

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: 18								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Esequiel MI: _____ NICKNAME: Chuck LAST: Garza SUFFIX: _____		OFFICE USE ONLY Date Received: 10/10/2023  Date Hand-delivered or Date Postmarked: 10/10/2023 Receipt # _____ Amount \$ _____ Date Processed: 10/10/2023 Date Imaged: 10/10/2023								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 701 Palm shores dr la Jags TX 78560										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (980) PHONE NUMBER: 353-5303 EXTENSION: _____										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: mrs FIRST: Constance MI: A NICKNAME: _____ LAST: Garza SUFFIX: _____		Date Processed: 10/10/2023 Date Imaged: 10/10/2023								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 701 Palm shores dr la Jags TX 78560										
8 CAMPAIGN TREASURER PHONE	AREA CODE: (980) PHONE NUMBER: 984-9081 EXTENSION: _____										
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 23 THROUGH 10 / 10 / 23										
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 11 / 7 / 23 ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) Councilman	13 OFFICE SOUGHT (if known) Mayor									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

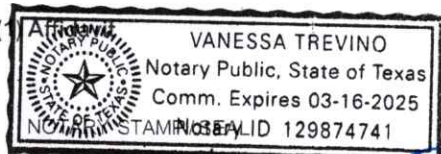
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 150,250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 11,603.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,603.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,211.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Esequiel Garza this the 10th day of October, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Vanessa Trevino Title of officer administering oath: City Secretary - Notary Public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15025 ⁰⁰
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4519.43
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11603.83
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1086.73
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 <i>Esequiel Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/14</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Viktor Jurasmillo</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions) <i>owner / operator</i>		9 Employer (See Instructions) <i>Law office of Viktor Jurasmillo</i>
Date <i>8/14</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Jesus Contreras</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>law office Jesus Contreras</i>
Date <i>8/14</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Rickardo Rodriguez</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>law office Ricky Rod law</i>
Date <i>8/14</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Rudy Moreno</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>law office Rudy morro</i>
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 <i>Eusebio Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Eliamar Trevino</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>owner / operator</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>8/18</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Isabel Guerrero</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>Texas scripts</i>
Date <i>8/18</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Jess Contreras</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>law office Jesse Contreras</i>
Date <i>9/1</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>S doine Hernandez</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>2500.00</i>
Principal occupation / Job title (See Instructions) <i>owner / operator</i>		Employer (See Instructions) <i>Construction</i>
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 <i>Eseguet Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/1</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>On the Spot Service</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>1000.00</i>
8 Principal occupation / Job title (See Instructions) <i>owner/operator</i>		9 Employer (See Instructions) <i>on the spot service</i>
Date <i>9/1</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Frank Gura</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Frank Gura Law</i>
Date <i>9/1</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Leish Holdings</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Leish Holdings</i>
Date <i>9/1</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Elizabeth Darnon</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>American Cleaning Services</i>
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 <i>Esequiel Garza</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/7</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>UN Investments</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>1000.00</i>
8 Principal occupation / Job title (See Instructions) <i>owner/operator</i>		9 Employer (See Instructions) <i>UN Investments</i>
Date <i>9/7</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Monica Galvan</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>2800.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>law office of Monica Galvan</i>
Date <i>9/7</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Angel Santos</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>125.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Card + 1 Animal Home</i>
Date <i>9/22</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Eli & Zandra</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>owner/operator</i>		Employer (See Instructions) <i>Retired</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

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

Revised 8/17/2020

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 Esquivel Garcia		3 Filer ID (Ethics Commission Filers)	
4 Date 9/17		5 Payee name Valley Creative Films			
6 Amount (\$) 750.00		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Advertising Expense		Push out the Vote		
(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					
Date 9/22/23		Payee name Ultr Print			
Amount (\$) 405.94		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Advertising Expense		Push out the Vote		
☐ 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					
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, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH					
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, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH					
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, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH					

