#### 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 39 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Orlando J. NAME Date Received **ELECTRONICALLY FILED** 07/16/2025 NICKNAME LAST **SUFFIX** OJ Esquivel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Lien J. NAME NICKNAME LAST **SUFFIX** Yoder **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 430 Hidalgo

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Version V4.1.0.f10d0fd8

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	Esquivel, Orlando J.	(The Honorable)		<b>14</b> Filer ID 00087665	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure:	s accepted or political expenditus may have been made without equired to report this informatio	the candidate's or of	ficeholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL C	ONTRIBUTIONS(OTHER THAI	 N PLEDGES. LOANS	 S.	
TOTALS	OR GUARANTE		CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTED PLEDGES, LOANS	<b>JTIONS</b> 5, OR GUARANTEES OF LOAN	S)	\$	104,865.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS		\$	0.00			
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	32,712.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	88,149.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the Ill information require	accompanyin d to be repor	g report is ted by me
			The Honora	able Orlando J. Es	quivel	
			Signature of	f Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of offi	cer administe	ring oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

					3 of 39
_	ER NAN		19 Filer ID	(Ethi	ics Commission Filers)
		Orlando J. (The Honorable)	00087665		
		E SUBTOTALS SCHEDULE	_		SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	103,865.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				32,712.42
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 1/21 Rpt: 4/39	_
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00087665	
4	Date 01/28/2025			7 Amount of Contribution (\$) \$500.0	<b>–</b>	
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	spouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
Date 02/19/2025  Alamo Law Center PLLC  Contributor address; City; State; Zip Code  Alamo, TX 78516		Amount of Contribution (\$) \$1,000.0	<b>=</b> 0			
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 02/14/2025	Full name of contributor Alamo Law Center PLLC Contributor address; City; State; Alamo, TX 78516	out-of-state PAC (ID#:_ Zip Code		Amount of Contribution (\$)	<b>=</b>
	Contributor's I	I Principal Occupation		Contributor's Job Title		_
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ages Schedule A(J): 2/21 Rpt: 5/39	1:
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3 Filer ID 00087	(Ethics Commissi	ion Filers)
4	Date 02/25/2025	<ul><li>5 Full name of contributor</li><li>Amigo Title</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		<b>7</b> Amour	t of Contribution (\$)	\$1,500.00
		Alamo, TX 78516					
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 a	ny)				
H	Date	Full name of contributor	out-of-state PAC (ID#:_	١	Amoun	t of Contribution (\$)	
	01/30/2025	Barrera, Sanchez & Assoc	_		7 (1110011	it of Contribution (φ)	\$1,000.00
		Contributor address; City; St McAllen, TX 78504	ate; Zip Code				
	Contributoric			Contributor's Job Title			
	Continuators	Principal Occupation		Continuator's 300 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	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amoun	t of Contribution (\$)	
	01/09/2025	Camelot Designs & Const	ruction LLC				\$1,000.00
		Contributor address; City; St Edinburg, TX 78539					
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
		opa. Cosapa.io.					
	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	ny)				

