Esquivel Norman Jr.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MC. Vorman	W.	OFFIC	E USE ONLY
NAME	NICKNAME LAST Esquivel	SUFFIX (Date Received N (CAMERON (EPARTMENT OF VOTER REGIS	ELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE		CITY; STATE; ZIP CODE	RECEI	S 2020
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Norma	м; О	Receipt # Date Processed	Amount \$
	Esquivel	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S	Brownsville	STATE:	ZIP CODE 78520
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 639-5870	EXTENSION		
9 REPORT TYPE	July 15 30th day before ele		treasurer a	ofter campaign appointment ter Only) ort (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year OF / 06 / 2020	Month THROUGH 09 /	Day Yes	
11 ELECTION	Month Day Year Primary 11 03 2020 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Cameron Constable		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)		
Norman	W. Esquiv	d Jr.				
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				
Additional Pages		COMMITTEE CAMPAIGN	TREASURER NAME			
Additional ages						
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG		AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR TRONICALLY)	s Ø		
		POLITICAL CONTRII THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 3,098.24		
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICA	AL EXPENDITURE.	\$ Ø		
	4. TOTAL	POLITICAL EXPEND	ITURES	\$ 1,703.30		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUT DRTING PERIOD	IONS MAINTAINED AS OF THE LA	\$ 1,703.30 ST DAY \$ 1,367.76		
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	RINCIPAL AMOUNT OF Y OF THE REPORTING	FALL OUTSTANDING LOANS AS C 3 PERIOD	*4,748·∞		
18 AFFIDAVIT						
Note Con	ADRIAN CABRERA ry Public, Stete of T nm. Expires 03-07-2 Notary ID 7146331	exas	true and correct and includes all i under Title 15, Election Code.	f perjury, that the accompanying report is notomation required to be reported by me		
			Signature of C	puldate or Officeholder		
AFFIX NOTARY STAME	P/SEALABOVE					
Sworn to and subscr	ibed before me. h	ر المراجعة	U W Esquivel Tr	, this the 5 **		
day of October			ess my hand and seal of offic			
Ma		Adaina	Cabrera	Notary Public		
Signature of officer ad	dministering oath	Printed name o	f officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

l	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
_/	Vorman W. Esquivel Jr.		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,578.24
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 520.00
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø
4.	SCHEDULE E: LOANS		\$ 490-00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1,703.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ Ø

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 0f2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 5 Full name of contributor ____out-of-state PAC (ID#:______) 7 Amount of contribution (\$) 8/7/2020 Cameron County Republican Women 6 Contributor address; City; State; Zip Code 403 Lancer Lake Drive Brunnyille, TX 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Principal occupation / Job title (See Instructions) Self Employed Carlos Carcos City; State; Zip Code \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Carcos & Associates Amount of contribution (\$) \$250-00 ut-of-state PAC (ID#:_____) Amount of contribution (\$) Bettina Tolin Contributor address; City; State; Zip Code \$1,000.00 9/8/2020 8 Whosping Crone Orive Laguna Viske TX 78578 Principal occupation / Job title (See Instructions) Self Employed Marcellas Restaurant out-of-state PAC (ID#:____ Amount of contribution (\$) Tame Garcia Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Brownville | TX | 78520 | Employer (See Instructions) Circle A X-Press Owner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 9/12/2020 6 Contributor address; City; State; Zip Code \$500.00 122 Queen Isasella Blul. Fort Isasel TX 78578 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Date Amount of contribution (\$) Eduardo Peña Contributor address; City; State; Zip Code \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Full name of contributor ___ out-of-state PAC (ID#:_____ Date Amount of contribution (\$) 9/12/2020 Heather Scott Contributor address; City; State; Zip Code \$50.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Self Enployed 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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:	
2 FILER NAMI	ean W. Esquird Jr.		3 Filer ID (Ethics Commission Filers)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	/	Contribution \$	9 In-kind contribution description	
9/11/2020	Lyza Gonzalez 7 Contributor address; City; State; 4734 Lakeway Drive Brownswille 1	Zip Code	S/20-05	plastic utemilt	
10 Principal acc	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	or /EOR NON HIDIO	IAL)(See Instructions)	
	• •	-			
12 Contain de	f Employed principal occupation (FOR JUDICIAL)	smar	ty Pents Di	W CAYC UDICIAL) (See Instructions)	
		13 Contribu	ut6r's job title (FOR JI	UDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$		
9/11/2020	Sylvia Gutierrer Contributor address; City; State;	Zip Code	\$300 00	Chicken side of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	_	er (FOR NON-JUDIC	IAL)(See Instructions)	
telli	ral Agency	US.C	·. /\$- /.		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR Ji	JDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	,				
į.	ATTACH ADDITIONAL COPIES OF T			a requirements	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: るみる
	orman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
	TAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	Virginia Hamby	Zip Code	8 Amount of 9 In-kind contribution description \$ 100.00 Charcoal Check if travel outside of Texas. Complete Schedule T.
10 Princ	cipal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Accountint		er (FOR NON-JUDICIAL)(See Instructions)
12 Cont	tributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Cont	tributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If co	ntributor 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.
Princ	cipal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Cont	ributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Cont	ributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If co	ntributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDL	JLE AS NEEDED
	If contributor is out-of-state PAC, please see Instruction	on quide for	additional reporting requirements

