# NORMAN W. ESQUIVEL, JR.

| The C/OH Instruction        | Guide explains how to complete this form.               | 2 Total pages filed:                         |
|-----------------------------|---|--|
|                             | ·   | <u> </u>                                     |
| OFFICEHOLDER                | MS / MRS / MR FIRST MI                                  | OFFICE USE ONLY                              |
| NAME                        | Mr. Norman W.   | Date Received                                |
|                             | NICKNAME LAST SUFFIX                                    | CAMERON COUNTY                               |
|                             | Esquivel Jr.  | DEPARTMENT OF ELECTION VOTER REGISTRATION    |
| CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  | JUL 0 6 2020                                 |
| MAILING<br>ADDRESS          | 514 Mesquite Drive Laguna Vista, DX 78578               | 10 10r 0 0 5050                              |
| Change of Address           | 371 THE SOLITE DRIVEN TO THE TOTAL                      | RECEINED                                     |
| CANDIDATE/                  | AREA CODE PHONE NUMBER EXTENSION                        | BK TONAK                                     |
| OFFICEHOLDER<br>PHONE       | (956) 590-9022  | Date Hand-delivered or Date Postmarked       |
| CAMPAIGN                    | MS / MRS / MR FIRST MI                                  | Receipt # Amount \$                          |
| TREASURER<br>NAME           | Mrs. Norma O  | Date Processed                               |
|                             | NICKNAME LAST SUFFIX                                    |  |
|                             | Esquivel  | Date Imaged                                  |
| CAMPAIGN                    | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; | STATE; ZIP CODE                              |
| TREASURER<br>ADDRESS        | 1   | 70520  |
| Residence or Business)      | 4505 Lakeway Drive Brownsville                          | 7x 78520                                     |
| CAMPAIGN                    | AREA CODE PHONE NUMBER EXTENSION                        |  |
| TREASURER<br>PHONE          | (956) 639-5870  |  |
|                             |   |  |
| REPORT TYPE                 | January 15 30th day before election Runoff              | 15th day after campaign                      |
|                             |   | treasurer appointment<br>(Officeholder Only) |
|                             | July 15 8th day before election Exceeded \$500 limit    | Final Report (Attach C/OH - FR)              |
| PERIOD                      | Month Day Year Month                                    | Day Year                                     |
| COVERED                     | 62 /23 /2020 THROUGH 07/                                | 05 / 2020                                    |
|                             | THROUGH U7/   |  |
| ELECTION                    | ELECTION DATE ELECTION TYPE                             |  |
|                             | Month Day Year Primary V Runoff Other Description       |  |
|                             | 07/14 /2020 General Special                             |  |
| OFFICE                      | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)        |  |
|                             | Cameron C<br>Constable                                  | County                                       |
|                             |   |  |
|                             |   | D_1 1  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                          | , _  |  | Filer ID (Ethics Commission Filers)   |
|---------------------------------------|--|--|---------------------------------------|
|                                       | J. Esquive   | L Dr.  |                                       |
| POLITICAL COMMITTEE(S)                | POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITIONS WAY HAVE BEEN MADE WITHOUT THE CANDIDATE SO DESCRIPTION |  |                                       |
|                                       | COMMITTEE TYPE   | COMMITTEE NAME   |                                       |
|                                       | GENERAL  |  |                                       |
|                                       | SPECIFIC   | COMMITTEE ADDRESS  |                                       |
| Additional Pages                      |  | COMMITTEE CAMPAIGN TREASURER NAME  |                                       |
|                                       |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                       |
| 17 CONTRIBUTION<br>TOTALS             | PLEDGE   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | s Ø                                   |
| · · · · · · · · · · · · · · · · · · · | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       |  | \$ 2,100.00                           |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,<br>UNLESS ITEMIZED   |  | * Ø                                   |
|                                       | 4. TOTAL I   | POLITICAL EXPENDITURES   | \$ 3,863 · 76                         |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL P   | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D<br>ORTING PERIOD  | <sup>AY</sup> \$ <b>⊋</b> · <b>82</b> |
| OUTSTANDING<br>LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,583.00                  |  |                                       |
| 18 AFFIDAVIT                          |  |  |                                       |
| Notar<br>Notar                        | ADRIAN CABRERA<br>y Public, State of Te<br>m. Expires 03-07-2<br>Notary ID: 714633   | under Title 15, Election Code.   |                                       |
|                                       |  | Signature of Candid  | date or Officeholder                  |
| AFFIX NOTARY STAME                    | P/SEALABOVE  |  |                                       |
|                                       |  | y the said NORMAN U Esquive 1 Tr   | , this the                            |
| day of July                           | , 20 <u>23</u> , t   | o certify which, witness my hand and seal of office.   |                                       |
| Ma                                    |  | AdniAN Cabrera M   | almy                                  |
| Signature of officer ad               | lministering oath  | Printed name of officer administering oath   | Title of officer administering oath   |

