# NORMAN W. ESQUIVEL, JR.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	9 Filer ID 6 Filer ID 6	Ethics Commission Filers)	2 Total pages f	iled:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  Norman  NICKNAME LAST	MI	Date Received	EUSE ONLY	
	Esquivel	Tr.	DEPARTMEN	ION COUNTY TOF ELECTIONS & REGISTRATION	91.34
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; S 514 Mesquite Drive Laguna Vista	78578 ,7X 78578	, ) <sub>RE</sub>	1 4 2020 REIVED L	
Change of Address			By		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER E (956 ) 590-9022	XTENSION	Date Hand-delivere	d or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$	
TREASURER NAME	Mrs- Norma NICKNAME LAST	SUFFIX	Date Processed		
	Esquivel		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or Business)	4505 Lakeway Drive Brow	unsuille	<i>TX</i>	78520	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ES (956) 639-5870	KTENSION .			V V V V V V V V V V V V V V V V V V V
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff  Exceeded \$500 limit	treasurer a	fter campaign ppointment er Only) rt (Attach C/OH - FR)	The state of the s
10 PERIOD COVERED	Month Day Year 03 / 18 / 2019 THROUGH	Month /2/	Day Yea / 31 / 20		
11 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE Other Description			
12 OFFICE	l _	FFICE SOUGHT (if known			
	Ci	ameron Co	ounty		
	Cor	ameron Co ostable Pc	+.		
	GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

	. ,				
14 C/OH NAME	W. Esquiv		16 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				
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
-		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	* Ø		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,155.00		
EXPENDITURE TOTALS	5	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ Ø		
,	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,678.63		
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	\$ 733.89		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 3,035 · 00		
	ADRIAN CABREF	true and correct and includes all in under Title 15, Election Code.  A Texas	perjury, that the accompanying report is formation required to be reported by me		
or the second	omm. Expires 03-07 Notary ID 71463		ndidate or Officeholder		
AFFIX NOTARY STAI					
Sworn to and subs		to certify which, witness my hand and seal of office	, this the		
_ Al Co	•	Admini Cabrera	watam Public		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co			20 Filer ID (Ethics Cor	nmission Filers)
Λ				
		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,155-00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Ø
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <b>Ø</b>
4.	X	SCHEDULE E: LOANS		\$3,035 <sup>-00</sup>
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$8,450 · 25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ Ø
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <b>Ø</b>
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$1,228.38
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ Ø
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ Ø
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	FIONS RETURNED	\$ Ø

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 of 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 4 Date Jose Arreola 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) \$100.00 5850 Hitching Post Prive Brownsville TX 78526 pation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Attorney C.C. District Attorney Office out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Joe Esquivel 5/02/2019 Contributor address; City; State; Zip Code 9496 Arkansas Road Brownsville TK 78521 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired B.I.S.D Amount of contribution (\$) Norman Esquivel Sr. 5/14/2019 Contributor address; City; State; Zip Code \$500-00 4505 Lakeway Orive Brownsville TX 78520 Dation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Norman's Air Conditioning Owner Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Norman Esquivel Sr. Contributor address; City; State; Zip Code 6/12/2019 4505 Lakeway Drive Brownsuille TX 78520 ation / Job title (See Instructions) Employer (See Instructions) Norman's Air Conditioning Owner 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 thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Norman			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	.C (ID#)	7 Amount of contribution (\$)
11.10.	Ivan Narvaez  6 Contributor address; City;		
6/13/2019	6 Contributor address; City;	State; Zip Code	\$250.00
	35/67 Kretz Road Los Fresh	os TX 78566	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
0	Wner	Coastal Bend	l Financials
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
	Karen Vassar		, undark of contained on (a)
6/18/2019	Karen Vassar  Contributor address; City;	State; Zip Code	\$500.00
•	721 Palm Blud. Laguna Vist	a TX 78578	•
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
<i>k</i>	efired	U.S. Sena	te
Date	Full name of contributor 🔲 out-of-state PAG	C (ID#)	Amount of contribution (\$)
.1./	Karen Vassar		wheath of containing and (w)
7/01/2019	Contributor address; City;	State; Zip Code	\$ /00.00
	721 Palm Blud. Laguna Vista	- TX 78578	
_	eation / Job title (See Instructions)	Employer (See Instructi	ons)
<u> </u>	fired	U.S. Senate	
Date	Full name of contributor out-of-state PAC	> (ID#)	Amount of contribution (\$)
	Nancy Gonzalez, Arturo		
7/11/2019	Contributor address; City;	State: Zip Code	\$100.00
	41 Laguna Madre Orive Laguna Vis	ta TX 78578	· ·
_	ation / Job title (See Instructions)	Employer (See Instructi	· · ·
<u> </u>	ner	Reliable Elec	tric
			,

