NORMAN W. ESQUIVEL, JR.

SEMI-ANNUAL REPORT JANUARY 16, 2024

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethlcs Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR ΜI OFFICE USE ONLY **OFFICEHOLDER** Mr. orman NAME Date Received ESTCPETTONSQ NICKNAME SUFFIX VOID FILLER WIND 4 CANDIDATE / ADDRESS / PO BOX; STATE; JAN 1 6 2024 **OFFICEHOLDER** MAILING 522 Ebony Lane Laguna Vista TX 78578 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (954)431-7896 PHONE Receipt # Amount \$ MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Mrs. Date Processed NAME NICKNAME SUFFIX Date Imaged Esquivel STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE TREASURER 1222 Palo Blanco ADDRESS Laguna Vista (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 639-5870 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Year COVERED /2023 2023 61 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Other Description Runoff Month Day General Special 03 / 05 /2024 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	W. Esquived Tr.	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Her				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,800.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Boo				
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,572.24				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG	\$ 6,572.24 ST DAY \$ 1,227-76				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD					
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Mun wy					
	Signature of Ca	andidate or officeholder				
	·					
	Please complete either option below	v:				
(1) Affidavit						
NOTABY OTABE (CEA	,					
NOTARY STAMP/SEA	ila.					
Sworn to and subscribed	before me by this the	, day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is Norman	n W. Esquivel Tr , and my date of birth is Ebong Lone , Laguna Vish ,	05/04/1983				
My address is522_	Ebony Lone Laguna Vish,	DX. 98578, CISA.				
Executed in	(city) County, State of Tital, on the 16th day of month	state) (zip code) (country) , 20 2 4 (year)				
	Signature of Candi	date/Officeholder (Declarant)				
		. ,				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19					
/	Vorman W. Esquivel Ir.				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,800-00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Bo		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Pa		
4.	SCHEDULE E: LOANS		\$ 1,010.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 6,572-24		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Dw		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 000		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	JNDS	\$ 6		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 000		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$ 600		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	denoted to the second s				
The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Norm	ian W. Esquival Ir.				
4 Date	T	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
11					
01/04/3023	Andres Gorcia 6 Contributor address;	City;	State; Z	Zip Code	\$300 -00
1		Hmilinger I	_		~ -
8 Principal occu	pation / Job title (See Instructions)			er (See Instruction	ons)
Tr	ruck Driver		Circle	. A X-Pre	s
Dete	Full name of contributor	The state PAC			
Date		out-of-state PAC	(10#:		Amount of contribution (\$)
08/09/2023	Rie Esquivel				A
Modlans	Contributor address;			,	\$320.00
`	9496 Arkanas Avc.	Brownwilk	N 7	78521	
	pation / Job title (See Instructions)			er (See Instruction	·
	Seurity Officer		Alli	iance Seur	ily
Date		out-of-state PAC	(ID#:		Amount of contribution (\$)
1 -0	Leeroy Gonzalez				_
00/02/805,	Leerby Gonzalcz Contributor address;	City;		ip Code	\$500.00
		Brunsville	12 3	78523	
Principal occup	pation / Job title (See Instructions)		Employe	er (See Instruction	ons)
Sel	f employed		G4	T Paving	
Date	Full name of contributor				
Date	<u> </u>	out-of-state PAC	(ID#:		Amount of contribution (\$)
11/11/3023	Project RedTX			\$1,000.00	
11/1/22	Contributor address;	City;		ip Code	3 1,000
	1108 Lavaca St. #110-61	10 Austin		78701	
A	pation / Job title (See Instructions)		_ ^	er (See Instruction	A
Political Action Committee			<u> </u>	1.C. Project	- Ked TX

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

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAME	man W. Esquivel Tr.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Ron & Cecelia Bliss	PAC (ID#:)	7 Amount of contribution (\$)	
12/14/2023	6 Contributor address; City;	State; Zip Code	\$500.00	
	P.O. Box 13246 Port Isa	W 1x 78578	•	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
R	chired	Retired.		
Date	Full name of contributor uut-of-state	PAC (ID#:)	Amount of contribution (\$)	
1.102	Mary Joe Esquivel			
12/14/2	Contributor address; City;	State; Zip Code	\$320.00	
	9496 Arkansas Ave. Browns	ville 17 78521		
`	ation / Job title (See Instructions)	Employer (See Instruc	•	
<u> </u>	nventury Clark	Southwest	Keys	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
م مام ۱	Juan Siura			
12/18/23	Contributor address; City;	State; Zip Code	\$500.00	
<u></u>	395 South Sam Houston Sa	n Benito 1X 78586		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc		
Fines	l Director	Thomac G	arra Funnal Home	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
12/21/23	Neto J Rose DJ Rio Contributor address; City;	State; Zip Code	\$300-∞	
VERALLES.	700 Padre Blud Suite K South Par	In Island Dr 78597	4 3 -	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
owners Yummies Pistro				

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

If the requested information is not applicable, DO NOT include this page in the report.

