

NORMAN W.

ESQUIVEL, JR.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
23

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Norman MI: W. NICKNAME: Esquivel LAST: Esquivel SUFFIX: Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 10:28 am JUL 06 2020 RECEIVED BY: <i>[Signature]</i> Date Hand-delivered or Date Postmarked
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 514 Mesquite Drive Laguna Vista, TX 78578
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 590-9022 EXTENSION:
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Norma MI: 0 NICKNAME: Esquivel LAST: Esquivel SUFFIX:	Receipt # Amount \$ Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4505 Lakeway Drive Brownsville TX 78520
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8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 639-5870 EXTENSION:
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year Month Day Year 02 / 23 / 2020 THROUGH 07 / 05 / 2020
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11 ELECTION	ELECTION DATE Month Day Year 07 / 14 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cameron County Constable Pct. 1
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Norman W. Esquivel Jr.

15 Filer ID (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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,863.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,583.00

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.

Norman W. Esquivel Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NORMAN W. Esquivel Jr, this the 6th day of July, 2020, to certify which, witness my hand and seal of office.

Adrian Cabrera
Signature of officer administering oath

Adrian Cabrera
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Norman W. Esquivel Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,800 ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300 ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,435 ⁰⁰
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,239.36
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 624.40
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

02/25/2020

5 Full name of contributor

Jose Cuevas Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

1683 TX Hwy 100 Port Isabel, TX 78578

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Los Tortugos Seafood Market

Date

03/03/2020

Full name of contributor

Carmen Knowles

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

61 Bethpage Laguna Vista, TX 78578

Principal occupation / Job title (See Instructions)

Retired.

Employer (See Instructions)

Retired

Date

03/10/2020

Full name of contributor

Mauricio Hernandez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1200 TX Hwy 100 Port Isabel, TX 78578

Principal occupation / Job title (See Instructions)

Self Employed.

Employer (See Instructions)

Hernandez Remodeling.

Date

05/19/2020

Full name of contributor

Karen Vassar

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

721 Palm Blvd. Laguna Vista, TX 78578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

U.S. Senate

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/26/2020

5 Full name of contributor

Norman and Norma Esquivel

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$330.00

6 Contributor address;

City;

State;

Zip Code

4505 Lakeway Drive Brownsville TX, 78520

8 Principal occupation / Job title (See Instructions)

Self employed

9 Employer (See Instructions)

Norman's Air Conditioning.

Date

06/25/2020

Full name of contributor

Norman and Norma Esquivel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4505 Lakeway Drive Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/29/2020

Full name of contributor

Scott Walton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

33772 S. Garcia Port Isabel TX 78578

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Police Officer

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 1</i>	
2 FILER NAME <i>Norman W. Esquivel Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>07/01/2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norman and Norma Esquivel</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>10 x 25 Vinyl Banner</i>
7 Contributor address; City; State; Zip Code <i>4505 Lakeway Drive Brownsville, TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Self Employed</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Norman's Air Conditioning</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 5
2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ Ø
5 Date of loan 03/09/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	9 Loan Amount (\$) \$125.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista TX 78578	10 Interest rate Ø
		11 Maturity date 07/14/2021
12 Principal occupation / Job title (See Instructions) Police Officer		13 Employer (See Instructions) P.I.I.S.D.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 03/12/2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	Loan Amount (\$) \$150.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista TX 78578	Interest rate Ø
		Maturity date 07/14/2021
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) P.I.I.S.D.
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 of 5
2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 05/01/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	9 Loan Amount (\$) \$150⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista TX 78578	10 Interest rate 0
		11 Maturity date 07/14/2021
12 Principal occupation / Job title (See Instructions) Police Officer		13 Employer (See Instructions) P.I.I.S.D.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 05/08/2020	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	Loan Amount (\$) \$100⁰⁰
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	Interest rate 0
		Maturity date 07/14/2021
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) P.I.I.S.D.
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
3 of 5

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ *0*

5 Date of loan

05/11/2020

7 Name of lender out-of-state PAC (ID#: _____)

Norman W. Esquivel Jr.

9 Loan Amount (\$)

\$150-00

6 Is lender a financial institution?

Y *(N)*

8 Lender address; City; State; Zip Code

514 Mesquite Drive Laguna Vista TX 78578

10 Interest rate

0

11 Maturity date

07/14/2021

12 Principal occupation / Job title (See Instructions)

Police Officer

13 Employer (See Instructions)

P.I.I.S.D.

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

05/12/2020

Name of lender out-of-state PAC (ID#: _____)

Norman W. Esquivel Jr.

Loan Amount (\$)

\$320-00

Is lender a financial institution?

Y *(N)*

Lender address; City; State; Zip Code

514 Mesquite Drive Laguna Vista, TX 78578

Interest rate

0

Maturity date

07/14/2021

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

P.I.I.S.D.

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
4 of 5

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

05/13/2020

7 Name of lender

Norman W. Esquivel Jr.

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$20-00

6 Is lender a financial institution?

Y N

8 Lender address;

City;

State;

Zip Code

514 Mesquite Drive Laguna Vista, TX 78578

10 Interest rate

0

11 Maturity date

07/14/2021

12 Principal occupation / Job title (See Instructions)

Police Officer

13 Employer (See Instructions)

P.I.I.S.D.

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

05/20/2020

Name of lender

Norman W. Esquivel Jr.

out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$60-00

Is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

514 Mesquite Drive Laguna Vista, TX 78578

Interest rate

0

Maturity date

07/14/2021

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

P.I.I.S.D.

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
5 of 5

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan

06/12/2020

7 Name of lender out-of-state PAC (ID#: _____)

Norman W. Esquivel Jr.