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 19  | 19 FILER NAME 20 Filer ID (Ethics Com  |   |                  |             |  |
|---|--|---|------------------|-------------|--|
| Λ   | Norman W. Esquivel Ir.                 |   |                  |             |  |
|   | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE |   |                  |             |  |
| 1.  | X                                      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |                  | \$ 1,800.00 |  |
| 2.  | X                                      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                  | \$ 300′∞    |  |
| 3.  |  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     |                  | \$ Ø        |  |
| 4.  | X                                      | SCHEDULE E: LOANS   |                  | \$ 1,435.00 |  |
| 5.  | X                                      | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI           | NTRIBUTIONS      | \$ 3,239.36 |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                               |  |   | \$ <b>Ø</b>      |             |  |
| 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 FUN             | IDS              | \$ 624.40   |  |
| 10.   |  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH | \$ <b>Ø</b> |  |
| 11.   |  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS      | \$ 6        |  |
| 12.   |  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED    | \$ Ø        |  |

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

| The                 | Instruction Guide explains how to co                        | omplete thi    | s form.                                   | 1 Total pages Schedule A1:   |
|---------------------|---|----------------|---|--|
| 2 FILER NAME  Norma | n W. Esquivel Ir  |                |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date              | 5 Full name of contributor                                  | ut-of-state PA |   | 7 Amount of contribution (\$)  |
| 02/25/2020          | Jose Cuevas Jr. 6 Contributor address;                      |                | State; Zip Code                           | \$250-00   |
|                     | 1683 TX HUY 100 PA  | ort 1.         | sabel, 7x 78578                           |  |
| _                   | pation / Job title (See Instructions)                       |                | 9 Employer (See Instruc<br>Los Turtugos . | sectood Market   |
| Date                | _   | ut-of-state PA | .C (ID#:)                                 | Amount of contribution (\$)  |
| 03/03/2020          |   | City;          | State; Zip Code                           | \$100.00   |
|                     | 61 Bethpage 4   | aguna          | Vista, TX 78578                           |  |
| Principal occup     | ation / Job title (See Instructions) Refired.               |                | Employer (See Instruct                    | tions)   |
| Date                |   |                | C (ID#:)                                  | Amount of contribution (\$)  |
| 03/10/2020          | Mauricio Hernandez  Contributor address;  1200 TKHWY 180 Po | city;<br>r+Isa | State; Zip Code                           | \$500.00   |
|                     | ation / Job title (See Instructions)                        |                | Employer (See Instruct                    | المراجعة ا |
| Jeg                 | Employed.   |                | Hernandez                                 | Kemodeling.  |
| Date                | Full name of contributor of Contributor Contributor         | ut-of-state PA | C (ID#:)                                  | Amount of contribution (\$)  |
| 05/19/2020          |   | guna Vis       | State; Zip Code                           | \$200.00   |
|                     | ation / Job title (See Instructions)                        |                | Employer (See Instruct U.S. Sena          | •  |
|                     |   |                |   |  |

