FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087665 74 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Orlando J. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** OJ Esquivel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 1633 MAILING Amount Receipt # **ADDRESS** Change of Address Edinburg, TX 78540 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Lien J. NAME NICKNAME LAST **SUFFIX** Yoder STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3010 West University Dr. **ADDRESS** (Residence or Business) Edinburg, TX 78539 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 383-1615 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 430

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 74

13 C / OH NAME	Esquivel, Orlando J.	(Mr.)		14 Filer ID 00087665	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepte These expenditures may had I officeholders are required to	ve been made without tl	he candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш -	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBI ES OF LOANS, OR CONTR			\$	1,000.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS			\$	38,500.00
EVDENDITUDE	 	PLEDGES, LOANS, OR GU		5)	ļ ·	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDIT	TURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	219,326.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	141,274.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS (OF THE LAST DAY	\$	175,000.00
17 AFFIDAVIT		true and	or affirm, under penalty correct and includes all tle 15, Election Code.	of perjury, that the ac information required	companying to be report	រុ report is ed by me
			Mr. Or	lando J. Esquivel		
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness my hand	d and seal of office.			
Signature of office	cer administering oath	Printed name of officer	administering oath	Title of office	er administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				OVE	R SHEET PG 3 3 of 74
	_ER NAM squivel,	ME Orlando J. (Mr.)	19 Filer ID 00087665	(Ethi	cs Commission Filers)
	CHEDUL AME OF		SUBTOTAL AMOUNT		
1.	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				38,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				218,558.07
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	768.28
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE	∈ A(J)1
	The Instru	ction Guide explains how t	o complete this f	orm.	1 Total pages Schedule A(Sch: 1/19 Rpt: 4/74	J)1:
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID (Ethics Commit 00087665	ssion Filers)
4	Date 09/17/2023			7 Amount of Contribution (\$) \$150.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	l	
	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any	/)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/17/2023	Barbosa, Laura Contributor address; City; Stat Edinburg, TX 78539	e; Zip Code			\$100.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Self Employe			Realtor		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
		s a child, law firm of parent(s) (if any	/)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/03/2023	Barreiro Law Office Contributor address; City; Stat Edinburg, TX 78539	e; Zip Code			\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any	<i>y</i>)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SC	HEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages S Sch: 2/19 Rp		:
2	FILER NAME				3 Filer ID (Eth	ics Commissio	on Filers)
	Esquivel, Or	lando J. (Mr.)			00087665		
4	Date 10/03/2023	5 Full name of contributor Capello, Robert	out-of-state PAC (ID#	:)	7 Amount of Co	ntribution (\$)	\$250.00
		6 Contributor address; City;	State; Zip Code				
		Edinburg, TX 78539					
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title attorney			
10	O Contributor's employer/law firm Law Office of Robert Capello 11 Law firm of contributor's sp			spouse (if any)			
12	2 If contributor i	s a child, law firm of parent(s) (if any)	. L			
_	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Co	ntribution (\$)	
	10/03/2023	Ceasar, Lucia	_				\$1,000.00
	Contributor address; City; State; Zip Code						
		Edinburg, TX 78539					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's s	spouse (if any)		
		of Lucia Ceasar	et \				
	if contributor i	s a child, law firm of parent(s) (ir any)				
	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Co	ntribution (\$)	
	08/25/2023	Chapa, Lisa					\$2,500.00
		Contributor address; City;					
		McAllen, TX 78501					
		Principal Occupation		Contributor's Job Title			
	Physician			Physician			
	Contributor's of DHR	employer/law firm		Law firm of contributor's s	spouse (if any)		
_		s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE A(J	J)1
	The Instru	ction Guide explains how to	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/19 Rpt: 6/74	
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID (Ethics Commission Fil 00087665	ers)
4	Date 10/03/2023			7 Amount of Contribution (\$)	500.00	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Nurse Practi	tioner		NP		
10	Contributor's of Molina Healt	employer/law firm th		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	09/17/2023 Cruz, Nicole Contributor address; City; State; Zip Code Edinburg, TX 78541			<u></u> \$	200.00	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Nurse Practi			NP		
	Contributor's e	employer/law firm thcare		Law firm of contributor's sp	pouse (if any)	
		s a child, law firm of parent(s) (if any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	07/25/2023	De La Garza Law Firm Contributor address; City; State Edinburg, TX 78539	e; Zip Code		\$2,	500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/19 Rpt: 7/74
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087665
4	Date 09/17/2023			7 Amount of Contribution (\$) \$100.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1
	Manager	lanager Manager			
10	0 Contributor's employer/law firm 11 Law firm of contributor's sport Linebarger		pouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/07/2023 Farah Law Contributor address; City; State; Zip Code Edinburg, TX 78539			\$1,000.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	07/14/2023	Flores, Belinda Contributor address; City; S Austin, TX 78747	tate; Zip Code		\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Retired			Retired	
	Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)	
	n/a				
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/19 Rpt: 8/74
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087665
4	Date 09/17/2023			7 Amount of Contribution (\$) \$100.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
	Self Self				
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/17/2023 Garcia, Elizabeth Contributor address; City; State; Zip Code McAllen, TX 78503			\$200.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney	Tincipal Occupation		Attorney	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
		of Elizabeth Garcia		·	
	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/01/2023	Gonzalez, Jose Contributor address; City; St McAllen, TX 78501-2511	ate; Zip Code		\$1,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney	Tincipal Occupation		Attorney	
	Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)	
		of Jose Gonzalez			
	If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>	

	MONET	ARY POLITICAL CONTI	RIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to com	plete this form.	1 Total pages Schedule A(J)1: Sch: 6/19 Rpt: 9/74
2	FILER NAME Esquivel, Or	lando J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087665
4	Date 10/03/2023		state PAC (ID#:) ode	7 Amount of Contribution (\$) \$500.00
		Edinburg, TX 78542		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Business Ov	vner	Business Owner	
10	Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
	Texas Medic	cal Transportation		
12	2 If contributor i	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)
09/17/2023 Henderson, Judy		·	\$100.00	
		Contributor address; City; State; Zip Co	ode	
		McAllen, TX 78501		
		Principal Occupation	Contributor's Job Title	
	Accountant		Accountant	
	Contributor's	employer/law firm ord	Law firm of contributor's s	spouse (if any)
_		s a child, law firm of parent(s) (if any)		
	ii contributor i	s a clinu, law littii of paretii(s) (ii ariy)		
	Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)
	10/24/2023	Khit, Luis		\$2,500.00
		Contributor address; City; State; Zip Co	ode	
		Palmhurst, TX 78573		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Chiropractor	-	Chiropractor	