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Vorman W. Esquivel Jr. TOTAL OF UNITEMIZED LOANS out-of-state PAC (ID#: Date of loan Norman W. Esquivel Tr. 8 Lender address; City; St. 10 Interest rate a financial Institution? 522 Ebony Lane Laguna Vish, TX 78578 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Police Officer Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) out-of-state PAC (ID#: 07/13/2020 Norman W. Esquivel Tr. Lender address; City; \$ 40.00 Interest rate a financial Institution? 522 Ebony Lane Laguna Vista, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) P.I.I.S.D Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 🌠 GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; 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 comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	W. Esquivel Jr.		
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
07/30/2020	Norman W. Esquivel	Tr.	\$200.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (19)	522 Ebony Lane Laguna	Vish TX 78578	11 Maturity date ///03/202/
12 Principal occupation Police	on / Job title (See Instructions) Officer	P. I. I - S. D.	,
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
🛛 not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (iD#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	pn / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NET struction guide for additional re	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Norman W. Esquivel Jr	-	3 Filer ID (Ethics Commission Filers)
4 Date 07/09/2020	Port Isabel South Pao	le Press.	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$240.00	P.O. BOX 308 P.	Brt Isabel,	TK 78578
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad New	Advertising spaper
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/14/2020	KDL Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
\$50.00	4411 Spicewood Springs # 2001	Austin	TX 78759
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic W	esign Social Media
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/15/2020	Facebook Adr Manager		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 25.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ca	mpaign Ad.
	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 NEE	DED

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)

