

**NORMAN W.  
ESQUIVEL, JR**

**8<sup>th</sup> DAY BEFORE  
ELECTION  
FEBRUARY 26, 2024**

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ESQUIVEL, JR**

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ELECTION  
FEBRUARY 26, 2024**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; color: blue;">12</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <i>Mr.</i> <i>Norman</i> <i>W.</i> <hr style="border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <i>Esquivel</i> <i>Jr.</i>	<b>OFFICE USE ONLY</b>  Date Received <span style="color: blue; font-weight: bold;">CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</span>  <span style="color: red; font-size: 1.5em; font-weight: bold;">OCT 16 2024</span>  <span style="color: blue; font-weight: bold;">RECEIVED</span> <i>ok @ 2:00 pm</i> Date: <u>Hand delivered or Date Postmarked</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>522 Ebony Lane      Laguna Vista TX 78578</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(956 )      431-7896</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>Mrs.</i> <i>Norma</i> <i>O.</i> <hr style="border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <i>Esquivel</i>	Receipt #      Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>1222 Palo Blanco      Laguna Vista      TX      78578</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(956 )      639-5870</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>01 / 26 / 2024      THROUGH      02 / 24 / 2024</i>		
11 ELECTION	ELECTION DATE Month      Day      Year <i>03 / 05 / 2024</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Cameron County Constable pct. #1</i>	13 OFFICE SOUGHT (if known) <i>Cameron County Constable pct. #1</i>	
14 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Norman W. Esquivel Jr.</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,480.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,214.09</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>408.43</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>20.00</i>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Norman W. Esquivel Jr.*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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 administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *Norman W. Esquivel Jr.*, and my date of birth is *05/24/1983*.

My address is *522 Ebony Lane*, *Laguna Vista*, *TX*, *78578*, *U.S.A.*.  
(street) (city) (state) (zip code) (country)

Executed in *Cameron* County, State of *Texas*, on the *26th* day of *February*, 20*24*.  
(month) (year)

*Norman W. Esquivel Jr.*  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Norman W. Esquivel Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,480.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,214.09
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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: <b>1 of 3</b>
2 FILER NAME <b>Norman W. Esquivel Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/29/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Lerma</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>606 Marine Drive Port Isabel TX 78578</b>		
8 Principal occupation / Job title (See Instructions) <b>Deputy Constable</b>		9 Employer (See Instructions) <b>Cameron County</b>
Date <b>02/05/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis Esquivel</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>905 Fairbank Blvd. Harlingen TX 78550</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions) <b>El Pedrino Bail Bonds</b>
Date <b>02/06/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Castillo</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1977 Port Isabel TX 78578</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions) <b>Jojo Oyster Bars</b>
Date <b>02/07/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Bree</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>1012 N. Shore Port Isabel TX 78578</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired.</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>2 of 3</b>
2 FILER NAME <i>Norman W. Esquivel Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/12/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Delgado</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>4825 S. Oklahoma Brownsville TX 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions) <i>Alex A/E</i>
Date <i>02/12/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brasilio Gomez</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>4764 Lakeway Dr. Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions) <i>Bago Investments</i>
Date <i>02/12/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lilly Gonzales</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 6068 Brownsville TX 78523</i>		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions) <i>Big Chief Fireworks</i>
Date <i>02/12/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Robinson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>28 Hacienda Drive Laguna Vista TX 78578</i>		
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.

# 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: <b>3 of 3</b>
2 FILER NAME <b>Norman W. Esquivel Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/12/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Timothy Patrick</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 2041 South Padre Island TX 78597</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>02/08/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Elbert</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>9215 Florida Brownsville TX 78521</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/09/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sylvia Escamilla</b>	Amount of contribution (\$) <b>\$30.00</b>
Contributor address; City; State; Zip Code <b>100 Blk Oleander South Padre Island TX 78597</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/20/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bunny Juarez</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2455 Old Spanish Trail Brownsville TX 785</b>		
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.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 6	<b>2</b> FILER NAME Norman W. Esquivel Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/07/2024	<b>5</b> Payee name DTF EXPRESS Transfer	
<b>6</b> Amount (\$) \$43.30	<b>7</b> Payee address; City; State; Zip Code 808 Dixieland Rd. Harlingen TX 78552	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description T-shirt Vinyl
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/07/2024	Payee name Port Isabel South Padre Press	
Amount (\$) \$250.00	Payee address; City; State; Zip Code R.O. Box 308 Port Isabel TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising Ad Newspaper
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/07/2024	Payee name Norman Esquivel Jr.	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 522 Ebony Lane Laguna Vista TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Loan Payment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 6</b>	2 FILER NAME <b>Norman W. Esquivel Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/03/2024</b>	5 Payee name <b>Wal-Mart Supercenter</b>	
6 Amount (\$) <b>\$4.27</b>	7 Payee address; City; State; Zip Code <b>1401 TX Hwy 100 Port Isabel TX 78578</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Staples, Staple Gun</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>02/09/2024</b>	Payee name <b>Lobo Del Mar</b>	
Amount (\$) <b>\$900.00</b>	Payee address; City; State; Zip Code <b>204 Palm Street South Padre Island TX 78597</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Campaign Kick off</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>02/09/2024</b>	Payee name <b>KOL Graphics</b>	
Amount (\$) <b>\$305.00</b>	Payee address; City; State; Zip Code <b>10015 Lake Creek Pkwy Austin TX 78729</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Ads Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 6	<b>2</b> FILER NAME Norman W. Esquivel Jr	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2024	<b>5</b> Payee name Norman W. Esquivel Jr	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; 522 Ebony Lane	City; State; Zip Code Laguna Vista TX 78578
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/ Reimbursement	<b>(b)</b> Description Loan Payment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Wings Stop	
Amount (\$) \$39.50	Payee address; 1401 TX Hwy 100	City; State; Zip Code Port Isabel TX 78578
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description Feed Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Stripes	
Amount (\$) \$16.15	Payee address; 102 TX Hwy 100	City; State; Zip Code Laguna Vista TX 78578
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Beverage Expense	Description Drinks for Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4 of 6</i>	2 FILER NAME <i>Norman W. Esquivel Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02/12/2024</i>	5 Payee name <i>Carisma Print &amp; Design</i>
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6 Amount (\$) <i>\$368-63</i>	7 Payee address; <i>2100 Central Blvd.</i>	City; <i>Brownsville</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Mail out Cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02/12/2024</i>	Payee name <i>KOL Graphics</i>
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Amount (\$) <i>\$250.00</i>	Payee address; <i>10015 Lake Creek Pkwy</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78729</i>
--------------------------------	--	------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02/13/2024</i>	Payee name <i>KOL Graphics</i>
---------------------------	-----------------------------------

Amount (\$) <i>\$100.00</i>	Payee address; <i>10015 Lake Creek Pkwy</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78729</i>
--------------------------------	--	------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 6	<b>2</b> FILER NAME Norman W. Esquivel Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/14/2024	<b>5</b> Payee name Port Isabel South Padre Press	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; 406 S. Garcia St.	City; State; Zip Code Port Isabel TX 78578
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/14/2024	Payee name J+A Sports	
Amount (\$) \$400.00	Payee address; 4627 Central Circle	City; State; Zip Code Brownsville TX 78521
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/15/2024	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; 1800 TX Hwy 100	City; State; Zip Code Port Isabel TX 78578
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 of 6	<b>2</b> FILER NAME Norman W. Esquivel Jr	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/20/2024	<b>5</b> Payee name J+H Sports	
<b>6</b> Amount (\$) \$ 303.62	<b>7</b> Payee address; 4627 Central Circle	City; State; Zip Code Brownsville TX 78521
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Banner
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2024	Payee name J+H Sports	
Amount (\$) \$ 703.62	Payee address; 4627 Central Circle	City; State; Zip Code Brownsville TX 78521
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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