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. 2 of 2 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Ir. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Norman and Norma Esquire/ 05/26/2020 6 Contributor address; City; State; Zip Code \$330-00 1505 Likeury Prive Brownville TX, 78520 8 Principal occupation / Job title (See Instructions) Self employed 9 Employer (See Instructions) Norman's Air Conditioning. Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 06/25/2020 | Nurman and Norma Esquirel Contributor address; City; State; Zip Code \$100.00 4505 Lakeury Orive Brunsville, 7x 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 06/29/2020 | Scott Walton Contributor address; City; State; Zip Code \$20-00 Port Isabel 1X 78578 33772 S. Garcia Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Police Officer 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

| TI  | ne Instruction Guide explains how to complete this for                                  | n.                       | 1 Total pages Schedule A2:   |  |  |
|---|---|--------------------------|--|--|--|
| 2 FILER NAM  Norma                                      | in W. Esquivel Jr.  |                          | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 TOTAL O   | F UNITEMIZED IN-KIND POLITICAL CONTRII  | BUTIONS                  | \$   |  |  |
| 5 Date 6 Full name of contributor out-of-state PAC (1D# |   | Zip Code<br><b>78520</b> | 8 Amount of Contribution \$ In-kind contribution description  \$300.00   10 x 25 |  |  |
| 10 Principal occ  | supation / Job title (FOR NON-JUDICIAL)(See Instructions)                               | 11 Employ                | er (FOR NON-JUDICIAL) (See Instructions)  mis Air Conditioning                   |  |  |
| 12 Contributor's  | Employed principal occupation (FOR JUDICIAL)  | 13 Contribu              | tor's job title (FOR JUDICIAL) (See Instructions)                                |  |  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)  | 15 Law firm              | n of contributor's spouse (if any) (FOR JUDICIAL)                                |  |  |
| 16 If contributor                                       | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               |                          |  |  |  |
| Date  | Full name of contributor  | }                        | Amount of . In-kind contribution Contribution \$ . description .                 |  |  |
| :   | Contributor address; City; State;   | Zip Code                 | Check if travel outside of Texas. Complete Schedule T.                           |  |  |
| Principal occ   | upation / Job title (FOR NON-JUDICIAL) (See Instructions)                               | Employe                  | er (FOR NON-JUDICIAL)(See Instructions)  |  |  |
| Contributor's   | principal occupation (FOR JUDICIAL)   | Contribu                 | ntributor's job title (FOR JUDICIAL) (See Instructions)                          |  |  |
| Contributor's   | employer/law firm (FOR JUDICIAL)  | Law firm                 | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                         |  |  |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               |                          |  |  |  |
|   |   |                          |  |  |  |
|   |   |                          |  |  |  |
|   |   |                          |  |  |  |
|   |   |                          |  |  |  |
|   |   |                          |  |  |  |
| ľ   | ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction |                          |  |  |  |