9 Loan Amount (\$)

\$60⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

514 Mesquite Drive Laguna Vista, TX 78578

10 Interest rate

0

11 Maturity date

07/14/2021

12 Principal occupation / Job title (See Instructions)

Police Officer

13 Employer (See Instructions)

P-I-I-S.D.

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

07/01/2020

Name of lender out-of-state PAC (ID#: _____)

Norman W. Esquivel Jr.

Loan Amount (\$)

\$300⁰⁰

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

514 Mesquite Drive Laguna Vista, TX 78578

Interest rate

0

Maturity date

07/14/2021

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

P-I-I-S.D.

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 1 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 02/24/2020	5 Payee name Facebook Ads Manager
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6 Amount (\$) \$7.28	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Campaign Ad.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/27/2020	Payee name Port Isabel South Padre Press
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 308 Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Ad. Newspaper
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 03/02/2020	Payee name Cricket
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX Hwy 100 Ste. C Port Isabel TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	Description Wireless Campaign Cellphone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 03/06/2020	5 Payee name J. A. Sports
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Signs.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/2020	Payee name KDL Graphics
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 03/12/2020	Payee name J. A. Sports
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 4627 Central Circle Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Runoff Stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 3 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2020	5 Payee name J. A. Sports	
6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Runoff stickers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/16/2020	Payee name KDL Graphics		
Amount (\$) \$4000	Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin TX 78579		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Digital Ad Design	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 03/17/2020	Payee name Wells Fargo Bank		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1800 TX HWY100 Port Isabel TX 78578		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description Bank Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 03/24/2020	5 Payee name Facebook Ads Manager
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6 Amount (\$) \$4.42	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Campaign Ad.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/31/2020	Payee name Cricket
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX Hwy 100 Ste. C. Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	Description Wireless Campaign Cellphone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/16/2020	Payee name Wells Fargo Bank
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1800 TX Hwy 100 Port Isabel TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2020	5 Payee name Wal-Mart Supercenter
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6 Amount (\$) \$3079	7 Payee address; 1401 TX Hwy 100	City; Port Isabel	State; TX	Zip Code 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Envelopes, Labels
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/30/2020	Payee name Cricket
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Amount (\$) \$30.00	Payee address; 1702 TX Hwy 100 Sk.C.	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	Description Wireless Campaign Cellphone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 05/04/2020	Payee name J.A. Sports
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Amount (\$) \$150.00	Payee address; 4627 Central Circle	City; Brownsville	State; TX	Zip Code 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Removal Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 6 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 05/11/2020	5 Payee name J.A. Sports
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6 Amount (\$) \$88.15	7 Payee address; 4627 Central Circle	City; Brownsville	State; TX	Zip Code 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Runoff Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/11/2020	Payee name KDL Graphics
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Amount (\$) \$130.00	Payee address; 4411 Spicewood Springs #2001	City; Austin	State; TX	Zip Code 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/14/2020	Payee name Port Isabel South Padre Press
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Amount (\$) \$352.00	Payee address; P.O. Box 308	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Newspaper Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 11	2 FILER NAME Norman W. Esquivel Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 05/18/2020	5 Payee name Wells Fargo Bank
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1800 TX Hwy 100 Port Isabel TX 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Bank Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/20/2020	Payee name U.S. Postal Service
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Amount (\$) \$80.00	Payee address; City; State; Zip Code 103 N. Manautou Port Isabel TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Postal Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 05/21/2020	Payee name Wal-Mart Supercenter
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Amount (\$) \$10.29	Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Envelopes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 8 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 05/21/2020	5 Payee name U.S. Postal Service
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6 Amount (\$) \$165.00	7 Payee address; 103. N. Manantlan	City; Port Isabel	State; TX	Zip Code 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Postal Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/22/2020	Payee name KDC Graphics
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Amount (\$) \$158.00	Payee address; 4411 Spicewood Springs #2001	City; Austin	State; TX	Zip Code 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 05/26/2020	Payee name Wal-Mart Supercenter
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Amount (\$) \$4.05	Payee address; 1401 TX Hwy 100	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Labels
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 11	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 05/27/2020	5 Payee name Facebook Ads Manager
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Campaign Ad.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/27/2020	Payee name J. A. Sports
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 4627 Central Circle Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 05/28/2020	Payee name Port Isabel South Padre Press
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Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 308 Port Isabel TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Newspaper Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 11	2 FILER NAME Norman W. Esquivel Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 06/01/2020	5 Payee name Cricket
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6 Amount (\$) \$30 ⁰⁰	7 Payee address; 1702 TX Hwy 100 Sk. C.	City; Port Isabel	State; TX	Zip Code 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	(b) Description Wireless Campaign Cellphone
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/16/2020	Payee name Wells Fargo Bank
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Amount (\$) \$10 ⁰⁰	Payee address; 1800 TX Hwy 100	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/30/2020	Payee name Cricket
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Amount (\$) \$30 ⁰⁰	Payee address; 1702 TX Hwy 100 Sk. C.	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	Description Wireless Campaign Cellphone
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 11	2 FILER NAME Norman W. Esquivel Jr	3 Filer ID (Ethics Commission Filers)
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4 Date: 07/01/2020	5 Payee name Port Isabel South Padre Press
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6 Amount (\$): \$300.00	7 Payee address; City; State; Zip Code P.O. Box 308 Port Isabel TX 79578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Ad Newspaper.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 1	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2020	5 Payee name Divots Bar and Grill	
6 Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1 Golf House Road	City; State; Zip Code Laguna Vista, TX 78578
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Election Night Watch Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 06/20/2020	Payee name Productos Artesanales	
Amount (\$) \$374.40 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3505 International Blvd.	City; State; Zip Code Brownsville, TX 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facial Masks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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