		employer/law firm	Law firm of contributor's	spouse (if any)
	Khit Chiropr	actic		
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CON	ITRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to c	omplete this f	orm.	· ·	ages Schedule A(J)1: 7/19 Rpt: 10/74	
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID 00087	CEthics Commission (665	n Filers)
4	Date 09/28/2023			7 Amour	nt of Contribution (\$)	\$500.00	
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any	у)	
12	! If contributor is	s a child, law firm of parent(s) (if any)					
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2023 Law Office of Chris Sanchez PC Contributor address; City; State; Zip Code		Amour	nt of Contribution (\$)	\$250.00		
	Contributor's I	McAllen, TX 78501 Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 08/24/2023	Full name of contributor outline of Dan Longoria Contributor address; City; State; Zive Edinburg, TX 78539	ut-of-state PAC (ID#:_ ip Code)	Amour	nt of Contribution (\$)	\$750.00
	Contributor's F	Principal Occupation		Contributor's Job Title	I		
		employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CO	ONTRIBUTIO)NS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A(J)1 Sch: 8/19 Rpt: 11/74	L:
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3	Filer ID (Ethics Commissi 00087665	on Filers)
4	Date 08/07/2023	D7/2023 Law Office of Diana Fuentes Aguilar 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Contributor's I	Weslaco, TX 78599 Principal Occupation		9 Contributor's Job Title			
		· ·					
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)	')				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	10/03/2023 Law Office of Monica M. Galvan Contributor address; City; State; Zip Code					\$250.00	
		Edinburg, TX 78539					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any))				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u> </u>
	07/29/2023	Law Office of Richard A Can	ntu				\$1,200.00
		Contributor address; City; State McAllen, TX 78502	e; Zip Code				
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)	')				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/19 Rpt: 12/74
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 08/24/2023	5 Full name of contributor Law Office of Richard G6 Contributor address; City;)	7	Amount of Contribution (\$) \$750.00
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/17/2023	Lopez, Blanca Contributor address; City; Edinburg, TX 78539	State; Zip Code			\$100.00
	Contributorio	<u> </u>		Contributor's Job Title		
	Self Employe	Principal Occupation		Self Employed		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/17/2023	Maye, Jessica Contributor address; City; McAllen, TX 78504	State; Zip Code			\$100.00
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Administrativ			Administrative Assistan	t	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hidalgo Cou	inty DA's Office				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

MOI	NET.	ARY POLITICAL	SCHEDULE A(J)1		
The li	nstruc	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 10/19 Rpt: 13/74
2 FILER	NAME				3 Filer ID (Ethics Commission Filers)
Esquiv	vel, Orl	ando J. (Mr.)			00087665
4 Date		5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/17/	/2023	McCann, Veronica	nn, Veronica		\$100.00
	•	6 Contributor address; City; Pharr, TX 78577	State; Zip Code		
8 Contrib	outor's P	Principal Occupation		9 Contributor's Job Title	1
Attorne		Timospan Goodpanon		Asst. District Attorney	
		mployer/law firm		11 Law firm of contributor's s	nouse (if any)
DA's C		mployer/law lilli		22 Eaw mm or contributor 3 3	souse (ii aily)
		s a child, law firm of parent(s) (i	if any)		
Date		Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
09/17/	/2023	Navarro, Alejandra			\$200.00
	•	Contributor address; City; Edinburg, TX 78541	State; Zip Code		
Contrib	outor's E	Principal Occupation		Contributor's Job Title	
None	Julioi 3 F	mcipai Occupation		None	
	nutor's e	mployer/law firm		Law firm of contributor's s	nouse (if any)
N/a	outor o c	mpioyonaw iiiii		Law mm or continuator 5 5	souce (ii aii))
	ributor is	s a child, law firm of parent(s) (i	if any)		
Date		Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/	/2023	Ortega, Anthony			\$500.00
		Contributor address; City;	State; Zip Code		
		Alamo, TX 78516			
		Principal Occupation		Contributor's Job Title	
Attorney					
		mployer/law firm		Law firm of contributor's s	pouse (if any)
		ortega Law PLLC			
If contri	ributor is	s a child, law firm of parent(s) (i	if any)		

	MONET	ARY POLITICAL CON	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to c	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 11/19 Rpt: 14/74	
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087665	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Ortega, Randy 6 Contributor address; City; State; Zip Code Austin, TX 78767		7 Amount of Contribution (\$) \$250	.00		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Asst District Attorney		
10	Contributor's of	employer/law firm ty		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ou	ıt-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/24/2023 Padilla, Keith Contributor address; City; State; Zip Code			\$500	.00		
Mission, TX 78573 Contributor's Principal Occupation Contributor's Job Title						
Contributor's Principal Occupation Self Contributor's Job Title Insurance						
			Law firm of contributor's sp	enouse (if any)		
	Self			Law IIIII of Contributor 3 St	pouse (ii aiiy)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor 0	ıt-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	08/30/2023	Patino & Associates PLLC			\$1,500	.00
Contributor address; City; State; Zip Code McAllen, TX 78501						
Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title	l .		
Contributor's employer/law firm				Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 12/19 Rpt: 15/74
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Esquivel, Or	lando J. (Mr.)		00087665
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
	09/17/2023	Pederson, Jessica		\$100.00
		6 Contributor address; City; State; Zip Code		
		Palmhurst, TX 78573	_	
8		Principal Occupation	9 Contributor's Job Title	
	Business O	wner	Speech Pathologist	
10	Ocontributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Self-Employ	red		
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
	12/18/2023	Phillips, John		\$1,000.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		McAllen, TX 78502		
	Contributor's		Contributor's Job Title	
Business Owner Business Owner			(Fam.)	
		employer/law firm	Law firm of contributor's s	spouse (II any)
	Self Employ			
	if contributor	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	10/03/2023	Posada, Juan Diego		\$500.00
		Contributor address; City; State; Zip Code		"
		McAllen, TX 78501		
	Contributor's	I Principal Occupation	Contributor's Job Title	
Physician Physician				
Contributor's employer/law firm Law firm of contributor's s			spouse (if any)	
The Heart Hospital				, , , , , ,
		is a child, law firm of parent(s) (if any)		
1				

MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 13/19 Rpt: 16/74	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
•	lando J. (Mr.)			00087665	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/17/2023	Prado, Leslie			\$100.00	
	6 Contributor address; City; Sta McAllen, TX 78504	te; Zip Code			
O contributant			O contributanta Jak Titla		
	Principal Occupation		9 Contributor's Job Title		
SLP			SLP		
	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
Idea School					
12 If contributor i	s a child, law firm of parent(s) (if an	ny)			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/03/2023	_ `		\$750.00		
	Contributor address; City; State; Zip Code				
	Contributor address, City, Sta	ite, zip Code			
	MaAllan TV 70F01				
	McAllen, TX 78501				
Contributor's Principal Occupation Contributor's Job Title					
Attorney			Prosecutor		
	employer/law firm		Law firm of contributor's s	oouse (if any)	
	Inty District Attorneys Office				
If contributor i	s a child, law firm of parent(s) (if an	ny)			
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	
09/17/2023	Puig, Michelle	_		\$100.00	
	Contributor address; City; Sta	te; Zip Code		1	
	Contributor address, Sity, State, 2-p Code				
	McAllen, TX 78504				
Contributor's			Contributor's Job Title	1	
Contributor's Principal Occupation Contributor's Job Title Attorney Assistant District Attorne		ev			