Forms provided by Texas Ethics Commission

## LOANS

## SCHEDULE E

| -  |  |   |   |
|--|--|---|---|
| The  | e 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. Esquive Jr.   |   |   |
| 4 TOTAL OF U                               | NITEMIZED LOANS  |   | \$ \$                                     |
| 5 Date of loan                             | 7 Name of lender out-of-state i                                      | PAC (ID#:)                                  | 9 Loan Amount (\$)                        |
| 03/09/2020                                 | Norman W. Esqu   | rivel In                                    | \$125.00                                  |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address; City;  | State; Zip Code                             | 10 Interest rate                          |
| Y (N)                                      | 514 Mesquite Drive Laguna  | a Vista TX 78578                            | 11 Maturity date 07/14/202/               |
| _  | tion / Job title (See Instructions)                                  | 13 Employer (See Instructions)              |   |
| Police a                                   | Officer  | P.I. I.S.D.                                 |   |
| 14 Description of Col                      | <del></del>  | Check if personal fundaccount (See Instruct | nds were deposited into political otions) |
| 16 GUARANTOR<br>INFORMATION                | 17 Name of guarantor   |   | 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 F  | PAC (ID#:)                                  | Loan Amount (\$)                          |
| 03/12/2020                                 | Norman W. Esquivel   |   | \$150-00                                  |
| ls lender<br>a financial<br>institution?   | Lender address; City;  | State; Zip Code                             | Interest rate                             |
| Υ (Ν)                                      | 514 Messuik Drive Layuna   | Vista 1X 78578                              | Maturity date 07/14/2021                  |
| Principal occupation                       | ion / Job title (See Instructions)                                   | Employer (See Instructions)                 |   |
| tolice U                                   | fficer   | P.I.I.S.D.                                  |   |
| Description of Colle                       | ateral   | A. Chark if paragraph from                  | ds were deposited into political          |
| none                                       | 1  | account (See Instructi                      |   |
| GUARANTOR<br>INFORMATION                   | Name of guarantor  | Language                                    | Amount Guaranteed (\$)                    |
|  | Guarantor address; City;   | State; Zip Code                             |   |
| not applicable                             |  |   |   |
| Principal Occupation                       | ion (See Instructions)   | Employer (See Instructions)                 |   |
|  |  |   |   |
|  | ATTA OLI ADDITIONIAL CODI  |   |   |
| if le                                      | ATTACH ADDITIONAL COPI<br>ender is out-of-state PAC, please see Insi | IES OF THIS SCHEDULE AS NEE                 |   |
|  |  |   | the stand and an arrangement              |

## LOANS

## SCHEDULE E

| The  | 1 Total pages Schedule E:                |   |                                       |  |
|--|--|---|---------------------------------------|--|
| 2 FILER NAME                               |  |   | 3 Filer ID (Ethics Commission Filers) |  |
| Norma                                      | n W. Esquivel Jr.                        |   |                                       |  |
| 4 TOTAL OF UN                              | NITEMIZED LOANS                          |   | \$ Ø                                  |  |
| 5 Date of loan                             | 7 Name of lender out-of-state i          | PAC (ID#:)                              | 9 Loan Amount (\$)                    |  |
| 05/01/2020                                 | Norman W. Esquivel                       | Tr.                                     | \$150.00                              |  |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address; City;                  | State; Zip Code                         | 10 Interest rate                      |  |
| Y (N)                                      | 514 Mesquik Drive Laguna                 | Vista TX 78578                          | 11 Maturity date 07/14/202/           |  |
| 12 Principal occupati                      | on / Job title (See Instructions)        | 13 Employer (See Instructions)          |                                       |  |
| Police OH                                  | Gicer                                    | P.I. I.S.D.                             |                                       |  |
| 14 Description of Coll                     | ateral                                   | 15 Check if parronal fund               | ds were deposited into political      |  |
| none                                       |  | account (See Instruct                   |                                       |  |
| 16 GUARANTOR INFORMATION                   | 17 Name of guarantor                     | I                                       | 19 Amount Guaranteed (\$)             |  |
|  | 40 Cumata addana                         | Dieter 7to Onde                         |                                       |  |
|  | 18 Guarantor address; City;              | State; Zip Code                         |                                       |  |
| not applicable                             |  |   |                                       |  |
| 20 Principal Occupat                       | ion (See Instructions)                   | 21 Employer (See Instructions)          |                                       |  |
| Date of loan                               | Name of lender                           | PAC (ID#)                               | Loan Amount (\$)                      |  |
| 05/08/2020                                 | Norman W. Esquivel                       | , | \$100.00                              |  |
| ls lender<br>a financial<br>Institution?   | Lender address; City;                    | State; Zip Code                         | Interest rate                         |  |
|  | 514 Mesquite Drive Laguna                | Vish, TX 78578                          | Maturity date<br>07/14/202/           |  |
|  | on / Job title (See Instructions)        | Employer (See Instructions)             |                                       |  |
| Police C                                   | Hicer                                    | P. T. I.S.D.                            | :                                     |  |
| Description of Coll                        | ateral                                   | Check if personal fund                  | ds were deposited into political      |  |
| none                                       |  | account (See Instructi                  |                                       |  |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                        |   | Amount Guaranteed (\$)                |  |
|  | Guarantor address; City;                 | State; Zip Code                         |                                       |  |
| not applicable                             |  |   |                                       |  |
| ,,,,                                       | on (See Instructions)                    | Employer (See Instructions)             |                                       |  |
| ·  |  |   |                                       |  |
|  |  | I                                       |                                       |  |
|  |  | ES OF THIS SCHEDULE AS NEE              |                                       |  |
| If le                                      | nder is out-of-state PAC, please see ins | truction guide for additional re        | porting requirements.                 |  |

## LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 of 5 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Tr. TOTAL OF UNITEMIZED LOANS out-of-state PAC (ID#:\_ Norman W. Esquivel Jr. 8 Lender address; City; a financial Institution? 514 Mesquik Drive Laguna Vista TX 78578 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Police Officer 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR ,17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) 05/12/2020 Norman W. Esquived Tr. Lender address; City; State; Zip Code a financial Institution? Y N 514 Mesquite Prive Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Police Officer Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code

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)

not applicable

## LOANS

## SCHEDULE E

| The  | Instruction Guida evalains how to some  | I (\$c = F                                     | 1 Total pages Schedule E:               |
|--|---|--|---|
|  | Instruction Guide explains how to compl | lete this form.                                | 4 of 5                                  |
| 2 FILER NAME                               | , , , <u>, -</u>                        |  | 3 Filer ID (Ethics Commission Filers)   |
| Norman                                     | W. Esquivel Tr.                         |  |   |
| 4 TOTAL OF UN                              | NITEMIZED LOANS                         |  | \$ Ø                                    |
| 5 Date of loan                             | 7 Name of lender  ut-of-state f         | PAC (ID#:)                                     | 9 Loan Amount (\$)                      |
| 05/13/2020                                 | Norman W. Esqui                         | ivel Ir.                                       | \$20.00                                 |
| 6 Is lender<br>a financial<br>Institution? | 8 Lender address; City;                 | State; Zip Code                                | 10 Interest rate                        |
|  | 514 Mesquite Drive Lagui                | T  | 11 Maturity date 07/14/202/             |
|  | OFFICE                                  | 13 Employer (See Instructions)  P. J. J. S. D. | ) <u> </u>                              |
| 14 Description of Colli                    | ateral                                  | Check if personal fundaccount (See Instruct    | ds were deposited into political tions) |
| 16 GUARANTOR INFORMATION                   | 17 Name of guarantor                    | 1  | 19 Amount Guaranteed (\$)               |
|  |   |  |   |
| 🔀 not applicable                           |   | outer, my const                                |   |
| 20 Principal Occupati                      | ion (See Instructions)                  | 21 Employer (See Instructions)                 |   |
| Date of loan                               | Name of lender                          | 2000   | Loan Amount (\$)                        |
| 05/20/2020                                 | Norman W. Esquivel                      |  | \$60-00                                 |
| Is lender<br>a financial<br>Institution?   | Lender address; City;                   | State; Zip Code                                | Interest rate                           |
|  | 514 Mesquite Drive Laguna               | Vist, TX 78578                                 | Maturity date 07/14/2021                |
| _  | n / Job title (See Instructions)        | Employer (See Instructions)                    |   |
| Description of Colla                       | iteral                                  |  | ds were deposited into political        |
| none                                       |   | account (See Instructi                         |   |
| GUARANTOR<br>INFORMATION                   | Name of guarantor                       |  | Amount Guaranteed (\$)                  |
| not applicable                             | Guarantor address; City;                | State; Zip Code                                |   |
| Principal Occupatio                        | n (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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 5 of 5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 4 TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Norman W. Esquive Tr. 8 Lender address; City; a financial Institution? 514 Mesquite Drive Laguna Vista, 12 78578 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) P.II. S.D. Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) out-of-state PAC (ID#:\_\_\_ 07/01/2020 Norman W- Eggivel Jr. Is lender Lender address; City: State: Zip Code a financial Institution? 514 Mesquite Drive Laguar Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See instructions) Check if personal funds were deposited into political none account (See Instructions) GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION 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)