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 thi	s form.	1 Total pages Schedule A1:
Norman	W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PA  ———————————————————————————————————	C (ID#:)	7 Amount of contribution (\$)
7/01/2019	6 Contributor address; City;	1	\$5-00
	35167 Kretz Road Los Fre	snos TX 78566	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Own	per	Coastal Bend	·
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
7/01/2019	Contributor address; City;	State; Zip Code	\$100.00
	2487 Old Spanish Trail Brown	suille TX 78520	
	ation / Job title (See Instructions) Retired Owner	Employer (See Instruction Big Birds Day	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
7/01/2019	Elliott Rodriguez  Contributor address; City;	State; Zip Code	\$50.00
	100 Port Road #3104 Port Isal	al IX 78578	•
_	ation / Job title (See Instructions)	Employer (See Instructi	
OW	ner	Capt. Elliott F	ishing Charters
Date	Full name of contributor		Amount of contribution (\$)
	Samuel Juarez		
7/01/2019	Contributor address; City;	State; Zip Code	\$50.00
	2455 Old Spanish Trail Brownsui	1/e TX 78520	,
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
A/C	Technician	JOL Air C	andituina

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: 4 of 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 7/01/2019 Janie Garcia 6 Contributor address; City; State; Zip Code \$30000 291 Resact Point Road. Brownsville TX 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Circle A X-Press Inc. Full name of contributor Date out-of-state PAC (ID#:\_ Alfonso Salazar Jr. Contributor address; City; State; Zip Code \$400-00 We Lakewood Drive Laguna Vista TX 78578 Amount of contribution (\$) 7/06/2019 Employer (See Instructions) Principal occupation / Job title (See Instructions) General Manager Sapphire Condominiums Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 7/18/2019 Fran Narvaez Contributor address; City; State; Zip Code 35/67 Kretz Road Los Fresnos TX 78566 Principal occupation / Job title (See Instructions) DWNER Coastal Bend Financials Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Norman Esquive | Sr. Contributor address; City; State; Zip Code 8/16/2019 \$300-00 4505 Lakeway Prive Brownsuille TX 78520 Ition / Job title (See Instructions) Norman's Air Constructions Principal occupation / Job title (See Instructions) Owner Norman's Air Conditioning