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 3/21 Rpt: 6/39
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Esquivel, Or	lando J. (The Honorable)			00087665
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	02/18/2025	Carlos E Ortegon PC			\$1,000.00
		6 Contributor address; City; S	State; Zip Code		
		Mission, TX 78573			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp			pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if	any)	I	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/09/2025 Caso Law Firm  Contributor address; City; State; Zip Code		_ ` ·	,	\$1,000.00	
		State: Zip Code		1	
		Edinburg, TX 78539			
	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 i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	02/28/2025	Criselda Ivon Rincon Flo	_		\$1,000.00
Contributor address; City; State; Zip Code		State; Zip Code			
		McAllen, TX 78501			
	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	any)	<u>I</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: 4/21 Rpt: 7/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087665
4	Date 02/12/2025	<ul> <li>Full name of contributor</li></ul>	:)	7 Amount of Contribution (\$) \$2,000.00
8	Contributor's F	McAllen, TX 78501 Principal Occupation	9 Contributor's Job Title	
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp			ouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)	1	
Date O1/07/2025  Full name of contributor out-of-state PAC (ID#:  De La Fuente & Solis PLLC  Contributor address; City; State; Zip Code		)	Amount of Contribution (\$) \$1,500.00	
	Contributor's F	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID# Dora Garca Law Office PLLC Contributor address; City; State; Zip Code Edinburg, TX 78541	:)	Amount of Contribution (\$) \$1,000.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/21 Rpt: 8/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 02/06/2025	<ul><li>5 Full name of contributor</li><li>Espinoza Law Firm, PLL</li><li>6 Contributor address; City;</li></ul>		)	7	Amount of Contribution (\$) \$1,000.00
		McAllen, TX 78501				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm   11 Law firm of contributor's spo			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	01/08/2025 Garcia & Garcia Attorneys at Law PLLC  Contributor address; City; State; Zip Code				\$2,500.00	
		McAllen, TX 78502				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	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 (\$)
	02/28/2025	Garcia, Belinda	_			\$365.00
Contributor address; City; State; Zip Code  Edinburg, TX 78540						
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Psychologist			Psychologist		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Idea	, ,				· • • • • • • • • • • • • • • • • • • •
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1		es Schedule A(J)1 1 Rpt: 9/39	l:
2	FILER NAME	lando J. (The Honorable)			3	Filer ID 0008766	(Ethics Commissi	on Filers)
Ļ					+-			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of	f Contribution (\$)	<b>#0 F00 00</b>
	01/23/2025	Godinez Law Firm PC						\$2,500.00
		6 Contributor address; City;	State; Zip Code					
		McAlle, TX 78501						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
10	10 Contributor's employer/law firm			11 Law firm of contributor's s	pou	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (i	f any)					
_	Data	Tull name of contributor	——————————————————————————————————————		_	Amount	f Contribution (f)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount o	f Contribution (\$)	Φ2 E00 00
	01/17/2025	HKC Law Firm, PLLC  Contributor address; City;						\$2,500.00
	Contributor's	McAllen, TX 78504-297 Principal Occupation	5	Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (i	f any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of	f Contribution (\$)	
	02/15/2025	Hacienda Collision Cen	_				, ,	\$5,000.00
		Contributor address; City;	State: 7in Code					
		, , , , , , , , , , , , , , , , , , , ,						
		McAllen, TX 78504						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (i	f any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		S	CHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Sch: 7/21 I	Schedule A(J)1 Rpt: 10/39	l:
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (E	thics Commissi	on Filers)
4	Date 02/15/2025	Full name of contributor     Hacienda Ford Quick La     Contributor address; City;		)	7	Amount of C	Contribution (\$)	\$5,000.00
		Edinburg, TX 78539						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	10 Contributor's employer/law firm 11 Law firm of contributor			11 Law firm of contributor's s	pous	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (i	if any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount of C	Contribution (\$)	
	O1/23/2025 Jolly, Michael  Contributor address; City; State; Zip Code		State; Zip Code					\$4,000.00
		Houston, TX 77055						
		Principal Occupation		Contributor's Job Title				
	Attorney Contributor's	employer/law firm		Attorney  Law firm of contributor's spouse (if any)				
	Norman Joll			Law IIIII of Contributor 5 5	pouc	oc (ii ariy)		
	If contributor i	s a child, law firm of parent(s) (i	if any)	1				
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of C	Contribution (\$)	
	01/23/2025	Law Office of Alejandro	Munoz					\$1,000.00
		Contributor address; City; Edinburg, TX 78539	State; Zip Code					
	Contributor's I	Principal Occupation		Contributor's Job Title				
		. Interpal Cossipation						
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (i	if any)	I				

