

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: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Norman</i> <i>W.</i> NICKNAME LAST SUFFIX Esquivel Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JAN 14 2020 RECEIVED By:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>514 Mesquite Drive Laguna Vista, TX 78578</i>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 590-9022</i>	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs.</i> <i>Norma</i> <i>0</i> NICKNAME LAST SUFFIX Esquivel	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4505 Lakeway Drive Brownsville TX 78520</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 639-5870</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 18 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cameron County Constable Pct. 1	

9:39 am

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 6,155.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ \emptyset

4. TOTAL POLITICAL EXPENDITURES

\$ 9,678.63

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 733.89

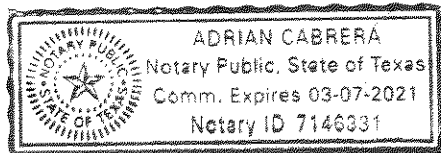
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,035.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Norman W. Esquivel Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Norman Esquivel Jr, this the 14th day of Jan, 2020, to certify which, witness my hand and seal of office.

Adrian Cabrera

Adrian Cabrera

Notary 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 <i>Norman W. Esquivel Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,155 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ ∅
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ ∅
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,035 ⁰⁰
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,450 ²⁵
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ ∅
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ ∅
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ ∅
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,228 ³⁸
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ ∅
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ ∅
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ ∅

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2019

5 Full name of contributor

Jose Arreola

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

5850 Hitching Post Drive Brownsville TX 78526

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

C.C. District Attorney Office

Date

5/02/2019

Full name of contributor

Joe Esquivel

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

9496 Arkansas Road Brownsville TX 78521

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

B.I.-S.D

Date

5/14/2019

Full name of contributor

Norman Esquivel Sr.

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4505 Lakeway Drive Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Norman's Air Conditioning

Date

6/12/2019

Full name of contributor

Norman Esquivel Sr.

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4505 Lakeway Drive Brownsville TX 78520

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

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.

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/13/2019

5 Full name of contributor

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

Ivan Narvaez

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

35167 Kretz Road Los Fresnos TX 78566

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Coastal Bend Financials

Date

6/18/2019

Full name of contributor

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

Karen Vassar

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

Date

7/01/2019

Full name of contributor

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

Karen Vassar

Amount of contribution (\$)

\$100.00

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

Date

7/01/2019

Full name of contributor

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

Nancy Gonzalez, Arturo

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

41 Laguna Madre Drive Laguna Vista TX 78578

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Reliable Electric

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/01/2019

5 Full name of contributor

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

Ivan Narvaez

7 Amount of contribution (\$)

\$5.00

6 Contributor address;

City;

State;

Zip Code

35167 Kretz Road Los Fresnos TX 78566

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Coastal Bend Financials

Date

7/01/2019

Full name of contributor

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

Irma Limas

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2487 Old Spanish Trail Brownsuille TX 78520

Principal occupation / Job title (See Instructions)

Retired Owner

Employer (See Instructions)

Big Bird's Daycare

Date

7/01/2019

Full name of contributor

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

Elliott Rodriguez

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

106 Port Road #3104 Port Isabel TX 78578

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Capt. Elliott Fishing Charters

Date

7/01/2019

Full name of contributor

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

Samuel Juarez

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2455 Old Spanish Trail Brownsuille TX 78520

Principal occupation / Job title (See Instructions)

A/C Technicián

Employer (See Instructions)

J&L 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/01/2019

5 Full name of contributor

Janie Garcia

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

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City;

State;

Zip Code

291 Resaca Point Road. Brownsville TX 78520

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Circle A X-Press Inc.

Date

7/06/2019

Full name of contributor

Alfonso Salazar Jr.

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

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

66 Lakewood Drive Laguna Vista TX 78578

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

Sapphire Condominiums

Date

7/18/2019

Full name of contributor

Ivan Narvaez

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

35167 Kretz Road Los Fresnos TX 78566

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Coastal Bend Financials

Date

8/16/2019

Full name of contributor

Norman Esquivel Sr.

