NORMAN W. ESQUIVEL, JR.

8 DAYS REPORT FEBRUARY 24, 2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete	this form.	er ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE/ OFFICEHOLDER	Alar.	RST	MI 1./	OFFICE	USE ONLY
NAME	.		W.	Date Received	
	NICKNAME LAS	_	Jr.	DEFAMILIEN	RONCOUNTY PTOFELECTIONS A PEGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE 514 Mesquik Drive		STATE; ZIP CODE	aum	0 2 2020
Change of Address	•			Q _V RE	CEIVED 11.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (957) 590 - 90	_	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIR		MI	Receipt #	Amount \$
NAME	Mrs. Nor		0.	Date Processed	
	NICKNAME LAS ESQUI		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLE		CITY;	STATE;	ZIP CODE
(Residence or Business)	4505 Lakeway Or	rive	Brownsville	TX	78520
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (95%) 639-5		EXTENSION		
9 REPORT TYPE		30th day before election	Runoff Exceeded \$500 limit	treasurer ap (Officeholder	
10 PERIOD COVERED	Month Day	Year	Month	Day Year	
	01 /24/	2020 THR	ои в н 02 /	22/202	20
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary f	Runoff Other Description		
	63/03/2020	General (Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known)		
	1		Cameron Co	ounty	
	1		Cameron Co Constable P	chi	
			Corpspec /	<u> </u>	
		GO TO PAGE	2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	,	1	15 Filer ID (Ethics Commission Filers)
Norman V	V. Esquil	ul Jr.	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINDSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	* Ø
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500 °
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$ 1385.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 7./8
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 3,148 ^{.00}
18 AFFIDAVIT			
			erjury, that the accompanying report is rmation required to be reported by me
		Jour of 3	107
AFFIX NOTARY STAME	P/SEALABOVE	Signature of Sanc	didate or Officeholder
Sworn to and subscr	ibed before me, b	y the said Noicman Eignerel Jr	, this the 24th
day of February	_	o certify which, witness my hand and seat of office	
MO	2	Adrian Cobrace	ADRIAN CABRERA Notary Public, State of Texas Comm. Expires 03-07-2021
Signature of officer ad	dministering oath	Printed name of officer administering path	Title of office 7 admiristering path

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19		(Ethics Commission Filers)
	Norman W. Esquivel Jr.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4.	SCHEDULE E: LOANS	\$ //3***
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	4s \$ 895.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	ions \$ \beta
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 490-∞
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	оf c/он \$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs \$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	RNED \$ Ø

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. <u>l of</u> 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. Date 5 Full name of contributor out-of-state PAC (II Doe Castillo 6 Contributor address; City; out-of-state PAC (ID#: 7 Amount of contribution (\$) \$500.00 P.O. BOX 1371 Port Isabel TX 78578 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner. bes Scafood. Full name of contributor Date 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 ut-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 Instruct	ion Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME NOTMAN W.	Esquired Ir		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED LOANS		\$ 0
	me of lender out-of-state		9 Loan Amount (\$) \$//3.00
a financial Institution?	nder address; City;	State; Zip Code	10 interest rate
y (10) 5/14	Mesquite Drive Lag	suna Vista, 1X 78572	11 Maturity date 02/20/2022
12 Principal occupation / Job Police Office	title (See Instructions)	13 Employer (See Instructions) P. J. J. S.D	
14 Description of Collateral None		Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR 17 Na INFORMATION	me of guarantor		19 Amount Guaranteed (\$)
 18 Gu	arantor address; City;	State; Zip Code	
not applicable 20 Principal Occupation (See	Instructions)	21 Employer (See Instructions)	
LV : Inicipal Occupation (Geo	mon donorray	Limpioyes (oee manucuons)	
Date of loan Na	nme of lender	e PAC (ID#)	Loan Amount (\$)
a financial	nder address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation / Job	title (See Instructions)	Employer (See Instructions)	
Description of Collateral			ds were deposited into political
none		account (See Instruct	-
GUARANTOR Nai INFORMATION	ne of guarantor		Amount Guaranteed (\$)
Gu	arantor address; City;	State; Zip Code	
not applicable			
Principal Occupation (See	Instructions)	Employer (See Instructions)	
If lender is		PIES OF THIS SCHEDULE AS NEE nstruction guide for additional re	

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

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

Credit Card Payment	The Instruction Guide explains how to c	•	egory not listed above)
1 Total pages Schedule F1:	2 FILER NAME NORMAN W. Esquivel 3 5 Payee name Facebook Ads Man	3 Filer ID (Ett	nics Commission Filers)
6 Amount (\$) \$25-00	7 Payee address;	City; State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Campaign	n Ad.
Complete ONLY if direct expenditure to benefit C/Or	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder liv	ving expense Office held
01/31/2020	Payee name Cricket		
Amount (\$)	Payee address: 1702 TX HWY 100 Stc.C.	City; State; Port Ixld TX	Zip Code 78578
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Lonnun: Lahrin Expense)	Description Wircless Campaign Co	ellphone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder liv	ving expense Office held
Date 02/10/2020	Payee name Town Press Media		
Amount (\$)	Payee address: 2216 Padre Blud Suite B	South Padre Island Texa	Zip Code 78597
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Consulting Expense	Compaign Services	•
Complete ONLY if direct expenditure to benefit C/Ol-	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder liv	Office held
<u> </u>	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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	·		Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filen	
4 Date 02/14/2020	5 Payee name	Padre Press		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 120.00	P.O. BOX 308	Port Isabel	TX 78578	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch Advartising Expense	Political	Advertising	
EXPENDITURE	Transfer Compenses	1401.1	Newspape r	
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/19/2020	KDL Graphics			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$60.00	4411 Spicewood Springs #20	ool Austin	TX 78759	
	Category (See Categories listed at the top of this sche	· '	- 11 / 1	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Disital 1	1 Advertising Newspaper Ad.	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name -i	Office sought	Office held	
Date	Payee name			
02/19/2020	Wells Fargo Bank Fee	2		`
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1000	1800 TX HWY/00	Port Isabel	TX 78578	
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Fees	Bank A	re	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	ED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2020	5 Payee name Port Isabel South Paylice	Press	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$25000	P.O. Box 308	Part Isabel TX 78578	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advortising Expense	Political Advertising Ad-Newspaper	
	(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 I	Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
	College of the College of the College of the transfeller and white		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salari The Instruction Guide explains how		(enter a category not listed above)
Total pages Schedule G:	2 FILER NAME Norman W. Esquivel 3 5 Payee name Laguna Market	77. 3 Fil	er ID (Ethics Commission Filers
12/16/2020	Laguna Market		
Amount (\$) 100 Reimbursement from political contributions intended	7 Payee address; 913 7X HWY 100	City; Laguna Heights	State; Zip Code 7x 78578
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Meet + 6	reet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2020	Payee name Bay - B - Boomen		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	717 Santa Isabel Blud.	Lagune Vistz	TX 78578
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet + 6	prat
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	ceholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date /2020	Payee name Louics Brekyard		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	2305 Laguna Blud	South Padre Islam	1 TX 78597
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet + Gr	reet
EXPENDITURE			
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	