#### 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/Reimbursernent 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 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. 4 Date 02/24/2020 FaceLook Ads Manager 6 Amount (\$) City; State: Zip Code \$7.28 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense Facebook Campaign Ad. OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 02/27/2020 Part Isabel South Padre Press Zip Code Port Isabel, \$250.00 P.O. Box 308 78578 Description
Political Advertising Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Ad. Newspeper **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 Payee name Cricket Amount (\$) City; State: Zip Code Part Isabel TX 530.00 1702 TX HWY/00 Stc.C Category (See Categories listed at the top of this schedule) Description OTHER **PURPOSE** Wireless Compaign Colphone OF Communication Expense) 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

## 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)

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. J. A. Sports
7 Payee address; 03/06/2020 6 Amount (\$) City; Zip Code Brownsville TX \$400.00 4627 Central Circle 78521 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political Advertising Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name KOL Graphics 03/09/2020 City: Zip Code \$200.00 4411 Spicewood Springs #2001 Austin TX 78759 Category (See Categories listed at the top of this schedule) Description PURPOSE Political Advertising Advertising Expense 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 Payee name 03/12/2020 Amount (\$) J. A. Sports City: Zip Code \$2000 4627 Central Circle Brownsville Category (See Categories listed at the top of this schedule) Description Political Advertising **PURPOSE** Advertising Expense OF **EXPENDITURE** Runoff Stickers 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

#### 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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursernent 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) Norman W. Esquive Tr.
5 Payee name

J. A. Sports
7 Payee address; 03/16/2020 6 Amount (\$) City: Zip Code \$162-38 Brownsville TX 4627 Central Circle 7852/ (b) Description Political Advartising **PURPOSE** Advertising Expense EXPENDITURE Runoff Stickers 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 Pavee name 03/16/2020 KDL Graphics City; Zip Code \$ Urrow 4411 Spicewood Springs #2001 Ashin TX

Description 78579 Political Digital 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 Wells Fargo Bank City; Zip Code Port Isabel TX 1800 TX HUY/00 70578 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Book Fee **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 Credit Card Payment Event Expense Fees Food/Beverage Expense Gft/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: 2 FILER NAME

Norman 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel In. City; State; Zip Code \$4.42 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Facebook Campaign Ad. OF **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 Date Payee name 03/31/2020 Cricket City: State: Zip Code \$ 3000 1702 TX Hay so Sk.C. Port Isabel, TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** OTHER Wircless Campaign Collphone OF EXPENDITURE Communication Expense) 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 Payee name Date Wells Forgo Bank Payee address; Amount (\$) City; Zip Code 1800 TX HWY/00 Port Isabel TX 78578 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Bank Fee FRES **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
Credit Card Payment

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)

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 5 of 1 5 Payee name
Wal-Mart Supercenter 04/22/2020 6 Amount (\$) City; State; Zip Code \$30 79 Port Isabel TX 1401 Dx Hwy 100 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political Advertising Advartising Expense OF **EXPENDITURE** Envelopes, Labels 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 Pavee name 04/30/2020 Cricket City; State: Zip Code 831-00 Part Isobel TK 1702 TX Huy 100 Sk.C. Category (See Categories listed at the top of this schedule) Description **PURPOSE** OTHER Wirden Campaign Cellphone (Conmunication Expense) **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name J.A. Sports 05/04/2020 Amount (\$) Payee address; City: State: Zip Code \$150.00 4627 Central Circle Brownsville 78521 Category (See Categories listed at the top of this schedule) Description Political Advertising **PURPOSE** Advartising Expense OF **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
Credit Card Payment