4 Date 5 Full name of contributor out-of-state PAC (IDE: 7 Amount of contribution (\$) 12 223 6 Contributor address; City: State: Zip Code \$100.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Refered. Date Full name of contributor out-of-state PAC (IDE: Amount of contribution (\$) 2 21 2023 Rudy Rui2 Contributor address; City: State: Zip Code \$100.00 2 20 200	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Danny & Leffy Avila City: State: Zip Code \$100°0°	2 FILER NAME			
Principal occupation / Job title (See Instructions) Employer (4 Date		(ID#:)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Refired. Date Full name of contributor Rudy Rui2 Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Refired. Principal occupation / Job title (See Instructions) Refired. Principal occupation / Job title (See Instructions) Refired. Date Full name of contributor State: Zip Code Rufy Rui2 Contributor address; City; State: Zip Code Rufy Rui2 Contributors Refired. Principal occupation / Job title (See Instructions) Refired. Amount of contribution (\$) Refired. Amount of contribution (\$) Refired. Amount of contribution (\$) Refired. Principal occupation / Job title (See Instructions) Refired. Amount of contribution (\$) Refired. Rundle PAC (ID#: Rundle P	12/21/2023		State; Zip Code	\$100.00
Date Full name of contributor			78580	
Rudy Ruiz Contributor address; City; State; Zip Code 2704 Coiro St. Prountile TX 78520 Principal occupation / Job title (See Instructions) Lehired. Date Full name of contributor Contributor address; City; State; Zip Code 1960 N. Exp. 77 Links Inampelle TX 78521 Principal occupation / Job title (See Instructions) Afternay Date Full name of contributor Date Full name of contributor Contributor address; City; State; Zip Code Reployer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City: State; Zip Code Reployer (See Instructions) Afternay Amount of contribution (\$) Afternay Contributor address; City: State; Zip Code Reployer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	8 Principal occu		· · · · · · · · · · · · · · · · · · ·	,
Principal occupation / Job title (See Instructions) Referred. Date Full name of contributor Contributor address; City; State; Zip Code State Contribution Contribution Contributor	Date			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Referred. Date Full name of contributor 2 20 2003 Contributor address; City; State; Zip Code State S	12/21/2023	Rudy Rui2 Contributor address; City;	State; Zip Code	\$ 100.00
Date Full name of contributor out-of-state PAC (ID#:				
Kenny ferez State; Zip Code State; Zip Cod	Principal occup		' n i 1	ions)
Principal occupation / Job title (See Instructions) Atturney Date Full name of contributor George Gavito Contributor address; City; State; Zip Code 2901 Central Dlvd. #Ilol Broun) ville & 71520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	•	Kenny Perez	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Attworp Date Full name of contributor Contributor address; City; State; Zip Code 2901 Central Old. #Ilol Broun) ville R 71520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	12/20/2023			\$ 3,000.00
Principal occupation / Job title (See Instructions) Attworp Date Full name of contributor George Gavito Contributor address; City; State; Zip Code 2901 Central old. # old Broun ville R 71520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		1960 N. Exp. 77 Saited Brunjuill	2 DX 78521	
George Gavito Contributor address; City; State; Zip Code \$ 1,000.00 2901 Central Old. #1101 Brown ville 1x 71520 Principal occupation / Job title (See Instructions) Employer (See Instructions)		ation / Job title (See Instructions)	Employer (See Instructi	,
Contributor address; City; State; Zip Code \$ 1,000.00 2901 Central Old, #llot Broun ville 1x 71520 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/37/3033	Contributor address; City;	. ' '	\$ 1,000.00
		2901 Central Olid. 41101 Brownsville	1 N 71520	
Kertica.	•	ation / Job title (See Instructions)	Employer (See Instruction Rehived.	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME Norman V	V. Esquivel Tr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan 7/25/2023	7 Name of lender out-of-state F	*	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y (P)	522 Ebong Lane Lagune	Vish 1x 78578	11 Maturity date ///0/ / 2025	
,	on / Job title (See Instructions)	13 Employer (See Instructions)	,	
Constab	k Pct, 1	Cameron Count	7	
14 Description of Coll	ateral	a =	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 Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state F	DAC (104)	Loan Amount (\$)	
7/26/2023	Norman W. Esquirel Ir		\$300.00	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y (N)	522 Ebony Lane Lagunal	Nuh 1 78578	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	, ,	
Constable	_ PU.1	Cameron Count	2	
Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)		
✓ none — account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
8	Guarantor address; City;	State; Zip Code		
not applicable		·		
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COPII	ES OF THIS SCHEDULE AS NEE		

LOANS

SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 2 of 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Norman	w. Esquired Sr.		
_	, NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
8/09/2023	Norman W. Erguird J),	\$700,00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (1)	Sad Ebony Lane Lajune 1	lik TV 78578	11 Maturity date ///6//2025
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
Constable	Pcf. 1	Cameron County	
14 Description of Call	ateral	Check if personal fun account (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y			Maturity date
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	ateral	— Check if personal fun	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTAOLIADDITIONALOOD		-DED
If le	ATTACH ADDITIONAL COP Inder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE struction guide for additional re	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	Norman W. Esquivel Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 07/18/2023	5 Payee name Wells Fargo Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$10.00	1800 TX HWY 100	Port Isabel	TX 78578
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Bank	Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name	如此,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,	
07/26/2023	KdL Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
\$300-00	10015 Lake Creek PKWY.	Aushin	TX 78729
•	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expure	Websik Graps	hic Design, Ads Designs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		- Andrew
08/11/2023	Carisma Print o Pesign		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,200.00	2100 Central Blvd.	Brunsville	N 78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expunse	4x4,4)	x8 signs
	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 SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norman W. Esquival Ja		3 Filer ID (Ethics	Commission Filers)
4 Date DY /15/2023	5 Payee name Wells Forgo Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$10.00	1800 TX HUY 100	Port Isold	TX	78578
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Bank	Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austli	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			***************************************
09/17/2023	Wells Forgs Book			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$10.00	1800 Dx Hay 100	A. Tich	TX	71578
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Bank	Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	ехрелѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			***************************************
10/or/2023	Norman W. Esquired Jr.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$300.00	522 Elany Lane	Lajune Vish	Tx	78578
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment / Reinbursement	Loan P.	rymat	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norman W. Esquived Tr.		3 Filer ID (Ethics Commission Filers)
4 Date 10 17 2023	Norman W. Esquived Tr. 5 Payee name Wells Fango Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 10.0	1800 1x Huy/00	Port Isabel	TX 78578
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	Bank F	લિ
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11 11 2023	Cameron County Republica	n Party	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,000.00	2202 S. 77 Sundine Strip	Harlingen	TX 78550
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Filing	Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date .	Payee name		
11/13/2023	Norman W. Esquivel Tr		
Amount (\$)	Payee address;	City;	State; Zip Code
\$125.00	522 Ebony Lane L	aguna Vista	DX 74578
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Loan Repayment / Reinbursement	lun 1	lepsy ment.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	· · · · · · · · · · · · · · · · · · ·	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
4 7 1		s flow to complete this form.	3 Eiler ID (Ettier Complete Eller)
1 Total pages Schedule F1:	Norman W. Esquivel 5 Payee name Norman W. Esquivel	Tr	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/14/2023	Norman W. Esquirel	Ir	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$90.00	522 Ebony	Laguna Vista	TX 71578
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF	Laco Reserves + 10 1 1	1 loan	Rypnyment
EXPENDITURE	Loan Repayment / Reimbursen	ment con-	regorgran
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		,
11/15/2023	Well Furgo Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10.00	1800 TX 19my 100	Port Isaber	1 7X 78578
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Fees	Bonk	Re
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/15/2023	Wells Forgo Bank	۷	
Amount (\$)	Payee address;	City;	State; Zip Code
\$10.00	1800 Dx Hay/00	Port Isabel	1 Tr 78578
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Fees	Bank	k Fee
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a category not listed above)	
,	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	Norman W. Esquivel Tr.	3 Filer ID (Ethics Commission Filers)	
4 Date /2/18/2023	5 Payee name Carisma Print & Desig	h	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$557.49	2100 Central Blad.	Bounsville 1x 78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expuse	4x4, 4x8 Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	· ·	
12/20/2023	Carisma Print + Design		
Amount (\$)	Payee address;	City; State; Zip Code	
\$600.00	2100 Central Blrd.	Brownsville DX 78520	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	4x4, 4x8 Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/22/2023	Port Isabel S.P.I. Pre-	Ŋ	
Amount (\$)	Payee address;	City; State; Zlp Code	
\$150.00	406 South Garcia	Port Isabel TA 78578	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper 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/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL CODIES OF THE	SCUEDIN E AS NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W	/ages/Contract Labor O	ravel Out Of District ther (enter a catego		
	The Instruction Guide explains how to o				
1 Total pages Schedule F1: 6 of 7	2 FILER NAME NOrman W. Esquived	Tr. 3	Filer ID (Ethics	Commission Filers)	
12/26/2023	Norman W. Esquivel of Payee name Carisma Print & Design	n			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$300.00	2100 Central Blvd.	Brownsville	TX	71520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ł	Office sought		Office held	
Date	Payee name		,		
12/28/2023	Carisma Print & Design				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$92.06	2100 Central Blud.	Brownville	TX	78520	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Signs Printing Expense	Yard	Sighs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, , , , , , , , , , , , , , , , , , , 	Office held	
Date	Payee name				
12/27/2023	Caroma Print & Design				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$297.69	2100 Central Blod.	Brownville	N	78520	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Push Con	h Winds	w Deculs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	Expense Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FII FR NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 12/19/2023	Norman W. Esquivel 5 Payee name Capina Print y Design				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$1,500,00	2100 Central Block	Brunsville	TX 71520		
8	(a) Category (See Categories listed at the top of this schedule)				
PURPOSE OF EXPENDITURE	Printing Expunse	Push cords,			
	(c) Check if travel outside of Texas. Complete Schedule Y.	Check if Austir	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				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 SCHEDULE AS NEEDED					