Contributor's employer/law firm Law firm of contributor's sp					
Hidalgo County DAs Office			souce (ii airy)		
	s a child, law firm of parent(s) (if an	nv)			
ii contributor	s a clina, law initi of parchi(s) (if all	·y <i>)</i>			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 14/19 Rpt: 17/74	
2	FILER NAME Esquivel, Or	lando J. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 10/03/2023 Full name of contributor out-of-state PAC (ID#:) Puig, Robert 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		McAllen, TX 78591				
8		Principal Occupation		9 Contributor's Job Title		
	Business Ov			Physical Therapist		
10	Contributor's e Puig Rehab	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/03/2023 Reyna, Graciela Contributor address; City; State; Zip Code			\$250.00		
Edinburg, TX 78539						
Contributor's Principal Occupation Attornor Attornor						
	Attorney Attorney Contributor's employer/law firm Law firm of contributor's sp			2011	co (if amy)	
		driguez & Reyna LLP		Law iiiii oi contiibatoi 3 3	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/03/2023 Rincon Flores, Criselda Contributor address; City; State; Zip Code		-	\$250.00		
		Pharr, TX 78577				
		Principal Occupation		Contributor's Job Title		
Attorney Attorney						
Contributor's employer/law firm Criselda Ivon Rincon-Flores, Attorney at Law PLLC Law firm of contributor's s			oous	se (if any)		
		n Rincon-Flores, Attorney at sa child, law firm of parent(s) (if				
		o a omia, ian iiiii or paroni(o) (ii	. carry			

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A(J)1: Sch: 15/19 Rpt: 18/74
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Esquivel, Or	lando J. (Mr.)		00087665
4	Date	5 Full name of contributor out-of-state P.	PAC (ID#:)	7 Amount of Contribution (\$)
	09/17/2023	Rincon Flores, Criselda		\$100.00
		6 Contributor address; City; State; Zip Code Pharr, TX 78577		
Ω	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney	т ппораг Оссирацоп	Attorney	
		employer/law firm	11 Law firm of contributor's	snouse (if any)
		of Griselda Rincon Flores	Law iiiiii of contributor 3	spouse (ii uity)
		s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state P.	PAC (ID#:)	Amount of Contribution (\$)
	08/16/2023	_		\$500.00
		Contributor address; City; State; Zip Code McAllen, TX 78503		
	Contributor's	l .	Contributor's Job Title	
			President/CEO	
		employer/law firm	Law firm of contributor's	spouse (if any)
	Valley Land			(
		s a child, law firm of parent(s) (if any)	L	
	Date	Full name of contributor out-of-state P.	PAC (ID#:)	Amount of Contribution (\$)
	10/03/2023	Rogers, David		\$500.00
		Contributor address; City; State; Zip Code Edinburg, TX 78540		
	Contributor's		Contributor's Job Title	
Contributor's Principal Occupation Contributor's Job Title Business Owner Business Owner				
			engues (if any)	
Contributor's employer/law firm Law firm of contributor's sp Self-Employed			spouse (ii dily)	
		s a child, law firm of parent(s) (if any)		
	ii contributor	s a clind, law littl of paretids) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 16/19 Rpt: 19/74
2	FILER NAME	rlando J. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087665
4				7 Amount of Contribution (\$) \$500.00	
		Edinburg, TX 78539			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	-
	Self			Self	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
	Self-Employ	red			
12	If contributor	is a child, law firm of parent(s) (i	f any)		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/05/2023	Sagredo, Sarah			\$1,000.00
		Contributor address; City;	State: Zip Code		
		, , , , , , , , , , , , , , , , , , , ,			
		Alton, TX 78573			
	Contributor's	Principal Occupation		Contributor's Job Title	
Business Owner Owner					
		Law firm of contributor's s	pouse (if any)		
	Atlas	, ,			,
	If contributor i	s a child, law firm of parent(s) (i	f any)		
		, , , , , , , , , , , , , , , , , , , ,	•		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/17/2023	Salazar, Kelly	<u> </u>		\$100.00
		Contributor address; City;	State; Zip Code		
		, ,,	· '		
		McAllen, TX 78504			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney				
Contributor's employer/law firm Law firm of contributor's s			pouse (if any)		
	Linebarger				
	If contributor i	s a child, law firm of parent(s) (i	f any)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 17/19 Rpt: 20/74	
2	FILER NAME Esquivel, Or	lando J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087665	
4	Date 09/06/2023			7 Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)	1		
	Date	Full name of contributor	·)	Amount of Contribution (\$)	
10/03/2023 South Texas Development & Contsuction Contributor address; City; State; Zip Code McAllen, TX 78501			\$1,000.00		
Contributor's Principal Occupation Contributor's Job Title			<u> </u>		
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)	1		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/19/2023 The Law Firm of Rolando Cantu & Associates PLLC Contributor address; City; State; Zip Code McAllen, TX 78504		PLLC	\$500.00		
Contributor's Principal Occupation Contributor's Job Title					
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)	1		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A(J)1	
	The Instru	ction Guide explains how to complete this f	orm.	1	ges Schedule A(J)1 /19 Rpt: 21/74	L:
2	FILER NAME Esquivel, Or	rlando J. (Mr.)		3 Filer ID 0008766	(Ethics Commission 65	on Filers)
4	Date 08/25/2023	 Full name of contributor out-of-state PAC (ID#:_ The Law Office of Daniel Gonzalez PLLC Contributor address; City; State; Zip Code Pharr, TX 78577 		7 Amount o	of Contribution (\$)	\$1,000.00
8	Contributor's F	Principal Occupation	9 Contributor's Job Title			
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)		
12	If contributor is	is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:			Amount o	of Contribution (\$)	\$500.00	
Edinburg, TX 78539						
Contributor's Principal Occupation Contributor's Job Title						
Contributor's employer/law firm Law firm of contributor's spouse (if any)						
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date Full name of contributor out-of-state PAC (ID#:			Amount o	of Contribution (\$)	\$2,500.00
	Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)		
	If contributor is	is a child, law firm of parent(s) (if any)	1			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.		otal pages Schedule A(J)1: ch: 19/19 Rpt: 22/74		
	FILER NAME	lando 1 (Mr.)			1	er ID (Ethics Commission F	-ilers)	
4	Esquivel, Orlando J. (Mr.) 5 Full name of contributor out-of-state PAC (ID#:) The Muniz Law Group PLLC 6 Contributor address; City; State; Zip Code			nount of Contribution (\$)	1,500.00			
		McAllen, TX 78504						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's s	pouse (f any)		
12	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)		
	10/03/2023	Wise, Leah	_ \ _				\$500.00	
		Contributor address; City; St McAllen, TX 78050	tate; Zip Code					
_	Contributor's Principal Occupation Contributor's Job Title							
	Attorney Owner							
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	The Wise La	w Firm						
	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)		
	10/03/2023	Yanez, Linda					\$250.00	
Contributor address; City; State; Zip Code Edinburg, TX 78540								
	Contributor's I			Contributor's Job Title				
Contributor's Principal Occupation Contributor's Job Title Attorney Attorney								
Contributor's employer/law firm Law firm of contributor's sp			pouse (f any)				
Law Office of Linda Yanez								
	If contributor is	s a child, law firm of parent(s) (if a	any)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1			Commission Filers)
	Sch: 1/50 Rpt: 23/74	Esquivel, Orlando J. (Mr.) 00087665	
4	Date	5 Payee name	
Ļ	09/18/2023	956Photography	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 702 Mozelle Ave	
	Ψ200.00	102 MOZGIIC AVC	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ule T.
	LXI ENDITORE	Contractor	
		Contractor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	11/09/2023	A&E Sports	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$872.50	1106 S Closner Blvd	
L		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule	ule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Sched	uio
		Shirts	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
F	Date	Payee name	
	09/14/2023	Amazon	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.70	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ulo T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Sched	ule 1.