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)

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 J. A. Sports
7 Pavee address. State; Zip Code \$88.15 Brownville 4627 Central Circle 71521 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Political Advertising **PURPOSE** Advertising Expense OF Runoff Signs **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 Pavee name KOL Graphics City: Zip Code 4411 Spicewood Springs #2001 Austin PX Category (See Categories listed at the top of this schedule) Political Advertising **PURPOSE** Advertising Expense **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 Payee name Date 05/14/2020 Port Isabel South Padre Press Amount (\$) City: State: Zip Code \$352.00 P.O. Box 308 Port Isabel 78577 Category (See Categories listed at the top of this schedule) Description Political Advertising **PURPOSE** Advertising Expense OF 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
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 Safaries/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 of 11 Norman W. Esquivel Tr 5 Payee name 05/18/2020 Wells Farzo Bonk 7 Payee address: 6 Amount (\$) State: Zip Code \$10.00 1800 TX HUY100 Part Isabel TX 78578 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Bank Fee OF **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 Pavee name 05/20/2020 U.S. Postal Service City; State; Zip Code \$80.00 103 N. Manautou Port Isasel X Political Advertising Postal Stamps Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense 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 Payee name 05/21/2020 Wal-Mort Jupercenter
Payee address; Amount (\$) City; State: Zip Code 1401 Dx Hay 100 \$10.29 Port Isasel 1x 78578 Category (See Categories listed at the top of this schedule) Description Political Advertising PURPOSE Advertising Expense **EXPENDITURE** Orvelopes 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 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
Credit Card Payment

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 Soficitation/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquive Jr. 5 Payee name 4 Date 05/2//2020 6 Amount (\$) U.S. Postal Service
7 Payee address; Zip Code \$165.00 Port Isasel TX 103. N. Mananty 78578 (a) Category (See Categories listed at the top of this schedule) (b) Description Political Advertising **PURPOSE** Advertising Expense OF Postal Stamps **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 05/22/2020 KDC Graphics
Payee address; Austin , 1X 78759 \$15800 4411 Spicewood Springs #2001 Political Advertising **PURPOSE** Advertising Expense **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 05/26/2020 Wal-Mart Supercenter
Payee address; City: Zip Code \$4.05 1401 TX Hay 100 Port Isold TX Description Category (See Categories listed at the top of this schedule) Political Advertising **PURPOSE** Advertising Expense **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 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/Pol/tical 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Facebook Compaign Ad. Advertising Expense OF **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 Pavee name J.A. Sports City; State; Zip Code Brownsville TX 785

Description
Political Advantising \$ 200.00 4627 Central Circle Category (See Categories listed at the top of this schedule) **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 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Port Isabel South padre Press
Payee address;
City; 05/28/2020 Payee address; Amount (\$) Zip Code Port Isabel TX \$100.00 P.O.BOD 308 Pulitical Advartising Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Newspaper Ad. EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T, Candidate / Officeholder name Complete ONLY if direct Office sought 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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
Other (enter a category not listed above)

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 In 5 Payee name 06/01/2020 6 Amount (\$) Cricket 7 Payee address; Zip Code \$30-00 1702 TX Hary 100 Ste. C. Part Isabel TX 78578 (a) Category (See Categories listed at the top of this schedule) (b) Description DTHER **PURPOSE** Wireless Campaign Cellphone (Communication Expense) **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 06/16/2020 Wull Fogu Bonk State: Zip Code 1800 TX Huy 100 \$1000 Port Isabel TX 78528 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Bank Fee **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 Payee name 06/30/2020 Cricket Amount (\$) Payee address; City: Zip Code \$ 3000 Port Dald DC 1702 70 HUY 100 SKC. 71578 Category (See Categories listed at the top of this schedule) Description OTHER **PURPOSE** (Communication Expense) Wireless Compaign Culphone **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 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
Credit Card Payment