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 5 of 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. out-of-state PAC (ID#\_\_\_\_\_\_) 7 Amount of contribution (\$) 8/18/2019 | Harry Bhakta 6 Contributor address; City: State; Zip Code 14/1 TX #WY 100 Laguna Vista TY 78578 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 8/29/2019 Contributor address; City; State; Zip Code \$300 ∞ 2494 Old Spanish Trail Brownsuille TX 78520 pation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Owner Big Chief Fireworks Full name of contributor \_\_\_ out-of-state PAC (ID#\_\_\_ Date Amount of contribution (\$) 9/26/2019 Contributor address; City; State; Zip Code 114 Calle Duguesa Brownsville TX 78526 Principal occupation / Job title (See Instructions) Employer (See Instructions) Ketired B.I.S.D. Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) | Rudy Ruiz | Contributor address; City; State; Zip Code \$100.00 2704 Cairo street Brounsville TX 78520 ation / Job title (See Instructions) Air Force Principal occupation / Job title (See Instructions) Retired 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: 6 of 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 4 Date 6 Full name of contributor uut-of-state PAC (ID#\_\_\_\_\_\_\_) 7 Amount of contribution (\$) 11/12/2019 & Contributor address; City; State; Zip Code \$200.00 8 Principal occupation / Job title (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Big Chief Fireworks Owner Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Choria Gonzalez Contributor address; City; State; Zip Code 1459 Ventura Orive Brunnwille TX 78526 Principal occupation / Job title (See Instructions) Employer (See Instru Caregiver Smarty Pant \$300-00 Smarty Pants PayCare Full name of contributor \_\_\_\_ out-of-state\_PAC (ID#\_ Amount of contribution (\$) Retired Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 18 Baxwood Court Brownsville 77 78520 | tion / Job title (See Instructions) | Employer (See Instructions) Principal occupation / Job title (See Instructions) Owner. Gulf Coast Services ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

Revised 9/26/2019

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 7 of 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. Date 5 Full name of contributor out-of-state PAC (ID#\_\_\_\_\_\_\_) 103/2019 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 620 Santa Isabel Laguna Vista TX 78578 ation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Owner Gallery Built Homes Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) 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.

## SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	W. Esquivel Ir.		
4 TOTAL OF UN	IITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$)
03/19/2019	Norman W. Esquivel	Tr.	\$1,250.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (0)	514 Mesquite Drive Lu	aguna Vista, TX 78578	11 Maturity date 03/03/2021
12 Principal occupation Police Offi	on / Job title (See Instructions)	P. J. J. S. P.	·
14 Description of Coll	ateral		ds were deposited into political
X none		A account (See Instruct	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
. <b>[X</b> ] not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
04/29/2019	Norman W. Esquive Ir		\$300.00
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	514 Mesquik Drive Laguna	Vista, TX 78578	Maturity date 03   03   202
Principal occupation Police De	on / Job title (See Instructions)	Employer (See Instructions) P. T. J. S. D	•
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See instructi	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
💢 not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CODI	ES OF THIS SCHEDULE AS NEE	:DED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE

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

## SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman 1	N. Esquivel Jr.		
	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state l	PAC (ID#:)	9 Loan Amount (\$)
05/01/2019	Norman W. Esquive	1 Tr.	\$100.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
<b>∀ ⊘</b>	514 Mesquite Drive Lagun	avista, TX 78578	11 Maturity date 03/03/202/
12 Principal occupation Police Of	on / Job title (See Instructions)	13 Employer (See Instructions)  P. I., S. D.	
14 Description of Coll	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	L	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state	PAC (ID#:	Loan Amount (\$)
05/13/2019	Norman W. Esquivel )		\$300.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	514 Mesquite Drive Laguno	With, TX 78578	Maturity date 03/03/202/
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	•
Police 0	Hier	P. I. I. S.D.	
Description of Coll	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Cupantar address	State: Tip Code	
A/	Guarantor address; City;	State; Zip Code	
not applicable		F	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	DED

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

## SCHEDULE E

The	instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 3 of 7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	W. Esquired Jr.		
4 TOTAL OF UN	NITEMIZED LOANS		\$ \$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
06/12/2019	Norman W. Esquivel	$\mathcal{I}_{\ell}$ .	\$150.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
y (N)	514 Mesquite Orive Lagur	a Vish, TX 78578	11 Maturity date 03/03/202/
	on / Job title (See Instructions)	13 Employer (See Instructions)	
tolice	Officer	P.I.I.S.D.	
14 Description of Coli	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			74 Tallount Sudstantood (4)
<b>X</b> not applicable	The state and st		,
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID# )	Loan Amount (\$)
06/17/2019	Norman W. Esquivel		\$100.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	514 Mesquite Prive Laguna Vis	h 1X 78578	Maturity date 03/63/2021
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	-0/03/2021
Police 0	Hicer	P. I. I. S.D.	
Description of Colli	ateral	Charle is named a firm	ds were deposited into political
🔀 none		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
🗶 not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	