		Items for womens event	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/50 Rpt: 24/74	2 FILER NAME Esquivel, Orlando J. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087665
4	Date 09/13/2023	5 Payee name Amazon
6	Amount (\$) \$120.09	7 Payee address; City; State; Zip Code 410 Terry Ave N
8	PURPOSE OF EXPENDITURE	Seattle, WA 98109 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Items for womens event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/04/2023	Payee name Amazon
	Amount (\$) \$411.20	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sandbags
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/05/2023	Payee name Amazon
	Amount (\$) \$303.09	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense blankets for toy drive
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/50 Rpt: 25/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	08/31/2023	Arby's
6	Amount (\$) \$93.22	7 Payee address; City; State; Zip Code 545 West S Hutto Rd
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food for contract laborers
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/31/2023	BD Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	8 S 5th St
	!	
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Photography
	!	1 Hotography
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_		Г
	Date	Payee name
	11/24/2023	BD Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	8 S 5th St
	!	
	!	McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORL	Candidate/Officeholder/Political Committee
		Donation for Animal fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/Or	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/50 Rpt: 26/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
_	11/30/2023	Best Buy
6	Amount (\$) \$381.03	7 Payee address; City; State; Zip Code 8012 N 10th
	Ψ501.05	0012 N 10th
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense Supplies
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/17/2023	Bocanegra, Luciano
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	806 W Ferguson Ave #495
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Toy Drive
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/03/2023	Payee name Brand Boosters
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,855.10	301 N McColl Rd
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing/Posters
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/50 Rpt: 27/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	08/09/2023	Brand Boosters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20,805.00	301 N McColl Road
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sign Printing
		O.g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/20/2023	Brand Boosters
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,987.38	301 N McColl Road
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
		- Signo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Pouro nomo
		Payee name Prond Prostors
	11/07/2023	Brand Boosters
	Amount (\$)	Payee address; City; State; Zip Code
	\$562.03	301 N McColl Road
L		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs etc
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoide Credit Card Payment	er/Political	The Instruction Guide explains how to	-	es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedu	ıle F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 6/50 Rpt: 28	8/74	Esquivel, Orlando J. (Mr.)		00087665
4 Date	!	Payee name		•
11/07/2023		Brand Boosters		
6 Amount (\$) \$6,00	00.00	7 Payee address; City; State; Zip 301 N McColl Road McAllen, TX 78504	Code	
n DUDDOCE			(6)	\ -
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if d expenditure to bene		Candidate/Officeholder name Office	ought	t Office held
Date		Payee name		
08/07/2023		CMC Construction		
Amount (\$) \$1,13	36.63	Payee address; City; State; Zip 5301 N Cage Blvd Pharr, TX 78577	Code	
PURPOSE			/h) Description
OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stakes for signs
Complete ONLY if d expenditure to bene		Candidate/Officeholder name Office	sought	t Office held
Date		Payee name		
09/11/2023		Cano, Albert		
Amount (\$)	00.00	Payee address; City; State; Zip 1418 South Texas Ave	Code	
		Mercedes, TX 78570		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Laborer
Complete ONLY if d expenditure to bene		Candidate/Officeholder name Office :	ought	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/50 Rpt: 29/74	Esquivel, Orlando J. (Mr.)
4	Date	5 Payee name
	12/20/2023	Cano, Albert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1418 South Texas Ave
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/07/2023	Cantu, Javier
	Amount (\$)	Payee address; City; State; Zip Code
	\$576.00	1307 W Duranta Ave
		Donna, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/06/2023	Cantu, Javier
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.00	1307 W Duranta Ave
		Donna, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 8/50 Rpt: 30/74	Esquivel, Orlando J. (Mr.) 00087665						
4	Date	5 Payee name						
	10/20/2023	Cantu, Javier						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$700.00	1307 W Duranta Ave						
		Donna, TX 78516						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	LAFENDITORE	Check if Austin, TX, officeholder living expense						
		Contractor						
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	11/06/2023	Cantu, Javier						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,485.00	1307 W Duranta Ave						
		Donna, TX 78516						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Contract Laborer						
		Contract Educate						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Dayso nama						
	12/08/2023	Payee name Cantu, Javier						
	Amount (\$)	Payee address; City; State; Zip Code 1307 W Duranta Ave						
	\$1,350.00	1307 W Durania Ave						
		D TV 70540						
		Donna, TX 78516						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Labor						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Gui	de explains how to co	omple	ete this form.		
1	Total pages Schedule F1:	2 FIL	ER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 9/50 Rpt: 31/74	Esc	quivel, Orlando J. (Mr.)				00087665	
4	Date	5 Pay	vee name			•		
	12/20/2023	Ca	ntu, Javier					
6	Amount (\$)	7 Pay	vee address; City;	State; Zip C	ode			
	\$250.00	130	07 W Duranta					
		Ala	mo, TX 78577					
8	PURPOSE	(a) Cat	egory (See Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE		aries/Wages/Contract La			Check if travel outsid		
	EXI ENDITORE					Check if Austin, TX, of Laborer	officeholder living	expense
						Laborer		
9	Complete ONLY if direct	Cano	lidate/Officeholder name	Office so	ıaht		Office he	Ald
ľ	expenditure to benefit C/OI		natic, officeriolaer riame	Office 300	agrit		Office fic	ilu.
_	Date	Dos	uoo nomo					
	12/20/2023	,	vee name ntu, Maria					
				State: Zin C	odo			
	Amount (\$) \$250.00	-	vee address;	State; Zip C	oue			
	φ230.00	010	o N Oblate					
		Co	a luan TV 70500					
			n Juan, TX 78589		T			
	PURPOSE OF		egory (See Categories listed at the		(b)	Description Check if travel outsid	e of Teyas Comr	olete Schedule T
	EXPENDITURE	Sai	aries/Wages/Contract La	bor		Check if Austin, TX, o		
						Laborer		
	Complete ONLY if direct		lidate/Officeholder name	Office so	ught		Office he	eld
	expenditure to benefit C/OI	1						
	Date	Pay	ree name					
	10/25/2023	Ca	pable Kids					
	Amount (\$)	Pay	vee address; City;	State; Zip C	ode			
	\$250.00	122	23 E Hackberry AVe					
		Mc	Allen, TX 78501					
	PURPOSE	(a) Cat	egory (See Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE	Adv	vertising Expense			Check if travel outsid		
						Sponsorship	officeholder living	expense
						Эропзогатр		
H	Complete ONLY if direct	Cano	lidate/Officeholder name	Office so	<u>l</u> uaht		Office he	eld
	expenditure to benefit C/OI			200 301	y		2.1100 110	· -

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 10/50 Rpt: 32/74	Esquivel, Orlando J. (Mr.)