	MONET	ARY POLITICAL CONTRIE	BUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	te this f	form.		otal pages Schedule A(J)1: ch: 8/21 Rpt: 11/39
2	FILER NAME				3 Fi	ler ID (Ethics Commission Filers)
	Esquivel, Or	uivel, Orlando J. (The Honorable)		00	0087665	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_	)	<b>7</b> Ar	mount of Contribution (\$)
	02/28/2025	02/28/2025 Law Office of Dennis Ramirez  6 Contributor address; City; State; Zip Code			\$1,500.00	
		Donna, TX 78537				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	oouse (	if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	PAC (ID#·	1	I Ar	mount of Contribution (\$)
	02/06/2025	Law Office of Diana Fuentes Aguilar	FAC (ID#	······································	^"	\$500.00
Contributor address; City; State; Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Weslaco, TX 78599				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	oouse (	if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	PAC (ID#:	)	I Ai	mount of Contribution (\$)
	02/13/2025	Law Office of Eloy Garcia JR	` -	·		\$1,000.00
Contributor address; City; State; Zip Code						
		Edinburg, TX 78539-4508				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	oouse (	if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 9/21 Rpt: 12/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087665
4	Date 02/04/2025	5 Full name of contributor out-of-state PAC (ID Law Office of Emerson Arrellano  6 Contributor address; City; State; Zip Code	#:)	7 Amount of Contribution (\$) \$1,000.00
8	Contributor's I	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title	
	Continuator o	Thiopal Coolpaion	Gommandi Goda Time	
10	0 Contributor's employer/law firm 11 Law firm of c			pouse (if any)
12	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 (\$)
	02/25/2025 Law Office of JR Ramirez PLLC  Contributor address; City; State; Zip Code			\$1,000.00
	Contributorio	Edinburg, TX 78539	Contributor's Job Title	<u> </u>
	Contributors	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
	02/27/2025	Law Office of Jonathan L Almanza PLLC  Contributor address; City; State; Zip Code		\$1,500.00
		McAllen, TX 78504	T	<u> </u>
	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 i	s a child, law firm of parent(s) (if any)		

	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: 10/21 Rpt: 13/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087665
4	Date 02/13/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Law Office of Jorge Luis Ortegon</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$1,500.00
8	Contributor's I	Edinburg, TX 78541 Principal Occupation	9 Contributor's Job Title	
10	.0 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)		
Date  O2/14/2025  Full name of contributor out-of-state PAC (ID#:  Law Office of Laura Martinez Barbosa  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,500.00
	Contributor's I	Edinburg, TX 78540 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)		
	Date 01/23/2025	Full name of contributor out-of-state PAC (ID#:_Law Office of M Mario Garcia  Contributor address; City; State; Zip Code  Edinburg, TX 78539		Amount of Contribution (\$) \$2,500.00
	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 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: 11/21 Rpt: 14/39			
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087665			
4	Date 03/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Law Office of Melissa R Carranza</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$750.00			
8	Contributor's F	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title				
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 02/18/2025	Full name of contributor		Amount of Contribution (\$) \$2,500.00			
	Contributor's I	McAllen, TX 78501 Principal Occupation	Contributor's Job Title				
	Contributor's	employer/law firm	Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_Law Office of Richard Garza Contributor address; City; State; Zip Code Edinburg, TX 78539	)	Amount of Contribution (\$) \$1,500.00			
	Contributor's I	I Principal Occupation	Contributor's Job Title	I			
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					

	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: 12/21 Rpt: 15/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00087665
4	Date 02/21/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$500.00
8	Contributor's I	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title	
	Continuation	· inicipal Goodpanori	Commission of the Francisco	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	: )	Amount of Contribution (\$)
	02/13/2025	Law Office of Savannah Gonzalez  Contributor address; City; State; Zip Code  Edinburg, TX 78539		\$1,500.00
	O - stalle stands I		O antilla standa dala Tida	
	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 is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of Contribution (\$)
02/05/2025 Law Offices of Brandy Wingate Voss  Contributor address; City; State; Zip Code				\$250.00
	Contributor's I	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title	
	Continuators	Ріпісіраі Оссираціон	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL C		SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 13/21 Rpt: 16/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 02/12/2025	Full name of contributor     Law Offices of Catarina S     Contributor address; City; Sta			7	Amount 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 sp	ous	se (if any)
12	2 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 (\$)
	02/18/2025 Law Offices of Ezequiel Reyna Jr  Contributor address; City; State; Zip Code				•	\$2,500.00
	0	Weslaco, TX 78599				
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	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 a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	01/31/2025	Law Offices of Mario Davil	a PLLC			\$1,500.00
		Contributor address; City; Sta	ate; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributors	-тіпсіраї Оссираціон		Contributor 3 300 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 a	ny)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 14/21 Rpt: 17/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 01/13/2025	<ul><li>5 Full name of contributor Linebarger Goggan Blai</li><li>6 Contributor address; City;</li></ul>		)	7	Amount of Contribution (\$) \$2,500.00
		Austin, TX 78750				
8	Contributor's F	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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	02/05/2025 Martinez, Natasha  Contributor address; City; State; Zip Code					\$1,500.00
	O - stalle stands I	McAllen, TX 78503		Occasionate de Joh Tide		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
_		employer/law firm		Law firm of contributor's sp	2011	se (if any)
	Tijerina Law			Law iiiii oi contributor 5 5	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	02/04/2025	Mask & Guerrero	<b>_</b> ` `	·		\$5,000.00
Contributor address; City; State; Zip Code  McAllen, TX 78501				•		
	Contributor's F	Principal Occupation		Contributor's Job Title	<u>                                       </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	any)	I .		