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

## SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	W. Esquivel Jr.		
	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
06/25/2019	Norman W. Esquive	1 Jr.	\$65.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	514 Mesquite Drive Laguna	Vista, 12 78578	11 Maturity date 53/03/2 <sub>02</sub> /
12 Principal occupation Police 0	on / Job title (See Instructions)	13 Employer (See Instructions)  P. I. J. S. D.	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
18 Cuproptor address: City State Tip Code			
💢 not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state f	DAC (ID#	Loan Amount (\$)
06/28/2019	Norman W. Esquivel		\$150-00
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y (1)	514 Mesquite Drive Laguna V	lista, 1X 78578	Maturity date 03 / 03 / 202 /
Principal occupation Police De	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Ar Check if personal fund	ls were deposited into political
none		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
•	Guarantor address; City;	State; Zip Code	
🗶 not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	nen

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 <b>E</b>
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 5 of 7
2 FILER NAME Norman	W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender	PAC (ID#)	9 Loan Amount (\$)
07/01/2019	Norman W. Esquivel 3	Γr.	\$60.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	514 Mesquite Drive Laguna V	ista, TX 78578	11 Maturity date 63/03/202/
12 Principal occupation Police Of	on / Job title (See Instructions)	P.I. I. S.D.	
14 Description of Coll	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	:
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
08/07/2019	Norman W. Esquivel J	<del>ر</del> د،	\$200.∞
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
y 🔞	514 Mesquite Drive Laguna Vist	a, 1X 78578	Maturity date 03 / 03 / 262
Principal occupation Police Of	on / Job title (See Instructions)	Employer (See Instructions) アエ、エーS. D.	
Description of Coll	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
X not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COD	IES OF THIS COLLEGE E A S NEE	D.D.

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

#### LOANS SCHEDULE E 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 6 of 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. TOTAL OF UNITEMIZED LOANS out-of-state PAC (ID#. Norman W. Esquivel Jr. 10 Interest rate a financial Institution? 11 Maturity date Y N 514 Mesquite Drive Leguna Vista, TX 78578 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Check if personal funds were deposited into political account (See Instructions) none 💢 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION City; 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID# Norman W. Esquivel Jr. \$ 40.00 a financial Institution? Maturity date 514 Mesquik Orive Laguna Vista, DC 78578 Principal occupation / Job title (See Instructions) P. I. I. S.D. Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION City; Guarantor address: State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E: 7 of 7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	W. Esquivel Jr.		
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#,)	9 Loan Amount (\$)
09/19/2019	Norman W. Esquivel	$\mathcal{I}r$ .	\$20-00
6 Is lender a financial institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y 🔞	514 Mesquite Drive Lagyna V	lista . TX 78578	11 Maturity date 03 / 03 / 202 /
12 Principal occupati	on / Job title (See instructions)	13 Employer (See Instructions)	00/00/2000.
Police C	Africer	P.I.I.S.D.	
14 Description of Coli	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
101 OI (111 1, 101 ;	, ,		
	18 Guarantor address; City;	State; Zip Code	
X not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (iD#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
•			
Description of Colli	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

## SCHEDULE F1

#### **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/Wates/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 5 Payee name 03/19/2019 WIX. Com Zip Code \$84.00 P.O. BOX 40190 San Francisco. 94158 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political Website Advertising Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 03/19/2019 WIX. Com City; Zip Code \$50-00 P.O.BOX 40190 San Francisco, CA 94158 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Political Website Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 03/20/2019 KDL Graphics Zip Code \$1,124-00 4411 Spicewood Springs #2001 Austin, TX 78759

Description
Political Advertising Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense **EXPENDITURE** Burpar Stickers, Cards, Magnets, Buttons Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Foot/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