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

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

4505 Lakeway Drive Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

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.

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/2019

5 Full name of contributor

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

Harry Bhakta

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1411 TX Hwy 100 Laguna Vista TX 78578

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Executive Inn

Date

8/29/2019

Full name of contributor

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

Lilly Gonzales

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

2494 Old Spanish Trail Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Big Chief Fireworks

Date

9/26/2019

Full name of contributor

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

Letty Avila

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

114 Calle Duquesa Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

B.I.S.D.

Date

11/12/2019

Full name of contributor

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

Rudy Ruiz

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2704 Cairo street Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Air Force

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/2019

5 Full name of contributor

Lilly Gonzales

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

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

2494 Old Spanish Trail Brownsville TX 78520

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Big Chief Fireworks

Date

12/03/2019

Full name of contributor

Gloria Gonzalez

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

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

1459 Ventura Drive Brownsville TX 78526

Principal occupation / Job title (See Instructions)

Caregiver

Employer (See Instructions)

Smarty Pants Daycare

Date

12/03/2019

Full name of contributor

Karen Vassar

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

Amount of contribution (\$)

\$200.00

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

Date

12/03/2019

Full name of contributor

Fred Figueroa

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

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

18 Boxwood Court Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Owner.

Employer (See Instructions)

Gulf Coast Services

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

12/03/2019

5 Full name of contributor

James Vann

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

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

620 Santa Isabel Laguna Vista TX 78578

\$500.00

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Gallery Built Homes

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)

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)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 7
2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ ∅
5 Date of loan 03/19/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	9 Loan Amount (\$) \$1,250⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	10 Interest rate ∅
		11 Maturity date 03/03/2021
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 04/29/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	Loan Amount (\$) \$300⁰⁰
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	Interest rate ∅
		Maturity date 03/03/2021
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: 2 of 7
2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 05/01/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Norman W. Esquivel Jr.	9 Loan Amount (\$) \$100.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	10 Interest rate 0
		11 Maturity date 03/03/2021
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 05/13/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Norman W. Esquivel Jr.	Loan Amount (\$) \$300.00
Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	Interest rate 0
		Maturity date 03/03/2021
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 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

06/12/2019

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

03/03/2021

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 (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

06/17/2019

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

Norman W. Esquivel Jr.

Loan Amount (\$)

\$100.00

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

03/03/2021

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 (\$)

not applicable

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:

4 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

06/25/2019

7 Name of lender

Norman W. Esquivel Jr.

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$65.00

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

03/03/2021

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

06/28/2019

Name of lender

Norman W. Esquivel Jr.

out-of-state PAC (ID# _____)

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

0

Maturity date

03/03/2021

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 7

2 FILER NAME
Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan **07/01/2019** 7 Name of lender out-of-state PAC (ID# _____)
Norman W. Esquivel Jr.

9 Loan Amount (\$)
\$60.00

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
03/03/2021

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
 not applicable 18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan **08/07/2019** Name of lender out-of-state PAC (ID# _____)
Norman W. Esquivel Jr.

Loan Amount (\$)
\$200.00

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
03/03/2021

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
 not applicable 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:
6 of 7

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan

08/19/2019

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

Norman W. Esquivel Jr.

9 Loan Amount (\$)

\$300.00

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

03/03/2021

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 (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

08/26/2019

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

Norman W. Esquivel Jr.

Loan Amount (\$)

\$ 40.00

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

03/03/2021

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 (\$)

not applicable

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: 7 of 7
2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 09/19/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman W. Esquivel Jr.	9 Loan Amount (\$) \$20⁰⁰
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code 514 Mesquite Drive Laguna Vista, TX 78578	10 Interest rate 0
		11 Maturity date 03/03/2021
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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input 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.