Candidate/Officenolder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 2 A	Vorman W. Esquivel.	Tr.	3 Filer ID (Ethics Commission Filers)
^{4 Date} , 07/16/2020	Norman W. Esquivel. 5 Payee name Wells Fargo Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$10.00	1800 TX Hay 100	Port Isabel	1 TX 78578
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		01	
EXPENDITURE	Fees	Bank H	70
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/30/2020	KOL Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100-00	4411 Spicewood Springs #2001	Austin	TX 78579
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic 1	Design Election Day
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/31/2020	Cridcet		
Amount (\$)	Payee address;	City;	State; Zip Code
30.00	1702 TX HWY 100 Ste.C.	Port Isabel	TX 78578
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	OTHER	Wireless Car	mpaign Cellphone.
	Check if travel outside of Texas. Complete Schedule T.	<i>f</i>	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Omos sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related 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 Salarles/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. Esquived Ir. 4 Date 08/03/2020 Facebook 6 Amount (\$) City; State; Zip Code \$ 3.71 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Facebook Campaign Ad. Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Norman W. Esquivel Tr. Payee address; Zip Code \$25.00 522 Ebony Lane 78578 Category (See Categories listed at the top of this schedule) **PURPOSE** Loun Repayment Reimbursement **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 8/18/2020 Wells Fargo Bank Payee address; Amount (\$) City; Zip Code \$1000 Port Isasel TX 1800 TX HWY 100 Category (See Categories listed at the top of this schedule) PURPOSE Bank Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel in District Printing Expense Gift/Awards/Memorials 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norman W. Esquivel Jr. 4 Date Zip Code 4411 Spicewood Springs #2001 Austin 78759 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Graphic Design Flyers 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 KDL Graphics City; Zip Code 4411 Spicewood Springs #2001 Austin **PURPOSE** Graphic Design Flyers Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name KDL Graphics Amount (\$) City; State; Zip Code 4411 Spicewood Springs #2001 Austin 78759 Description **PURPOSE** Event Flyers OF 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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office of Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 9		Tr.	3 Filer ID (Ethics Commission Filers)
4 Date 8/3//2020	5 Payee name To A Sports		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$216.20	4627 Central Circle	Brownsville	TX 78521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Election D	Day Stickers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/31/2020	Cricket		
Amount (\$)	Payee address;	City;	State; Zip Code
\$30-00	1702 TX HWY 100 Ste.C	Port Isale	1 72 78578
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	OTHER	11:1	
EXPENDITURE	(Communication Expense)	Nireless C	ampaign Cellphone
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/8/2020	Norman W. Esquivel J	- ~	
Amount (\$)	Payee address;	City;	State; Zip Code
\$100,00	522 Ebony Lanc	Laguna Vista	TK 78578
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Loan Repayment	Reimburs	ement
	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 THE	S SCHEDULE AS NEED	DED

		EXPENDI	TURE CATE	GORIES	OR BOX 8	(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	e By tical Committee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memon Legat Services	pense rials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimburs rhead/Rental Ex pense pense ages/Contract Li	ement pense abor	Travel in Dist Travel Out Or	n Equip rict f Distric	ment & Related Expen
1 7-1-1			n Guide explain	s how to c	omplete this f	orm.			
1 Total pages Schedule F	A 7	man W.	Esqui	14 J	r		3 Filer ID	(Ethics	Commission Filers
09[08/2020	KO	L Gra	phics						
\$ 250-00	7 Payee ac	Spicewodo	l Springs	s #20	city; ol <i>Au</i> l	tin	Stat ${\mathcal X}$	e;	Zip Code
8	(a) Category	/ (See Categories liste	id at the top of this s	chedule)	(b) Descript	ion	///		16.60
PURPOSE OF EXPENDITURE	Adver	tising Ex	. pense			ags			
	(c)	Check if travel outside of	Texas, Complete Sch	hedule T.	Chec	ck if Austin	, TX, officeholde	r living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida PH	ate / Officeholder	name		Office so	·			Office held
09/09/0020	Payee nar	nan W. E	squive	I Jr.					
Amount (\$)	Payee add	lress;			City;		State		Zip Code
\$ 50,00	5221	Ebony C	ane	4	Laguna	Vista		' 1	78578
PURPOSE OF EXPENDITURE	/	See Categories listed a		redule)	Description Reim	_	semen	+	
	c	heck if travel outside of T	exas, Complete Sche	edule T.	Check	if Austin,	TX, officeholder	living e	xnense
Complete ONLY if direct expenditure to benefit C/O	Candidat 1	e / Officeholder n	ame		Office sou				ffice held
Date 09/2020	Payee nam	-Mart	Super Ce	rter					
Amount (\$)	Payee addr	ess;			City;		State;		Zip Code
370.65	3500	W. Alton (Sloor Blu	d.	Brownsu	ille	TX	5	78520
PURPOSE OF EXPENDITURE		ee Categories listed at + Expen		dule)	Description Per	rish a	ib/ks		
	Che	eck if travel outside of Tex	cas. Complete Sched	lule T.	Check	if Austin. T	X, officeholder li	vina ev-	nensa
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder n	ame		Office soug		, second i		ffice held
	ATTA	CH ADDITIONA	L COPIES OF	THIS SC	HEDULE AS	NEEDE	ΞD		