Candidate/Officeholder/Politice CreditCardPayment		Nages/Contract Labor Ot	avel Out Of Distric ther (enter a categ	et ory not listed above)
	The instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 2 of 15	Norman W. Esquivel		Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/21/2019	Cameron County G.I.S.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$35-00	1000		<b></b>	
	1390 W. Expressway 83	San Benito,	TX	78586
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Painting Change	County	Map	
OF EXPENDITURE	trinting Expense	County Political	Mannine	1
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	<u> </u>	Office held
Date	Payee name			
04/30/2019	KDL Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	4411 Spicewood Springs #2001	Austin,	TX	78579
	Category (See Categories listed at the top of this schedule)	Description		_ +
PURPOSE OF	Advertising Expense	Political.	Advert	sing
EXPENDITURE	The a Time Oppurse	T-Shirts		
	Check iftravel 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
exponential to pononi 5,511	·			
Date	Payee name		APARTIE	
h-/20/000	•			
05/02/2019	Cricket			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$67.88	1702 TX HWY 100 SteC	Port Isabel,	7)	78578
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	( OTHER	levine lace C	- 0-1	1 Ame
OF EXPENDITURE	(Communication Expense)	Wireless Camp	aign Cell	pricke
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX,	officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH		Omos dought		Office field
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDIII E AS NEEDE!		

## SCHEDULE F1

#### **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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic CreditCard Payment	al Committee Legal Services Salaries/	-xpense Wages/Contract Labor	Other (enter a categ	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Norman W. Esquivel	' 5r.	3 Filer ID (Ethic	s Commission Filers)
DS /13/2019	KDL Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$680.00	4411 Spicewood Springs #200	ı Austin,	TX	78759
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Adv 150 C	Politica	1 Adver	tising
OF EXPENDITURE	Advartising Expense	T-SA	picts	-
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/31/2019	Cricket			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$30.00	1702 TX Huy 100 Ste.C	Port Isabel	1, 1X	78578
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	OTHER	wireless cam	pain Call	1
EXPENDITURE	(Communication Expense)	Wireless Cap	iparinges cell	pnone
	Check if travel outside of Texas. Complete Schedule T.	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			
06/06/2019	J.A. Sports			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$105.00	4627 Central Circle	Brownsville,	1X	7852/
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Political	Advert	ising
EXPENDITURE	ravarising expense	Window Decals		•
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	CONTENTS AS NOT		
			1271 )	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Jonations 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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic CreditCard Payment		s/Wages/Contract Labor Oth	vel Out Of District er (enter a category not listed above)
1 Total pages Schedule F1.		<b>3</b> F	filer ID (Ethics Commission Filers)
4 Date 06/10/2019	5 Payee name  J. A. Sports		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$57-39	4627 Central Circle	Brownsuille,	1x 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Advertising Lembroidered Shirts
	(c) 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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/10/2019	KDL Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 335-00	4411 Spicewood Springs #2001	Austin,	TX 78759
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Political Koorie	Advertising
	Check if travel outside of Texas. Complete Schedule T.	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	1444	
06/12/2019	KDL Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
\$200.00	4411 Spicewood Springs #2001	Austin,	TX 78759
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Political Poster	A duer tising
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

## SCHEDULE F1

#### **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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 of 15

Norman W. Esquive/ Jr.

Date

06/13/2019

KOL Graphics

7 Payee address; Zip Code 4411 Spicewood Springs #2001

(a) Category (See Categories listed at the top of this schedule) (b) Austin, 1X 78759 (b) Description 8 Political Advertising Advertising Expense Door Hangers EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name 06/18/2019 Netbrands Media Corp. City: Zip Code \$508 83 Houston, TX 14550 Beechnut St. 77083 Category (See Categories listed at the top of this schedule) Description Political Advertising **PURPOSE** Advertising Expense OF Banner, Hand Fans **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 06/18/2019 Wells Fargo Bank
Pavee address: State: Zip Code \$10.00 1800 TX HWY 100 Port Isabel, 78578 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Bank Fee Fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr.
5 Payee name Office Depot
7 Payee address; 06/19/2019 6 Amount (\$) Zip Code .59¢ 20412 US HW 59 North Humble, TX