	MONET	ARY POLITICAL CONT		SCHEDULE	A(J)1			
	The Instru	ction Guide explains how to cor	nplete this f	orm.	· ·	pages Schedule A(J)1 15/21 Rpt: 18/39	:	
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3 Filer II 0008	D (Ethics Commissi 7665	on Filers)	
4	Date 02/28/2025	<ul> <li>5 Full name of contributor out-out-out-out-out-out-out-out-out-out-</li></ul>			7 Amou	nt of Contribution (\$)	\$1,500.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if an	ıy)		
12	! If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>				
	Date Full name of contributor out-of-state PAC (ID#: 02/21/2025 Orendian & Dominguez  Contributor address; City; State; Zip Code			)	Amou	nt of Contribution (\$)	\$1,500.00	
	Contributor's I	McAllen, TX 78501 Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's spouse (if any)				
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date 02/18/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:_  Code	)	Amou	nt of Contribution (\$)	\$2,500.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if an	у)		
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL C	SCHEDULE A(J)1			
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 16/21 Rpt: 19/39	
2	FILER NAME				3 Filer ID (Ethics Commission	า Filers)
	Esquivel, Or	lando J. (The Honorable)			00087665	
4	Date 02/21/2025	<ul><li>5 Full name of contributor Ramon Worthington Nicola</li><li>6 Contributor address; City; Sta</li></ul>		)	7 Amount of Contribution (\$)	\$1,000.00
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	01/29/2025	Ray Thomas PC	Out-of-state 1 AC (ID#	J		\$1,500.00
		Contributor address; City; Sta	ite; Zip Code			
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if ar	ny)	<u>L</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	01/17/2025	Ricky Rod Law Group PLL				\$3,500.00
		Contributor address; City; Sta	ıte; Zip Code			
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if ar	ny)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 17/21 Rpt: 20/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 01/16/2025	<ul><li>5 Full name of contributor Rogers Legal Group PLL</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$) \$1,000.00
		Edinburg, TX 78539-4510	0			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	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)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	02/20/2025 South Texas Bail Bonds  Contributor address; City; State; Zip Code					\$1,000.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	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)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/28/2025	The Green Law Firm PC	<del>_</del>			\$1,000.00
		Contributor address; City; S  Brownsville, TX 78520	tate; Zip Code		•	
	Contributor's I	L Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	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 CONTRIBUTION	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 18/21 Rpt: 21/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087665
4	Date 02/11/2025	<ul> <li>Full name of contributor</li></ul>	:)	7 Amount of Contribution (\$) \$2,500.00
_	Contributorio	Edinburg, TX 78539	Contributor's Joh Title	
8	Contributors	Principal Occupation	9 Contributor's Job Title	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (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 (\$)
	02/19/2025	The Law Office of Jorge Munoz PLLC  Contributor address; City; State; Zip Code  Edinburg, TX 78539		\$2,500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Continuator 3 i	rinicipal Occupation	Continuator 5 300 Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
	02/25/2025	The Law Office of Rene A Flores PLLC		\$2,500.00
		Contributor address; City; State; Zip Code  Mission, TX 78572		
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	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: 19/21 Rpt: 22/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087665
4	Date 02/19/2025	<ul><li>5 Full name of contributor</li><li>Timothy Audrey Davis A</li><li>6 Contributor address; City;</li></ul>		)	7	Amount of Contribution (\$) \$1,000.00
		McAllen, TX 78503				
8	Contributor's F	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	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)
	02/27/2025 Top Texas Title  Contributor address; City; State; Zip Code					\$2,500.00
		McAllen, TX 78503		•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	02/03/2025	Traci Evans Law Firm				\$1,500.00
		Contributor address; City; Edinburg, TX 78540	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	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	f any)	1		