4	Date	5 Payee name
	09/06/2023	Cardoza, Karina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	6508 N 26th St
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/20/2023	Cardoza, Karina
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	6508 N 26th St
	Ψ2,000.00	0300 N 20th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consultant
		Sonsaliant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Payon nama
	12/14/2023	Payee name Cardoza, Karina
	Amount (\$)	Payee address; City; State; Zip Code 6508 N 26th St
	\$8,500.00	0506 N 2011 St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionality to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/50 Rpt: 33/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	11/15/2023	Cardoza, Karina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	6508 N 26th St
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/11/2023	Carrera Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	135 Paseo del Prado
		Edinburg, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		- Consuming
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/08/2023	Carrera Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	135 Paseo del Prado
	·	
		Edinburg, TX 78542
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consultant
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/50 Rpt: 34/74		Esquivel, Orlando J. (Mr.)		00087665
4	Date	5	Payee name		
	10/05/2023		Carrera Communications		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$4,000.00		135 Paseo del Prado		
		L	Edinburg, TX 78542		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense		Check if Austin, TX, officeholder living expense
					Consultant
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ught	Office held
	experialiture to benefit C/Oi				
	Date		Payee name		
	11/06/2023		Carrera Communications		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$4,000.00		135 Paseo del Prado		
			Edinburg, TX 78542		
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense		Check if Austin, TX, officeholder living expense
					Consultant
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ught	Office held
	oxperiantare to seriem ever	_			
	Date		Payee name		
	12/14/2023		Carrera Communications		
	Amount (\$)		Payee address; City; State; Zip C	code	
	\$10,000.00		135 Paseo del Prado		
			Edinburg, TX 78542		
	DUDDOCE	(0)		(h)	N. Donavijetina
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense		Check if Austin, TX, officeholder living expense
					Consulting
				<u> </u>	2 // 11/1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			_egal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not l	isted above)
	Credit Card Payment	•	The Instruction G	uide explains ho	ow to cor	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 13/50 Rpt: 35/74		Esquivel, Or	lando J. (Mr.)						00087665	;	
4	Date	5	Payee name						_			
	12/14/2023		Carrera, Mig	uel								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$17,500.00		135 Paseo D	Del Prado								
			Edinburg, TX	< 78539								
8	PURPOSE	(a)	Category (so	e Categories listed at t	ho top of this school	dulo)	(b)	Description				
	OF	ľ	Consulting E		ne top of this sched	uuie)	` '		outsi	de of Texas. Co	mplete Schedule	е Т.
	EXPENDITURE		· ·	•				Check if Austin,	, TX,	officeholder livi	ng expense	
								Consulting				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Of	fice sou	ght			Office	held	
		_										
	Date		Payee name									
	12/01/2023		Carrera, Mig									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$4,000.00		135 Paseo D	Del Prado								
			Edinburg, T	< 78539								
	PURPOSE OF	(a)	Category (See	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Consulting E	xpense				Check if travel of Check if Austin,			mplete Schedule na expense	e T.
								Consulting	,,		9	
								•				
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	fice sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/21/2023		Carrera, Mig	uel								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$3,500.00		135 Paseo D	Del Prado								
			Edinburg, TX	< 78539								
	PURPOSE	_		e Categories listed at t	he ton of this sched	dule)	(b)	Description				
	OF EXPENDITURE	`´	Consulting E		ne top or this series	adic)	` ,		outsi	de of Texas. Co	mplete Schedule	е Т.
	EXPENDITORE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Consulting				
	Complete ONLY if alice at	Ļ	Condidate (Off:	oholder neme	04	fice as:	ab+			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	Of	fice sou	ynt			Office	nelu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 14/50 Rpt: 36/74	Esquivel, Orlando J. (Mr.)		00087665					
4	Date	5 Payee name		·					
	11/15/2023	Carrera, Miguel							
6	Amount (\$)	7 Payee address; City; State; Zip Coc	le						
	\$1,000.00	135 Paseo Del Prado							
		Edinburg, TX 78539							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense Consulting Expense					
				Consulting Expense					
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held					
	expenditure to benefit C/O		,	Office field					
_	Date	Payee name							
	07/24/2023	Casa of Hidalgo County							
	Amount (\$)	Payee address; City; State; Zip Coo	lo.						
	\$500.00	1001 S 10th Ave	ic						
	Ψ300.00	1001 3 10017.00							
		Edinburg, TX 78539							
	DUDDOCE	_	(h)						
	PURPOSE OF	, ,	(D)	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense					
				Sponsorship					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held					
	experientare to benefit 6/61	'							
	Date	Payee name							
	12/20/2023	Casares, Diana							
	Amount (\$)	Payee address; City; State; Zip Coo	le						
	\$250.00	1930 E Mile 12 North							
		Weslaco, TX 78589							
	PURPOSE OF	, , ,	(b)	Description					
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
				Contract Labor					
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held					
	expenditure to benefit C/O								
_									

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/50 Rpt: 37/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	12/20/2023	Castillo, Thelma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1601 S Bridge
		Weslaco, TX 78599
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Laborer
		Laborer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	11/13/2023	Catholic Charities
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	111 S 15th St
	Ψ230.00	
		McAllen, TX 78501
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation/Toy Drive
L	2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	11/09/2023	Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	8007 E Exp. 83
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for poll workers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		
Ī		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
				The Instruction Gu	uide explains hou	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 16/50 Rpt: 38/74		Esquivel, Or	lando J. (Mr.)						00087665		
4	Date	5	Payee name					•				
	07/24/2023		Chick-fil-A									
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zin Cor	do					
ľ	\$566.69	ı	8007 E Exp.		State, 2	zip Cot	ue					
	φ500.09		ουσ <i>τ</i> Ε Εχμ.	03								
			Mercedes, T	X 78570								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			age Expense							nplete Schedule T.	
	LXI LINDITORL							—		officeholder livin	g expense	
								breakfast with	1 CC	onstituents		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Offic	ce souç	ght			Office h	eld	
	experialiture to benefit C/Or	П										
	Date		Payee name									
	11/09/2023		Children's B	ereavement Ce	nter							
	Amount (\$)		Payee addres	ss; City;	State: 2	Zip Cod	de					
	\$200.00	ı	•	Sunshine Strip	,							
	4200.00		2002 0 11 0									
			Usuliana T	V 70550								
			Harlingen, T	X 78550								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ıle)	(b)	Description				
	EXPENDITURE			s/Donations Ma	,			=			nplete Schedule T.	