(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense PURPOSE Political Advertising **EXPENDITURE** Flyer Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 06/24/2019 Port Isabel South Padre Press City; \$13500 Port Isabel, TX P.O. BOX 308 Category (See Categories listed at the top of this schedule) Description Political Advertising Ad Newspaper **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 06/24/2019 Amount (2) J. A. Sports \$300.00 4627 Central Circle Brownsville, TK 78521

Description Political Advertising **PURPOSE** Advertising Expense OF EXPENDITURE Signs Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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

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

Gift/Awards/Memorials Expense Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
7 of 15 Norman W. Esquivel Jr. 3 Filer ID (Ethics Commission Filers) 07/01/2019 State; Zip Code 4627 Central Circle Brounsville, TX 78521 (b) Description 8 Political Advertising PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Zip Code Port Isabel, TX
Description 1702 TX HUY 100 Ste.C Category (See Categories listed at the top of this schedule) **PURPOSE** Wireless Campaign Cellphone **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Port Isabel H.S. Cheerleaders Amount (\$) City; Zip Code 18001 TX HUY 100 Port Isabel, N 78578 Category (See Categories listed at the top of this schedule) Description Political Advertising PURPOSE Advertising Expense Football Program Ad. EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 8 of 15 4 Date KDL Graphics 07/01/2019 6 Amount (\$) State: Zip Code \$65.00 4411 Spicewood Springs #2001 Austin 8 Political Advertising **PURPOSE** Advertising Expense OF Flyers, Backdrop EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 07/12/2019 KDL Graphics Zip Code 4411 Spice Wood Springs #2001
Category (See Categories listed at the top of this schedule) \$100.00 Political Advertising Advartising Expense PURPOSE Social Media Ads. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH The Leadership Institute
Payee address; City: State: Zip Code \$70.00 1101 N. High land Street
Category (See Categories listed at the top of this schedule) Arling tun
Description **PURPOSE** Texas Campaign School Consulting Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norman W. Esquivel Jr		3 Filer ID (Ethics	Commission Filers)
4 Date 07/15/2019	5 Payee name KDL Graphics			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$330.00	4411 Spicewood Springs #2001	Austin,	TX	78759
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Advertis	link
PURPOSE OF EXPENDITURE	Advertising Expense	1	Forms, K	
	(c) Check if travel outside of Texas. Complete Schedule T.	[]	n, TX, officeholder living	•
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name -	Office sought		Office held
Date	Payee name			
07/17/2019	Wells Fargo Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$10.00	1800 TX HWY 100	Port Isabi	el, TX	78578
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Fees	Bank	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name -I	Office sought		Office held
Date	Payee name			
07/31/2019	Cricket			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$30.00	1702 TX HWY 100 Ste.C	Port Isabel	1, 7x	78578
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	(Communication Expense)	Wireless Ca	ampaign A	Mphone
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate Powered
Contributions Property

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
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 10 of 15 4 Date City; State; Zip Code Brownsville, \$ 600.00 4627 Central Circle 78521 (b) Description Political Advertising **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Wells Fargo Bank State; City: Zip Code \$10.00 Port Icabel, IX 1800 TX HWY 100 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Bank Fee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; Zip Code \$500.00 4627 Central Circle Brownsville, Description Political Advartising **PURPOSE** Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **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)

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1;	2 FILER NAME Norman W. Esquivel	Jr.	3 Filer ID (Ethics Commission Filers)	
108 29 / 2019	J. A. Sports			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$200,00	4627 Central Circle Br	ownsville,	TX 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	al Advertising	
PURPOSE OF EXPENDITURE	Advertising Expense	761/7/0	Signs	
	(c) 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			
08/30/2019	J.A. Sports			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$302.10	4627 Central Circle	Brownstille	, TK 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Political S	Advertising igns	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/03/2019	Cricket			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$30-00	1702 TX Hwy 100 stc.c	PortIsabi	1, TX 78578	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	(Communications Expense)	Wireless Co	ampaign Cellphone	
	Check if travel outside of Texas. Complete Schedule T.	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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

#### **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 Git/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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Tr.

