <u>2/26/24</u>                                 |  |
|  | NICKNAME  | LAST<br>ESPINOZA                             | SUFFIX   | Date Imaged <u>2/26/24</u>                                    |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2742 CHISHOLM TRAIL DENVER CITY TX 79323   |  |  |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE  | AREA CODE<br>( 806 )  | PHONE NUMBER<br>773-9332                     | EXTENSION  |   |  |
| <b>9</b> 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |  |  |   |  |
| <b>10</b> PERIOD COVERED   | Month    Day    Year    Month    Day    Year<br>1 / 26 / 24    THROUGH    2 / 24 / 24   |  |  |   |  |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month    Day    Year<br>3 / 5 / 24   |  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary    Runoff    Other Description<br><input type="checkbox"/> General    Special |   |  |
| <b>12</b> OFFICE   | OFFICE HELD (if any)  |  | <b>13</b> OFFICE SOUGHT (if known)<br>YOAKUM COUNTY COMMISSIONER #1  |   |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br>Additional Pages       | 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            |  |   |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS         |  |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |  |
|---|---|--|
| 15 C/OH NAME<br><b>Charlie Espinoza</b> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,740.00                            |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00                                |
| OUTSTANDING LOAN TOTALS                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

18 SIGNATURE 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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

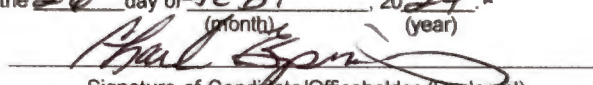
NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Charlie Espinoza, and my date of birth is 12/21/1960.  
 My address is 2742 Chisholm Trl. Dallas Tx. 79323 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Dallas County, State of Texas, on the 26 day of Feb., 2024.  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

**CHARLIE ESPINOZA**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |             |
|-----|-------------------------------------|--|-------------|
| 1.  | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00     |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00     |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00     |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ 0.00     |
| 5.  | <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0.00     |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00     |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00     |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 1,740.00 |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00     |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00     |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00     |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00     |

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | <b>\$ 1,740.00</b>                            |
| <b>5</b> Date<br>01/30/2024  | <b>6</b> Payee name<br>Seminole Radio Station  |   |
| <b>7</b> Amount (\$)<br><b>1,740.00</b>                              | <b>8</b> Payee address;<br>105 NW 11TH   | City; State; Zip Code<br>Seminole TX 79360    |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Radio Advertisement |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>11</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 |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |               |                 |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)  | Description   |                 |
|  | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |               |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought | Office held     |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

01/30/2024

Seminole Radio Station

\*\*1,740.00

One thousand seven hundred forty and 00/100\*\*\*\*\*

Seminole Radio Station

01/30/2024 Seminole Radio Station

| Date       | Type | Reference    | Original Amount | Balance Due | Payment  |
|------------|------|--------------|-----------------|-------------|----------|
| 01/30/2024 | Bill |              | 1,740.00        | 1,740.00    | 1,740.00 |
|            |      | Check Amount |                 |             | 1,740.00 |

WTNB - TEJAS CONS

1,740.00

01/30/2024 Seminole Radio Station

| Date       | Type | Reference    | Original Amount | Balance Due | Payment  |
|------------|------|--------------|-----------------|-------------|----------|
| 01/30/2024 | Bill |              | 1,740.00        | 1,740.00    | 1,740.00 |
|            |      | Check Amount |                 |             | 1,740.00 |

WTNB - TEJAS CONS

1,740.00