			Candidate/C	Officeholder/Poli	tical Committe	ee		Donation	, ΙΧ,	officeholder livin	g expense	
								Donation				
_	Commission ONII V if direct	<u> </u>	San di data /Offic		O#:					Office le	ماما	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	<u> </u>											
	Date	ı	Payee name									
	07/28/2023		City Cafe									
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$68.81		2901 N 10th	St Suite H								
			McAllen, TX	78501								
	DUDDOGE	-					/I- \					
	PURPOSE OF			e Categories listed at t	ne top of this schedu	ıle)	(a)	Description	outei	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin		
								Campaign me			3 - 1	
								. 5		•		
\vdash	Complete ONLY if direct	Щ	`andidate/Offic	ceholder name	Offic	ce soug	thr			Office h	eld	
	expenditure to benefit C/O		- STIGIGATO / OTHE	Jones Halle	Olliv	JU JUUL	g. 16			Office II		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 17/50 Rpt: 39/74	Esquivel, Orlando J. (Mr.) 00087665	
4	Date	5 Payee name	_
l	07/03/2023	City of Edcouch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$1,000.00	211 Southern Ave	
l			
l		Edcouch, TX 78538	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Sponsorship	
L			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	'		_
l	Date	Payee name	
L	07/01/2023	City of San Juan	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	512 S Nebraska	
		San Juan, TX 78589	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Sponsorship	
		Gpenesisp	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	11/28/2023	Columbia Sportswear	
┝	Amount (\$)	Payee address; City; State; Zip Code	-
l	\$382.45	14375 NW Science Park Drive	
l			
		Portland, OR 97229	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Clothing Expense	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	·	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/50 Rpt: 40/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	12/04/2023	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.50	1501 W Kelly Ave
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jackets
		Sucrets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/21/2023	Crumbl
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$56.06	7600 N 10th St
	Ψ30.00	7000 N 10th St
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for constituents
		1 ood for consultaents
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/15/2023	Deluxe Checks
H	Amount (\$)	Payee address; City; State; Zip Code
	\$91.90	801 South Marquette Avenue
	Ψ31.30	301 30th Marquette Avenue
		Minneapolis, MN 55402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Check order
L	Operation Chilly III	Openhalte Office hallenge and the Company of the Co
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/50 Rpt: 41/74	Esquivel, Orlando J. (Mr.)		00087665
4	Date	5 Payee name		1
	08/16/2023	Donna High School		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$250.00	2301 E Wood Ave		
		Donna, TX 78537		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Program Ad
_	Operation ONE V if dispose	Out distance (Office health as a second	.1-4	Office healt
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Int	Office held
_				
	Date	Payee name		
	08/16/2023	ENHS Cougar Band Booster		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$250.00	3101 N Closner Blvd		
		Edinburg, TX 78541		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Program Ad Page
				1 Togicam / a T ago
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	
	Date	Payee name		
	11/29/2023	Edinburg FFA		
	Amount (\$)	Payee address; City; State; Zip Cod	ماد	
	\$250.00	2600 E Wisconsin	ic	
	Ψ230.00	2000 E WISCONSIII		
		Edinburg, TX 78539		
	DUDD005	-		
	PURPOSE OF	,	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/50 Rpt: 42/74	2 FILER NAME Esquivel, Orlando J. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087665
4	Date 08/15/2023	5 Payee name Edinburg High School Booster Club
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2600 E Wisconsin Rd Edinburg, TX 78542
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Page Ad
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/05/2023	Payee name Exxon
	Amount (\$) \$175.00	Payee address; City; State; Zip Code 2847 W University Dr Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for contract laborer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/19/2023	Payee name FedEx Printing
	Amount (\$) \$38.09	Payee address; City; State; Zip Code 2812 N 10th
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Women's Event printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 21/50 Rpt: 43/74	Esquivel, Orlando J. (Mr.)
4	Date	5 Payee name
	12/20/2023	Garcia, Hermilia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	109 Thisway
		Pharwr, TX 78577
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Laborer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	12/20/2023	Garza, Irene
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1018 E McIntyre
	\$250.00	1018 E MCITIVIE
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Laborer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Or	7
	Date	Payee name
	12/20/2023	Garza, Luciano
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3515 Pecan Grove Drive
		Weslaco, TX 78599
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Laborer
		Laborer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/50 Rpt: 44/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	12/20/2023	Garza, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1816 S Abram
		Mission, TX 78573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Laborer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2023	Gutierrez, Oscar
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,300.00	400 W 12th St
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sign Rentals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	12/08/2023	Payee name Gutierrez, Oscar
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,800.00	400 W 12th St
	40,000.00	
		San Juan , TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Labor Signs
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/50 Rpt: 45/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/09/2023	Gutierrez, Oscar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,500.00	400 W 12th St
		San Juan , TX 78589
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	<u> </u>
	Date	Payee name
	09/19/2023	HCCO
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	107 FM 88
		Elsa, TX 78543
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨	Dete	
	Date	Payee name
L	09/18/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.89	2700 W Freddy Gonzalez
		Edinburg, TX 78541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Items for womens event
L	Operation ON V. V. V.	Open Highest Office health and a second to the second to t
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/50 Rpt: 46/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/01/2023	HEB
6	Amount (\$) \$97.44	7 Payee address; City; State; Zip Code 2700 W Freddy Gonzalez Dr Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for contract laborer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/19/2023	HEME
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3010 W University Dr
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2023	Hidalgo County Democrats
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 814 Del Oro Ln.
		Pharr, TX 78577
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship for event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 25/50 Rpt: 47/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	11/11/2023	Hidalgo County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	814 Del Oro Ln.
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Filing fee
		Filling lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Davisa nama
	11/28/2023	Payee name Hidalgo County Democrats
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 814 Del Oro Ln.
	φ230.00	614 Dei Oil Lii.
		Dhorr. TV 70577
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ballot Bash
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/25/2023	Hidalgo County Young Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	506 E Dove
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/50 Rpt: 48/74	Esquivel, Orlando J. (Mr.)		00087665
4	Date	5 Payee name		-
	09/18/2023	Hobby Lobby		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$90.99	7600 N 10th St		
		McAllen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Items for women's event
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		ugnı	Office field
_	Date			
	Date 09/14/2023	Payee name		
		Hobby Lobby		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$105.09	7600 N 10th St		
		McAllen, TX 78501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Items for womens event
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	07/06/2023	Lamas, Norma		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$554.38	15413 N Depot		
		·		
		Edinburg, TX 78541		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Event Expense	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Decorations for kickoff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
_	Superiord to borront 0/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card F dyment	The Instruction Guide explains how to com	nple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission File	ers)
	Sch: 27/50 Rpt: 49/74	Esquivel, Orlando J. (Mr.)				00087665		
4	Date	5 Payee name		L				
	08/23/2023	Lira, Daniel						
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de					
	\$250.00	7203 Sabino Ave						
		Pharr, TX 78577						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Salaries/Wages/Contract Labor	. ,	Check if travel out	tsid	e of Texas. Com	olete Schedule T.	
	EXPENDITURE	_		Check if Austin, T	Χ, (officeholder living	expense	
				Labor				
_	0 1 0 0 1 1 1 1					0.00		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht			Office he	eld	
	Date	Payee name						
	10/11/2023	Lopez, Christina						
	Amount (\$)	Payee address; City; State; Zip Cod	de					
	\$1,045.93	7804 N 4th St						
		McAllen, TX 78501						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expense		Check if travel out Check if Austin, T				
				Reimbursemer				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld	
	expenditure to benefit C/OI	4						
	Date	Payee name						
	08/16/2023	Lowes						
	Amount (\$)	Payee address; City; State; Zip Cod	de					
	\$64.84	2801 W University Dr						
		•						
		Edinburg, TX 78539						
	PURPOSE	,	(b)	Description				
	OF	Advertising Expense	(- ,	Check if travel out	tsid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE	5 1		Check if Austin, T			expense	
				Supplies for sig	gn	S		
			_					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht			Office he	eld	
	onpolicitate to beliefit 6/01	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/50 Rpt: 50/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	07/31/2023	Lowes	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.77	5700 N 10th St	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel	outside of Texas. Complete Schedule T.
	LAFLINDITORL		, TX, officeholder living expense
		Sign supplies	
_	Complete ONLY if direct	Candidate/Officeholder name	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/20/2023	Luna, Mary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1603 E Kantunil	
		Alton, TX 78573	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Laborer	, TX, Ollocholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	I	
	Date	Payee name	
	10/12/2023	MIssion Firefighters Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	415 W Tom Landry	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	, TX, officeholder living expense
		Sponsorship	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to benefit 6/01	•	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By - Gift/Awards/Memorials Expense
Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/50 Rpt: 51/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/21/2023	Maripoza Boutique
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.50	6500 N 10th
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Silent Auction Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/21/2023	Martinez, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 7139
		Edcouch, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Labor
		Ediso.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/20/2023	Martinez, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 7139
		Edcouch, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor
		Edbol
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/50 Rpt: 52/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	08/11/2023	Martinez, Selina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		Elsa, TX 78538
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2023	Maye, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.76	9315 N 34th Lane
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Vests
		Treimbarsement for Vests
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
	Date	Payee name
	09/13/2023	Maye, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.96	9315 N 34th Lane
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Reimbursement for Vests
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 31/50 Rpt: 53/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	12/20/2023	Mejia, Edward
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	715 East Torintos
		Weslaco , TX 78599
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Laborer
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	Mercedes Tigers
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	320 S Ohio
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name Monto Alto Postaction Contor
	12/07/2023	Monte Alto Recreation Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	25149 1st St
		Monte Alto, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living evenes.