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: 1 of 15		2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2019		5 Payee name WIX. Com			
6 Amount (\$) \$84.00		7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political Website		
	(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 03/19/2019		Payee name WIX. Com			
Amount (\$) \$50.00		Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Website		
	<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 03/20/2019		Payee name KDL Graphics			
Amount (\$) \$1,124.00		Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Advertising Bumper Stickers, Cards, Magnets, Buttons		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 15</i>	2 FILER NAME <i>Norman W. Esquivel Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>03/21/2019</i>	5 Payee name <i>Cameron County G.I.S.</i>	
6 Amount (\$) <i>\$35.00</i>	7 Payee address; City; State; Zip Code <i>1390 W. Expressway 83 San Benito, TX 78586</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>County Map Political Planning</i>
	(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		
Date <i>04/30/2019</i>	Payee name <i>KDL Graphics</i>	
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>4411 Spicewood Springs #2001 Austin, TX 78579</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising T-shirts</i>
	<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		
Date <i>05/02/2019</i>	Payee name <i>Cricket</i>	
Amount (\$) <i>\$67.88</i>	Payee address; City; State; Zip Code <i>1702 TX Hwy 100 Ste C Port Isabel, TX 78578</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER (Communication Expense)</i>	Description <i>Wireless Campaign Cellphone</i>
	<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		

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: 3 of 15	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2019	5 Payee name KDL Graphics	
6 Amount (\$) \$680.00	7 Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising T-Shirts
	(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 05/31/2019	Payee name Cricket		
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX HWY 100 Ste.C Port Isabel, TX 78578		
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 06/06/2019	Payee name J. A. Sports		
Amount (\$) \$105.00	Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Window Decals, Embroidered Shirts	
	<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: <i>4 of 15</i>	2 FILER NAME <i>Norman W. Esquivel Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/10/2019</i>	5 Payee name <i>J. A. Sports</i>	
6 Amount (\$) <i>\$57.38</i>	7 Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Political Advertising Window Decals, Embroidered Shirts</i>
	(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 <i>06/10/2019</i>	Payee name <i>KDL Graphics</i>	
Amount (\$) <i>\$335.00</i>	Payee address; City; State; Zip Code <i>4411 Spicewood Springs #2001 Austin, TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising Koozies</i>
	<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 <i>06/12/2019</i>	Payee name <i>KDL Graphics</i>	
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>4411 Spicewood Springs #2001 Austin, TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising Posters</i>
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 15	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 06/13/2019	5 Payee name KOL Graphics
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6 Amount (\$) \$420.00	7 Payee address; 4411 Spicewood Springs #2001	City; Austin,	State; TX	Zip Code 78759
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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 Door Hangers
	(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 06/18/2019	Payee name Netbrands Media Corp.
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Amount (\$) \$508.83	Payee address; 14550 Beechnut St.	City; Houston,	State; TX	Zip Code 77083
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Banner, Hand Fans
	<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 06/18/2019	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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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: <i>6 of 15</i>	2 FILER NAME <i>Norman W. Esquivel Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/19/2019</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>.59¢</i>	7 Payee address; City; State; Zip Code <i>20412 US Hwy 59 North Humble, TX 77338</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Political Advertising Flyer</i>
	(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 <i>06/24/2019</i>	Payee name <i>Port Isabel South Padre Press</i>	
Amount (\$) <i>\$135.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 308 Port Isabel, TX 78578</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising Ad Newspaper</i>
	<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 <i>06/24/2019</i>	Payee name <i>J. A. Sports</i>	
Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising Signs</i>
	<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