5 Payee name
Wells Fargo Bank
7 Payee address; City; Zip Code \$10.00 1800 TX HWY 100 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Bank Fee OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Crideet 09/30/2019 Pavee address: Zip Code \$30-00 1702 TX HWY WO Stc. &
Category (See Categories listed at the top of this schedule) Port Isabel, TX **PURPOSE** Wireless Campaign Cellphone (Communication Expense) EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Wells Fargo Bank City; State; Zip Code \$10.00 Port Isabel 1800 TX HWY 100 Description PURPOSE Bank Fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W- Esquivel Jr. 13 of 15 Zip Code \$30.00 Port Isabel,
(b) Description 1702 77 Hwy 100 Sk-C
(a) Category (See Categories listed at the top of this schedule) 8 OTHER **PURPOSE** Wireless Campaign Cellphone OF (Communication Expense) EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Wells Fargo Bank
Payee address; City: Zip Code 1800 70 Hwy/00 Port Isabel,
Description Category (See Categories listed at the top of this schedule) Bank Fee PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Cricket State: Zip Code \$30~∞ Brt Isabel, 1702 TX HWY 100 Stc.C Category (See Categories listed at the top of this schedule) PURPOSE OTHER Wireless Campaign Cellphone (Communication Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not fisted above)
1 Total pages Schedule F1:	-		3 Filer ID (Ethics Commission Filers)
12/06/2019	5 Payee name  Cameron County Republican	, Party	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,000-00	465 East 7th Street	Brownsville,	TX 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Fili	ng Fee
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
12/17/2019	Wells Fargo Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10.00	1800 TX HWY 100	Port Isabel,	TX 78578
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Bank	Fec
	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		
12/23/2019	Facebook Ads Manager	,	
Amount (\$)	Payee address;	City;	State; Zip Code
\$9.12			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Car	mpaign Ad.
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

## SCHEDULE F1

#### **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 Gitt/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 (epiters extension not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to describe the committee of the co	Vages/Contract Labor Other (enter a category not lis	ted above)	
<b>A T 1 A A 1 A 1 A 1 A A 1 A A 1 A A A A</b>		-		
1 Total pages Schedule F1:	Norman W. Esquivel	Tr. 3 Filer ID (Ethics Comm	ission Fiters)	
4 Date 12/31/2019	5 Payee name Cricket			
6 Amount (\$)	7 Payee address;	City; State; Zip	Code	
\$30-00	1702 TX HWY 100 Ste. C	PortIsabel, TX 78	57-8	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	OTHER	Mireless Commiss Callah	) 	
EXPENDITURE	(Communication Expense)	Wireless Campaign Cellph	O/C	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense	•	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	held	
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip	Code	
(4)	ayee aggreed,	ony, ondo, zip	0000	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
:	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 ਜੇ	Office sought Office h	neld	
Date	Payee name			
			:	
Amount (\$)	Payee address;	City; State; Zip	Code	
	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name f	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
Oradf Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Anther exceptions and listed above)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	1 (1114)	3 Expense Tr s/Wages/Contract Labor Ot	avel Out Of District ther (enter a category not listed above)
1 Total pages Schedule G:  0	2 FILER NAME Norman W. Esquivel Jr. 5 Payee name	3	Filer ID (Ethics Commission Filers)
07/01/2019	Pelican Station		
6 Amount (\$) \$1,228.38	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	201 South Garcia Streets	Port Isabel,	TX 78578
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Even+ Expense	Campaign Ki	ickoff Event
	(c) 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
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	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			