		Candidate/Officeholder/Political Committee
		Toy Divo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains	how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 F	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 32/50 Rpt: 54/74	E	Esquivel, Orlando J. (Mr.)			00087665
4	Date	5 F	Payee name			
	12/05/2023	١	Noreno, Javier			
6	Amount (\$)	7 P	Payee address; City; State	e; Zip Co	de	
	\$200.00	5	San Juan			
		5	San Juan , TX 78596			
8	PURPOSE	(a) C	Category (See Categories listed at the top of this sci	hedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By	incudic)		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee		Check if Austin, TX, officeholder living expense
						Toy Drive
_	0 1: 0.11.7.7.1.	<u> </u>	- 1.1.10ff 1.1.1	0.00		0" 111
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	gnt	Office held
		1				
	Date	l	Payee name			
	12/20/2023		OG Marketing			
	Amount (\$)	l	• • • • • • • • • • • • • • • • • • • •	e; Zip Co	de	
	\$700.00	3	311 W University Dr			
		E	Edinburg, TX 78539			
	PURPOSE OF		Category (See Categories listed at the top of this so	hedule)	(b)	Description
	EXPENDITURE	Α	Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Commercial
	Complete ONLY if direct	Ca	andidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/OI	Н				
	Date	F	Payee name			
	09/19/2023	F	PSJA Memorial Quarterback Club			
	Amount (\$)	F	Payee address; City; State	e; Zip Co	de	
	\$200.00	ı	300 S Alamo Rd			
		4	Alamo, TX 78516			
	PURPOSE	(a) C	Category (See Categories listed at the top of this sci	hedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense	,		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE					Check if Austin, TX, officeholder living expense
						Sponsorship
	Complete ONLY if alias -t		undidata/Officaholder	Office as:	ab+	Office hald
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ynt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/50 Rpt: 55/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	08/17/2023	PSJA Quarterback Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$225.00	500 E Nolana Loop	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
_	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Pa	ge Ad
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree		
	Date	Payee name	
	11/21/2023	Palomin, Raul	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 906	
		Edcouch, TX 78538	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		Lai	bor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
	Data		
	Date 12/20/2023	Payee name Palomin, Raul	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 906	
		- L L TV 70700	
		Edcouch, TX 78538	
	PURPOSE OF	, , ,	scription
	EXPENDITURE	Salaries/Wages/Cortifact Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			borer
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/50 Rpt: 56/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	08/15/2023	Patriot Football
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 700 E Mile 2 Rd
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Program Page Ad
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2023	Pena, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1308 Andrews St
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Laborer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2023	Pure Buttons
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.90	2991 Interstate Pkwy
		Brunswick, TX 44212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Buttons
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 35/50 Rpt: 57/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	12/07/2023	RGV BPMWR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	edinburg
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Skeet Shoot Sponsor
		Skeet Shoot Sponson
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
L	D :	
	Date	Payee name
	09/14/2023	RVHS Band Booster
	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	801 E Canton
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	09/19/2023	Radisson McAllen Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,006.91	2721 S 10th St
		McAllen, TX 78503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Women's Event
	Occupation Children	Operation (Office to be laboratory and the Company of the Company
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_			
Sch: 36/50 Rpt: 58/74	Esquivel, Orlando J. (Mr.)				
4 Date	5 Payee name				
08/16/2023	Rattlers Athletic Booster Club				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$200.00	1216 N Shary Rd				
	Mission, TX 78572				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Program Ad Page				
	Trogram Auruge				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
expenditure to benefit C/O					
		_			
Date	Payee name				
11/07/2023	Red Mass Committee				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	1910 University Blvd				
	Brownsville, TX 78520				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Sponsorship				
	Gponsors.iip				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
•	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	T	_			
Date	Payee name				
08/16/2023	Rio Creative				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	727 W Palma Vista Dr				
	Mission, TX 78572				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Advertising Expense				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Page Ad				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experience to belief of e					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/50 Rpt: 59/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/15/2023	Rio Grande Valley Diabetes Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3200 N 23rd St
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship
		Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/08/2023	Rios, Rogelio
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.00	2800 N 28th
	Ψ100.00	2000 14 2001
		McAllen, TX 78501
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Labor Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	12/20/2023	Rivera, Velia
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 1204
		La Joya, TX 78560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor
		Labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/50 Rpt: 60/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	08/30/2023	Robledo, Miguel	
6	` '	7 Payee address; City; State; Zip Code	
	\$3,000.00	914 S 15th St Suite A	
		M-All-11 TV 70504	
_		McAllen, TX 78501	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	ı, TX, officeholder living expense
		Consulting	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_	·		
	Date 09/13/2023	Payee name	
		Robledo, Miguel	
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 914 S 15th St	
	ψ3,000.00	314 3 13til 3t	
		McAllen, TX 78501	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	ı, TX, officeholder living expense
		Consultant	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide Held
	Date	Payee name	
	10/12/2023	Robledo, Miguel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00	914 S 15th	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Consultant	, 1X, officeroider living expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)							
Ļ					uction Guid	e expiains	HOW TO CO	inple	ite uns form.	-				
1	Total pages Schedule F1:	2								3			(Ethics Commission F	ilers)
	Sch: 39/50 Rpt: 61/74	_	Esquivel, O	rlando J	(Mr.)						0008	7665		
4	Date	5	Payee name											
L	12/20/2023	L	Robledo, M	iguel										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$5,000.00		914 S 15th	St										
			McAllen, TX	78501										
8	PURPOSE	(a)	Category (S	ee Categorie	s listed at the	top of this sch	edule)	(b)	Description					
	OF		Consulting			100 01 1110 0011	oudio,		_ `	outsi	ide of Tex	as. Com	plete Schedule T.	
	EXPENDITURE		3						Check if Austin			lder living	expense	
									Consulting Ex	xpe	ense			
9	Complete ONLY if direct		Candidate/Offi	ceholder	name	(Office sou	ght			0	ffice he	eld	
	expenditure to benefit C/OI	H 												
	Date		Payee name											
	12/14/2023		Robledo, M	iguel										
	Amount (\$)	Г	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$17,500.00		914 S 15th	St										
			McAllen, T	78501										
	PURPOSE	(a)	Category (S	ee Categorie	s listed at the	top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Consulting						=				plete Schedule T.	
									Check if Austin	, TX,	, officeho	lder living	expense	
									Consulting					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	C	Office sou	ght			0	ffice he	eld	
		_												
	Date		Payee name											
L	12/01/2023	L	Robledo, M	iguel										
	Amount (\$)		Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$4,000.00		914 S 15th	St										
			McAllen, TX	78501										
	PURPOSE	(a)	Category (S	ee Categorie	s listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Consulting						므				plete Schedule T.	