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 20/21 Rpt: 23/39
2	FILER NAME Esquivel, Or	lando J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087665
4	Date 02/25/2025	5 Full name of contributor  out-of-state PAC (I Valdez, Monarrez & San Miguel  6 Contributor address; City; State; Zip Code	ID#:)	7 Amount of Contribution (\$) \$1,500.00
		McAllen, TX 78501		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (I	ID#:)	Amount of Contribution (\$)
	02/20/2025	Vidaurri Rodriguez & Reyna LLP  Contributor address; City; State; Zip Code	\$1,500.00	
		Edinburg, TX 78541		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
	01/29/2025	Villalobos & Villalobos PC  Contributor address; City; State; Zip Code		\$1,000.00
		McAllen, TX 78504		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's s	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 ho	w to complete this t	form.		ges Schedule A(J): /21 Rpt: 24/39	1:
2	FILER NAME Esquivel, Or	lando J. (The Honorable)				(Ethics Commiss	ion Filers)
4	Date 01/23/2025	<ul><li>5 Full name of contributor Walsh, Mcgurk, Cordova</li><li>6 Contributor address; City;</li></ul>	7 Amount o	of Contribution (\$)	\$1,500.00		
		Edinburg, TX 78539		1			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title				
10	Contributor's	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 01/09/2025 Zambrano Law Firm  Contributor address; City; State; Zip Code				Amount o	of Contribution (\$)	\$1,000.00
	Contributor's I	Alamo, TX 78516 Principal Occupation		Contributor's Job Title			
		imopai eccapation		Contributor o Cos Trac			
	Contributor's 6	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)				

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Esquivel, Orlando J. (The Honorable) 00087665 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/28/2025 L&F Distributors \$1,000.00 Beverages for skeet shoot 7 Contributor address; City; State; Zip Code McAllen, TX 78501 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Cre	The Instruction Guide explains how to complete this form.									
1 Tota	al pages Schedule F1:	2	FILER NAME			3		Filer ID	(Ethics Commission File	ers)
Sc	ch: 1/14 Rpt: 26/39		Esquivel, Orlando J. (The Honora	able)				00087665		
4 Dat	е	5	Payee name			<u> </u>				
01/	02/2025		956Photography							
<b>6</b> Am	ount (\$)	7	Payee address; City;	State; Zip Co	de					
	\$200.00		702 Mozelle Ave							
			Pharr, TX 78577							
8	PURPOSE	(a	Category (See Categories listed at the top o	f this ashadula)	(b)	Description				
	OF	```	Event Expense	i triis scriedule)	()	Check if travel outs	sid	e of Texas. Comp	olete Schedule T.	
E)	(PENDITURE					Check if Austin, TX	Χ, α	officeholder living	expense	
						Kickoff				
	nplete <u>ONLY</u> if direct enditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office he	ld	
елр	enditure to benefit C/O	'''								
Dat	e		Payee name							
03/	03/2025		A&E Sports							
Am	ount (\$)		Payee address; City;	State; Zip Co	de					
	\$194.29		1106 S Closner Blvd							
			Edinburg, TX 78539							
	PURPOSE	(a	Category (See Categories listed at the top o	f this schedule)	(b)	Description				
   E	OF (PENDITURE		Advertising Expense			Check if travel outs				
						Check if Austin, T> Shirts	Χ, α	officeholder living	expense	
						Silits				
Cor	nplete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	aht			Office he	ld.	
	enditure to benefit C/O		ourididate/officeriolaer riame	Omec sea	giit			Office fic	ıu	
Dat	Δ	Т	Davos namo							
l	27/2025		Payee name  A&E Sports							
		╀	Payee address; City;	State; Zip Co	do					
AIII	ount (\$) \$446.53		1106 S Closner Blvd	State, Zip Co	ue					
	Ψ440.55		1100 3 Closher blvu							
			Edinburg TV 79520							
	DUDDOGE	<u> </u>	Edinburg, TX 78539	1	<i>a</i> .					
	PURPOSE OF	(a	Category (See Categories listed at the top o	f this schedule)	(D)	Description Check if travel outs	hie	e of Texas Comr	olete Schedule T	
E	(PENDITURE		Advertising Expense			Check if Austin, TX				
						Shirts				
	mplete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office he	ld	
ехр	enditure to benefit C/O	Н								
<u> </u>										- 1011