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
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
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Esquivel Gary	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/23	5 Payee name Walmart	
6 Amount (\$) 160²¹	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Pushing out the vote
	(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 8/21	Payee name Gloria Rodriguez	
Amount (\$) 250⁰⁰	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages/Contract	Description Push out the vote
	☐ 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	
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, 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esequiel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/11/23</i>		5 Payee name <i>Valley Creative Films</i>			
6 Amount (\$) <i>750.00</i>		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Pushing out the vote</i>		
	(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 <i>8/15</i>		Payee name <i>REU Decals + Iron-ons</i>			
Amount (\$) <i>180.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Pushing out the vote</i>		
	☐ 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 <i>8/19/23</i>		Payee name <i>Gloria Rodriguez</i>			
Amount (\$) <i>280.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/wages/contract labor</i>		Description <i>Pushing out the vote</i>		
	☐ 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 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
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
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esquivel Gerry</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/16/23</i>		5 Payee name <i>Rachel Villalon</i>			
6 Amount (\$) <i>250.00</i>		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <i>Salaries/wages/contract labor Pushing out the vote</i>		
	(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					
Date <i>8/16/23</i>		Payee name <i>Brenda L Villalon</i>			
Amount (\$) <i>250.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Salaries/wages/contract labor Pushing out the vote</i>		
	☐ 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					
Date <i>9/6/23</i>		Payee name <i>Nelda Marie Solis</i>			
Amount (\$) <i>550.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>Event Expense Pushing out the vote</i>		
	☐ 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					
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, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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
Accounting/Bookkeeping
Consulting Expenses
Contributions/Donations Made By
Candidates/Officeholders/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
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Esequiel Furey		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/23		5 Payee name Phar, ontveros Print			
6 Amount (\$) 313.93		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description pushing out the vote		
	(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 8/15/23		Payee name Cor to make			
Amount (\$) 1806.69		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description pushing out the vote		
	☐ 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 9/5/23		Payee name Alicia Su Cocino			
Amount (\$) 59.99		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description pushing out the vote		
	☐ 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					

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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
Accounting/Banking
Consulting Expenses
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
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Equival Henry		3 Filer ID (Ethics Commission Filers)	
4 Date 9/7/23		5 Payee name Jose R Belmar			
6 Amount (\$) 1000.00		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Push out the Ute		
	(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					
Date 9/8/23		Payee name Jose C. Guzman			
Amount (\$) 200.00		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Push out the Ute		
	☐ 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					
Date 9/13		Payee name Michael Vasquez			
Amount (\$) 300.00		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Push out the Ute		
	☐ 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					
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, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
Other (enter if category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Espinel Torres		3. Filer ID (Ethics Commission Filers)	
4 Date 9/11/23		5 Payee name exclusive designs			
6 Amount (\$) 91500		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Push out the vote		
	(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					
Date 7/17		Payee name Raul Torres			
Amount (\$) 80000		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description Push out the vote		
	☐ 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					
Date 9/9/23		Payee name Adrian Zambrano			
Amount (\$) 100000		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Push out the vote		
	☐ 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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
Other (enter if category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ezequiel Ferra		3 Filer ID (Ethics Commission Filers)	
4 Date 9/7/23		5 Payee name Walmart			
6 Amount (\$) 337.82		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Pushing out the vote		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		(d) ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/27/23		Payee name El Real			
Amount (\$) 88.90		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description Pushing out the vote		
	☐ 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					
Date 9/28		Payee name Sams Club			
Amount (\$) 162.78		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Pushing out the vote		
	☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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/Travel Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Bryan Green</i>		3 Filer ID (Ethics Commission Filer)	
4 Date <i>9/29</i>		5 Payee name <i>Little Cars</i>			
6 Amount (\$) <i>49.15</i>		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Push the Vote</i>		
	(c) ☐ Check if travel outside of Texas, Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
8 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>9/29</i>		Payee name <i>Dollar General</i>			
Amount (\$) <i>114.49</i>		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Push the Vote</i>		
	☐ 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					
Date <i>10/2</i>		Payee name <i>Joe Cavazos</i>			
Amount (\$) <i>430.00</i>		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Push the Vote</i>		
	☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/Donations Made By
Candidate/Officeholder/Potential Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esequiel Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/6</i>		5 Payee name <i>H & B</i>			
6 Amount (\$) <i>40.00</i>		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Push the Vote</i>		
	(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					
Date <i>10/7</i>		Payee name <i>F / Patron</i>			
Amount (\$) <i>75.16</i>		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Push the Vote</i>		
	☐ 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					
Date <i>10/10</i>		Payee name <i>BW Bencil</i>			
Amount (\$) <i>64.91</i>		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank fees</i>		Description		
	☐ 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					
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, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

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