	LAFENDITURE								Check if Austin	, TX,	, officeho	lder living	expense	
									Consulting					
	Complete ONLY if direct		Candidate/Offi	ceholder	name	(Office sou	ght			0	ffice he	eld	
	expenditure to benefit C/OI	_								_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 40/50 Rpt: 62/74	Esquivel, Orlando J. (Mr.) 00087665							
4	Date	Payee name							
	11/15/2023	Robledo, Miguel							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$5,000.00	914 S 15th St							
		McAllen, TX 78501							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense Consulting									
		Constitution							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	08/11/2023	Rocha, Sarah							
Amount (\$) Payee address; City; State; Zip Code									
	\$300.00	100 S 5h							
	,								
		Weslaco, TX 78589							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Labor							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	y							
	Date	Davisa nama							
	10/25/2023	Payee name Rodriguez, Rene							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$300.00	11740 Mayberry							
	Ψ000.00	11740 Mayberry							
		Mission, TX 78573							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Contract Labor							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	poa.taro to boriont 0/01								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card r dyment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/50 Rpt: 63/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	08/08/2023	Rodriguez, Santos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,000.00	11740 Mayberry	
	l		
		Mission, TX 78573	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	
	OF EXPENDITURE	/ Navertialing Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	!	Trailer Re	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	н	
F	Date	Payee name	
	10/20/2023	Rodriguez, Santos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	11740 Mayberry	
	!		
	!	Mission, TX 78573	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	!	Labor	Austin, 1X, unicertoider living expense
	1		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	н	
	Date	Payee name	
	09/18/2023	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$226.72	7601 N 10th St	
	l		
	!	McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on
	OF EXPENDITURE	Event Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense T WOMEN'S EVENT
	1	items for	Wollien's event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/50 Rpt: 64/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/18/2023	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$190.18	7601 N 10th St
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Items for womens event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/19/2023	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.85	7601 N 10th St
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Toy Drive
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2023	Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.53	1922 W University Dr
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for women's event
		issa isi wamana avan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/50 Rpt: 65/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	·
	08/12/2023	Silver Ribbon Community Partners	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	1919 Austin Ave	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Sponsor	
		·	·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	12/08/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1455 Market St	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Advertising Expense	f travel outside of Texas. Complete Schedule T.
		Buttons	f Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	08/31/2023	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.60	3020 N 10th	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	1 000/Deverage Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		-	gn meeting
		Campas	gg
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 44/50 Rpt: 66/74	Esquivel, Orlando J. (Mr.) 00087665		
4	Date	5 Payee name		
	12/14/2023	Target		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.40	7400 N 10th St		
		Mcallen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Toy Drive		
		Toy blive		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
ľ	expenditure to benefit C/OI	the state of the s		
H	Date	Payee name		
	11/29/2023	Target		
Amount (\$) Payee address; City; State; Zip Code				
	\$597.14	7400 N 10th St		
		Mcallen, TX 78501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Toy Drive		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
H	Date	Payee name		
	11/24/2023	Target		
L	Amount (\$)	Payee address; City; State; Zip Code		
	\$216.43	7400 N 10th St		
	φ210.43	7400 N 10til St		
		Marillan, TV 70504		
		Mcallen, TX 78501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Toys for toy drive		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
H				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/50 Rpt: 67/74	Esquivel, Orlando J. (Mr.) 00087665
4	Date	5 Payee name
	09/13/2023	Tejano Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	612 W Nolana
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Sponsorship
		C por isoronip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/OI	
H	Date	Payee name
	12/29/2023	Texas Citrus Fiesta
-	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	220 E 9th
	7200.00	
		Mission, TX 78572
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Program AD
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit of or	
	Date	Payee name
	07/03/2023	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$765.06	4908 S Jackson Rd
		Edinburg, TX 78540
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment for loan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 46/50 Rpt: 68/74	Esquivel, Orlando J. (Mr.)
4	Date	5 Payee name
	11/03/2023	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$790.57	4908 S Jackson Rd
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Interest Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	10/03/2023	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$765.06	4908 S Jackson Rd
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Interest Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2023	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$790.56	4908 S Jackson Rd
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Interest Payment
		Loan merestr dyment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/Av
Candidate/Officeholder/Political Committee Legal
Credit Card Pawment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/50 Rpt: 69/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	08/03/2023	Texas National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$790.57	4908 S Jackson Rd	
		Edinburg, TX 78540	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	Edan Repayment Combardenient	ck if travel outside of Texas. Complete Schedule T.
			ck if Austin, TX, officeholder living expense St payment
		interes.	St payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Sinds held
_	Date	Payee name	
	12/04/2023	Texas National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$765.06	4908 S Jackson Rd	

		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF	· · · · · · · · · · · · · · · · · · ·	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Intere:	st Payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/02/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.00	410 S Jackson Rd	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Onice Overneau/Nerital Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			ox Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/50 Rpt: 70/74	Esquivel, Orlando J. (Mr.)	00087665
4	Date	5 Payee name	
	09/18/2023	VIN Digital	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$795.00	720 W Palma Vista Dr	
		Palmview, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Sponsorship for Greater Gold t-shirts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/19/2023	Villegas, Rosie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	622 US Bus 83	
		Pharr, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			Donation cancer fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
	D :		
	Date	Payee name	
	11/25/2023	Villegas, Rosie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	622 US Bus 83	
		Pharr, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Fundraiser
			i didiasoi
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 49/50 Rpt: 71/74	Esquivel, Orlando J. (Mr.)		00087665
4	Date	5 Payee name		
L	11/03/2023	Walmart		
6	Amount (\$) \$13.76	7 Payee address; City; State; Zip Co 724 W University Dr	de	
l		Edinburg, TX 78539		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	10/02/2023	Walmart		
	Amount (\$) \$13.76	Payee address; City; State; Zip Co 724 W University Dr	de	
		Edinburg, TX 78539		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	09/05/2023	Walmart		
	Amount (\$) \$13.76	Payee address; City; State; Zip Co 724 W University Dr	de	
		Edinburg, TX 78539		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/Wa	pense ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E			- 1	Filer ID	(Ethics Commission Filers)
	Sch: 50/50 Rpt: 72/74	Esquivel, (Orlando J. (Mr.)				00087665	
4	Date	5 Payee nam	е					
	07/24/2023	Zamora's	Restaurant					
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip Coo	le			
	\$57.23	5524 N M	cColl Rd					
		McAllen, T	TX 78501					
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description			
	OF EXPENDITURE		erage Expense					olete Schedule T.
					Campaign N		officeholder living na lunch	expense
					Campaign	viccui	ing fariori	
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office soug	ht		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 73/74 Esquivel, Orlando J. (Mr.) 00087665 Date Payee name 09/06/2023 Columbia Sportswear 6 Amount (\$) Payee address; City; State; Zip Code 14375 NW Science Park Drive \$697.92 Reimbursement from political contributions Х intended Portland, OR 97229 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Campaign Shirts and Jackets Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2023 The Print Shop Amount (\$) Payee address; City; State; Zip Code \$70.36 3906 S Jackson Rd Reimbursement from political contributions Χ Edinburg, TX 78539 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Accounting/Banking **EXPENDITURE** Labels Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

OUTSTANDING LOANS			SCHEDULE L	
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 74/74	
2	FILER NAME Esquivel, Orlando J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087665	
	LENDER INFORMATION	4 Name of lender Texas National Bank	•	
		5 Lender address; City; State; Zip Code		
		Edinburg, TX 78539		
	GUARANTOR INFORMATION	6 Name of guarantor		
	X not applicable	7 Guarantor address; City; State; Zip Code		