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 2/14 Rpt: 27/39	Esquivel, Orlando J. (The Honorable)
4		
4	Date	5 Payee name
	05/02/2025	A&E Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.32	1106 S Closner Blvd
		Ediphura TV 70520
		Edinburg, TX 78539
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
		Shirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
⊨	Data	Para series
	Date	Payee name
	02/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.95	410 Terry Ave N
		Coattle MA 00100
		Seattle, WA 98109
	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
		Items for skeet shoot
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2025	Brand Boosters
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,185.34	301 N McColl Road
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u> </u>		

### 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	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: 3/14 Rpt: 28/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	01/14/2025	Brand Boosters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,104.15	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 printing
		printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/25/2025	Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.29	8007 E Exp. 83
		Edinburg, TX 78539
	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
		1 000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/28/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$637.35	1501 W Kelly Ave
		Pharr, TX 78577
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		items for skeet shoot
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

### 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: 4/14 Rpt: 29/39	Esquivel, Orlando J. (The Honorable) 00087665				
4	Date	5 Payee name				
	02/27/2025	Dollar Tree				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$18.94	2760 W University Dr				
		Edinburg, TX 78539				
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 skeet shoot				
		Rents for skeet shoot				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
$\vdash$	Date	Payee name				
	03/21/2025	Esquivel, Amanda				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	2600 San Jose Dr				
	\$300.00	2000 Sali Jose Di				
		Edinburg, TX 78541				
	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  Reimbursement				
		Rembursement				
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O					
_	Date	Davisa nama				
	04/15/2025	Payee name  Esquivel Amanda				
		Esquivel, Amanda				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$80.00	2600 San Jose Dr				
		Edinburg, TX 78541				
	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  Reimbursement				
		Rembulsement				
_	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 -

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: 5/14 Rpt: 30/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	04/23/2025	Esquivel, Orlando
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	2600 San Jose Dr
		Edinburg, TX 78541
8	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  Reimbursement
		Reinburgement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/28/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,075.70	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.
		Check if Austin, TX, officeholder living expense  items for skeet shoot
		items for skeet shoot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/27/2025	HVT Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.12	2618 N 10th St Ste N
		McAllen, TX 78501
	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  items for skeet shoot
		items for skeet shoot
_	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 Co

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

Trave Trave

	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: 6/14 Rpt: 31/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	05/28/2025	Hidalgo County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	323 W Cano St
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		- Ομοτισοίστημ 
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$337.47	7600 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
		Admin Day
		, anim bay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	04/23/2025	James, Belinda
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,553.25	Mission
		Mission, TX 78573
	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
		Labor
_	Operation Children	Orandidate (Office health a grants
	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 -Candidate/Officeholder/Political Committe

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	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: 7/14 Rpt: 32/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	05/16/2025	James, Belinda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$642.93	Mission
		Mission, TX 78573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Date	Power name
	01/02/2025	Payee name
		Lamas, Norma
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	15413 N Depot
		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.
		Check if Austin, TX, officeholder living expense  Balloons
		Balloons
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies same
	06/09/2025	Payee name  Lopez, Mark
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	11740 Mayberry
		N:
		Mission, TX 78573
	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
		Reimbursement
		, tombalosmont
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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: 8/14 Rpt: 33/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	03/28/2025	Los Venados
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.56	34760 N Highway 281
L		Edinburg, TX 78539
8	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 skeet shoot
		1 out of enest effect
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	03/04/2025	Maye, Jessica
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.13	9315 N 34th Lane
		McAllen, TX 78504
	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  Reimbursement
		Reimbursement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	Davida marra
	Date 02/28/2025	Payee name Mi Ranchito Sporting Clays
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,800.00	35003 County Road 4848
		Linn, TX 78563
	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  skeet shoot location rental
		Skeet Shoot location rental
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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#### SCHEDULE F1