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense By 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 Expe Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 Ell ED NAME	ins how to complete this form.	
7 of 9		guivel Ir.	3 Filer ID (Ethics Commission Filers
09/10/2020 6 Amount (\$	Wal-Mart		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$38.28	2721 Boca Chica	Blud. Brownsvolle	,,,
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	11 /0321
PURPOSE OF EXPENDITURE	Event Expense	Perishabi	les
	(c) Check if travel outside of Texas, Complete Si		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date	Payee name		
09/10/2020	Wal-Mart Super	Conter	
Amount (\$)	Payee address;	City;	State; Zip Code
\$62-28	3500 W. Alton Gloor		
	Category (See Categories listed at the top of this so	hedule) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PURPOSE OF EXPENDITURE	Event Expense	Perishab	ples
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin. T	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/1/2020	Wal-Mart Super Payee address;	Center	
Amount (\$)	Payee address;	City;	State; Zip Code
\$41.28	3500 W. Alton Gloor	Blut. Brownsvi	, — росис
	Category (See Categories listed at the top of this sche	edule) Description	17. 73.0
PURPOSE OF EXPENDITURE	Event Expense	Perishabi	les
	Check if travel outside of Texas. Complete Scheo	duie T. Check if Austin TV	C, officeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	TUIC COUPDING	
ns provided by Texas Ethics			UU
, = 1,1100	Commission www.ethics.st	rate ty us	

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

Candidate/Officeholder/Polit Credit Card Payment	Sala	rray Expense Travel C rries/Wages/Contract Labor Other (e	n District Out Of District nter a category not fisted above)
1 Total names Schodul -	The Instruction Guide explains how	v to complete this form.	Seri y Hot lidica abova)
1 Total pages Schedule F	1: 2 FILER NAME Norman W. Esgui	3 Filer	ID (Ethics Commission Filer
9/14/2020	5 Payee name Norman W. Esqui		
6 Amount (\$)	7 Payee address;	City;	
\$50,00	522 Ebry Cane La	suna Vista TX	State; Zip Code 78578
3	(a) Category (See Categories listed at the top of this schedul		10178
PURPOSE OF EXPENDITURE	Loan Repayment	Reimbursem	ent
	(c) Check if travel outside of Texas: Complete Schedule 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/16/2020	Norman W. Esquivel	Jri	
Amount (\$)	Payee address;	0.11	state; Zip Code
40-00	522 Ebony Lane Lague	na Vista D	itate; Zip Code
í	Category (See Categories listed at the top of this schedule)	Description	/43//
PURPOSE OF EXPENDITURE	Loan Repayment	Reimburseme	4- F
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/17/2020	Norman W. Esquivel	Jr.	
mount (\$)	Payee address;	City; Sta	ate; Zip Code
60.00		me Vist TX	78578
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	, , •
OF EXPENDITURE	Loan Repayment	Reimbursemen	J
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officehold	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODITO		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel In District Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Wells Fargo Bank
yee address;

State;

State; 3 Filer ID (Ethics Commission Filers) 9 of 9 Zip Code \$10.00 1800 TX Hwy 100 8 **PURPOSE** OF Bank Fee 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 expenditure to benefit C/OH Office sought Payee name Stripes
Payee address; Zip Code \$11700 102 TX Hwy 100 Laguna Vista 12 78578 Description **PURPOSE** Transportation Related Expense Fuel 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 expenditure to benefit C/OH 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 ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED