

**NORMAN W.
ESQUIVEL, JR.**

November 3, 2020
October 26, 2020
(8 days)

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: <div style="font-size: 2em; text-align: center;">10</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Norman</i> <i>W.</i> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <i>Esquivel</i> <i>Jr.</i>	OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION OCT 29 2020 RECEIVED <i>[Signature]</i> By: _____ Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>522 Ebony Lane Laguna Vista TX 78578</i>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 590 - 9022</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs.</i> <i>Norma</i> <i>O</i> <hr style="border-top: 1px dashed 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>4505 Lakeway Drive Brownsville TX 78520</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 639 - 5870</i>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;"><i>09 / 25 / 2020</i></td> <td></td> <td style="text-align: center; font-size: 1.5em;"><i>10 / 24 / 2020</i></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<i>09 / 25 / 2020</i>		<i>10 / 24 / 2020</i>		
Month Day Year	THROUGH	Month Day Year									
<i>09 / 25 / 2020</i>		<i>10 / 24 / 2020</i>									
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 03 / 2020</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Cameron County Constable Pct. 1</i>										

10:4
a.m

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Norman W. Esquivel Jr. 15 Filer ID (Ethics Commission Filers)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>940.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,124.50</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,183.26</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,748.00</u>

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norman Esquivel Jr, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

Adrian Cabrera
Signature of officer administering oath

Adrian Cabrera
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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	\$ 940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,124.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 1

2 FILER NAME

Norman W. Esquivel Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Cameron County Republican Women

6 Contributor address; City; State; Zip Code

403 Lancer Lake Drive Brownsville, TX 78521

7 Amount of contribution (\$)

\$440.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/2020

Full name of contributor out-of-state PAC (ID#: _____)

Jerin Jacobs

Contributor address; City; State; Zip Code

1614 North Shore Dr. Port Isabel, TX 78578

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Aqua Dental

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

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: 1 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2020	5 Payee name ROL Graphics	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 4411 Spicewood Springs #2001 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Early Voting Ad.
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/06/2020	Payee name Cricket	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1702 TX Hwy 100 Sk.C. Port Isabel TX 78578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Communication Expense)	Description Wireless Campaign Cellphone
	<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 10/06/2020	Payee name Wal-Mart	
Amount (\$) \$29.45	Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Labels,
	<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

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: 2 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2020	5 Payee name J & A Sports	
6 Amount (\$) \$484.94	7 Payee address; City; State; Zip Code 4627 Central Cirde Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs, Stickers
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/09/2020	Payee name Wal-Mart	
Amount (\$) \$25.85	Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel TX 78578	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Labels
	<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 10/13/2020	Payee name KOL Graphics	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 4411 Spice wood Springs #2001 Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ads.
	<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

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: 3 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/14/2020	5 Payee name J & A Sports
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6 Amount (\$) \$11.00	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Stickers
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2020	Payee name Wal-Mart
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Amount (\$) \$17.15	Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel, TX 78578
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description Waters and Ice
	<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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Date 10/16/2020	Payee name Laguna Market
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Amount (\$) \$15.49	Payee address; City; State; Zip Code 913 TX Hwy 100 Laguna Heights, TX 78578
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description Gatorades + Ice
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/2020	5 Payee name Dollar General
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6 Amount (\$) \$6.39	7 Payee address; City; State; Zip Code 1740 TX Hwy 100 Port Isabel, TX, 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage	(b) Description Sodas
	(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 10/19/2020	Payee name Stripes
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Amount (\$) \$ 7.13	Payee address; City; State; Zip Code 102 E. Queen Isabella Blvd. Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description Gatorades & Ice
	<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 10/19/2020	Payee name Little Caesars
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Amount (\$) \$10.83	Payee address; City; State; Zip Code 415 TX Hwy 100 Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description Pizza
	<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

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.

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/2020	5 Payee name Port Isabel South Padre Press
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6 Amount (\$) \$250.00	7 Payee address; 406 S. Garcia St.	City; Port Isabel,	State; TX	Zip Code 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ad.
	(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 10/22/2020	Payee name Dairy Queen
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Amount (\$) \$13.15	Payee address; 302 TX Hwy 100	City; Port Isabel	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description Ice Cream
	<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 10/22/2020	Payee name Stripes
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Amount (\$) \$7.06	Payee address; 102 E Queen Isabella Blvd.	City; Port Isabel,	State; TX	Zip Code 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description Water & Ice
	<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

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.

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Norman W. Esquivel Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/22/2020	5 Payee name Wal-Mart
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6 Amount (\$) \$35.38	7 Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel, TX 78578
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description Staple gun, Hammer Tools & Equipment
	(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 10/22/2020	Payee name Wal-Mart
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Amount (\$) \$3.51	Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description Staples for Staple Gun
	<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 10/22/2020	Payee name Wal-Mart
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Amount (\$) \$2.17	Payee address; City; State; Zip Code 1401 TX Hwy 100 Port Isabel, TX 78578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description Staples for Staple Gun
	<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