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)

|  | The instruction Guide explains now to                                   | complete this form.                     |                            |                      |
|--|---|---|----------------------------|----------------------|
| 1 Total pages Schedule F1                                  | 2 FILER NAME Norman W. Esquivel Tr 5 Payee name Purt Isabel South Padre | *                                       | 3 Filer ID (Ethic          | s Commission Filers) |
| 4 Date   | 5 Payee name  |   | <u> </u>                   |                      |
| 07/01/2020   | Port Isabel South Padre   | Press                                   |                            |                      |
| 6 Amount (\$)  | 7 Payee address;  | City;                                   | State;                     | Zip Code             |
| \$300-00   | FO.BOX 308  | Port Isabel                             | TX                         | 77578                |
| 8  | (a) Category (See Categories listed at the top of this schedule)        | (b) Description                         |                            |                      |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advartising Expense   | Port Isabel (b) Description Politic Ad. | 'el Advert<br>Neuspapet    | rising               |
|  | (c) Check if travel outside of Texas. Complete Schedule T.              | Check if Austi                          | in, TX, officeholder livin | g expense            |
| 9 Complete ONLY if direct expenditure to benefit C/O       | Candidate / Officeholder name<br>H                                      | 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<br>OF  |   |   |                            |                      |
| EXPENDITURE  |   |   |                            |                      |
|  | Check if travel outside of Texas. Complete Schedule T.                  | Check if Austi                          | n, TX, officeholder living | g expense            |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name   | Office sought                           |                            | Office held          |
| Date   | Payee name  |   |                            |                      |
| Amount (\$)  | Payee address;  | City;                                   | State;                     | Zip Code             |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)            | Description                             |                            |                      |
|  | 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   | Office sought                           |                            | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDIII FAS NEC                        | :nen                       |                      |
|  | ··· ·· · · · · · · · · · · · · · · · ·                                  | ::                                      | . mr in in                 |                      |

# 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 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)

| Candidate/Officeholder/Politic<br>Credit Card Payment                      |   | ies/Wages/Contract Labor<br>to complete this form. | Other (enter a category not listed above)       |
|--|---|--|---|
| 1 Total pages Schedule G:<br>1 of  <br>4 Date<br>03/03/2020                | 2 FILER NAME NOrman W. Esquivel 3 5 Payee name Divots Bar and Gri   |  | 3 Filer ID (Ethics Commission Filers)           |
| Amount (\$)  Reimbursement from political contributions intended           | 7 Payee address;  | City:<br>Laguna Vista                              | State; Zip Code  7X 78578                       |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (c) Check if travel outside of Texas. Complete Schedule T. | Election Nigh                                      | ht Watch Party  IX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH                      | Candidate / Officeholder name   | Office sought                                      | Office held                                     |
| Date<br>06/20/2020   | Productos Artesanales   |  |   |
| Amount (\$)  \$374.40  Reimbursement from political contributions intended | 3505 International Blud.  | City;<br>Brownsville                               | State; Zip Code , 7X 78520                      |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Advertising Expense   | Facial M   | lasks   |
| Complete ONLY if direct expenditure to benefit C/C                         | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  OH   | Check if Austin, 1                                 | TX, officeholder living expense Office held     |
| Date   | Payee name  |  |   |
| Amount (\$)  Reimbursement from political contributions intended           | Payee address;  | City;  | State; Zip Code                                 |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  | Description  |   |
| 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, T                                 | "X, officeholder living expense Office held     |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEEDE                                | D   |