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

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

Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment	ical 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 F	: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 34/39	Esquivel, Orlando J. (The Honorable) 00087665
4 Date	5 Payee name
02/28/2025	REyes, Joel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	Edinburg
	Edinburg, TX 78539
8 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
	skeet shoot DJ
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	OH .
Date	Payee name
01/01/2025	Radisson McAllen Airport
Amount (\$)	Payee address; City; State; Zip Code
\$4,450.3	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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Room for kickoff
Complete ONLY if direct expenditure to benefit C	Candidate/Officeholder name Office sought Office held
experientare to belieff of	
Date	Payee name
02/28/2025	Ramirez, Ruben
Amount (\$)	Payee address; City; State; Zip Code
\$1,600.0	Edinburg Edinburg
	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	cook for skeet shoot
Complete ONLY if direct expenditure to benefit C	Candidate/Officeholder name Office sought Office held OH
onpolicitate to belieff of	

### 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 complete this form.
1	Total pages Schedule F1: Sch: 10/14 Rpt: 35/39	2 FILER NAME Esquivel, Orlando J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00087665
4	Date 03/20/2025	5 Payee name Robert Vela Baseball
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 801 E Canton Road
		Edinburg, TX 78539
8	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  Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/11/2025	Payee name Rodriguez, Roman
	Amount (\$) \$300.00	Payee address; City; State; Zip Code Edinburg
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/14/2025	Payee name Salt New American Table
	Amount (\$) \$1,266.05	Payee address; City; State; Zip Code 210 N Main St
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(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  Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**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 form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 36/39	Esquivel, Orlando J. (The Honorable)	00087665
4	Date	5 Payee name	
	02/24/2025	Sams Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,604.97	7601 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	el outside of Texas. Complete Schedule T.
		☐ Check if Aust	in, TX, officeholder living expense
		items for sk	cet shoot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/28/2025	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$329.82	7601 N 10th St	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
	LAFLINDITORE		in, TX, officeholder living expense
		items for ski	eet shoot
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	•	Office field
	Date	Payee name	
	01/02/2025	South Texas Mobile Entertainment	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	1602 Nassau	
	<b>\$100.00</b>	1001 Madda	
		Edinburg, TX 78541	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		Swearing In	DJ
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/14 Rpt: 37/39	Esquivel, Orlando J. (The Honorable) 00087665
4	Date	5 Payee name
	05/30/2025	Speedy 5K Sponsorship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	Mission
		Mission, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Candidate/Officeholder/Political Committee
		Bondaono
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	02/28/2025	Taqueria Campos
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	8301 Humphry
		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 skeet shoot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	06/04/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St # 800
		Austin, TX 78701
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Education Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> 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 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 Fayment	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: 13/14 Rpt: 38/39	Esquivel, Orlando J. (The Honorable)		00087665	
4	Date	5 Payee name	•		
	05/02/2025	Texas State Bar			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$293.00	1414 Colorado St			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	Fees	Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Austin, TX	, officeholder living	expense
			Dues		
_	0 1 0 0 1 1 1 1			000	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	04/17/2025	USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$94.00	410 S Jackson Rd			
		Edinburg, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outs		
			Check if Austin, TX PO Box	, officeriolaer living	expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	04/28/2025	Walgreens			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.71	Edinburg			
	¥3=	_aa			
		Edinburg, TX 78539			
	PURPOSE	- In.	Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense	Description  Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Ont/Awards/Memorials Expense	Check if Austin, TX		
			Admin		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			

### 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/Political 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: 14/14 Rpt: 39/39	Esquivel, Orlando J. (The Honorable) 00087665
4 Date	5 Payee name
04/28/2025	Walgreens
6 Amount (\$) \$65.21	7 Payee address; City; State; Zip Code Edinburg
	Edinburg, TX 78539
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Admin
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2025	Women's Bar Association
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	100 N Closner Blvd
	Edinburg, TX 78539
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  Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/01/2025	Yoder, Lien
Amount (\$) \$214.00	Payee address; City; State; Zip Code 12603 N 56th St
	Mission, TX 78573
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held