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: 7 of 15	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 07/01/2019	5 Payee name J.A. Sports
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6 Amount (\$) \$111.35	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 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 07/01/2019	Payee name Cricket
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Amount (\$) \$30.00	Payee address; 1702 TX HWY 100 Ste. 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 07/01/2019	Payee name Port Isabel H.S. Cheerleaders
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Amount (\$) \$250.00	Payee address; 18001 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 Football Program 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: 8 of 15		2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/2019		5 Payee name KDL Graphics			
6 Amount (\$) \$65.00		7 Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political Advertising Flyers, Backdrop		
	(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	
Date 07/12/2019		Payee name KDL Graphics			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Advertising Social Media Ads.		
	<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	
Date 07/15/2019		Payee name The Leadership Institute			
Amount (\$) \$70.00		Payee address; City; State; Zip Code 1101 N. Highland Street Arlington VA 22201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Texas Campaign School		
	<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	

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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 15	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 (\$) \$330.00	7 Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Advertising Donetwin Farms, Popsockets
	(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 07/17/2019	Payee name Wells Fargo Bank	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1800 TX Hwy 100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fees
	<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 07/31/2019	Payee name Cricket	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX Hwy 100 Ste. C Port Isabel, TX 78578	
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: 10 of 15		2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 08/16/2019		5 Payee name J.A. Sports			
6 Amount (\$) \$600.00		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 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	
Date 8/16/2019		Payee name Wells Fargo Bank			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 1800 TX Hwy 100 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/20/2019		Payee name J.A. Sports			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4627 Central Circle Brownsville , TX 78521			
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 <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 15	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2019	5 Payee name J.A. Sports	
6 Amount (\$) \$200.00	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 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
Date 08/30/2019	Payee name J.A. Sports	
Amount (\$) \$302.10	Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/03/2019	Payee name Cricket	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX Hwy 100 Ste. C Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (communications 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: 12 of 15		2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 09/18/2019		5 Payee name Wells Fargo Bank			
6 Amount (\$) \$10.00		7 Payee address; 1800 TX Hwy 100		City; Port Isabel, TX	State; Zip Code 78578
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/30/2019		Payee name Cridcet			
Amount (\$) \$30.00		Payee address; 1702 TX Hwy 100 Ste E		City; Port Isabel, TX	State; Zip Code 78578
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
Date 10/17/2019		Payee name Wells Fargo Bank			
Amount (\$) \$10.00		Payee address; 1800 TX Hwy 100		City; Port Isabel TX	State; Zip Code 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 <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: 13 of 15		2 FILER NAME Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2019		5 Payee name Cricket			
6 Amount (\$) \$30.00		7 Payee address; 1702 TX Hwy 100 Ste C		City; Port Isabel, TX	State; Zip Code 78578
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	
Date 11/19/2019		Payee name Wells Fargo Bank			
Amount (\$) \$10.00		Payee address; 1800 TX Hwy 100		City; Port Isabel, TX	State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/02/2019		Payee name Cricket			
Amount (\$) \$30.00		Payee address; 1702 TX Hwy 100 Ste C		City; Port Isabel, TX	State; Zip Code 78578
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: 14 of 15	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 12/06/2019	5 Payee name Cameron County Republican Party
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6 Amount (\$) \$1,000⁰⁰	7 Payee address; City; State; Zip Code 465 East 7th Street Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/2019	Payee name Wells Fargo Bank
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Amount (\$) \$10⁰⁰	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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Date 12/23/2019	Payee name Facebook Ads Manager
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Amount (\$) \$9.12	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Campaign 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: <i>15 of 15</i>	2 FILER NAME <i>Norman W. Esquivel Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/2019</i>	5 Payee name <i>Cricket</i>	
6 Amount (\$) <i>\$30.00</i>	7 Payee address; City; State; Zip Code <i>1702 TX Hwy 100 Ste. C Port Isabel, TX 78578</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER (Communication Expense)</i>	(b) Description <i>Wireless Campaign Cellphone</i>
	(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	Payee name	
Amount (\$)	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
Date	Payee name	
Amount (\$)	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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**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)
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4 Date 07/01/2019	5 Payee name Pelican Station
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6 Amount (\$) \$1,228.38 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 South Garcia Street Port Isabel, TX 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Kickoff Event
	(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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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