



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
RECEIVED	
FEB 23	
Date Hand-delivered or Date Posted (if applicable)	
BY: <u>1:00 pm</u>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Alvaro Esquivel</u>	Filer ID #
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1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Alvaro Esquivel, and my date of birth is 02-02-1975
 My address is 1745 Cornuda (street), Eagle Pass (city), TX (state), 78852 (zip code), (country)
 Executed in Maverick County, State of Texas, on the 23 day of Feb, 2026
 (month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Alejandro Esguivel</i> MI NICKNAME LAST SUFFIX	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0;">Date Received FEB 23 '21</p> <p style="margin: 0;">By <i>3:29pm</i></p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1715 Coyula Steeple Pass TX 78852</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(830) 968-3907</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Joe Cruz</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>498 Main St. Apt. 9 Eagle Pass TX 78852</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(830) 325-5617</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>01 / 15 / 2020</i> THROUGH <i>02 / 23 / 2020</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 03 / 2020</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Maverick Co. Precinct & Commission</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Alejandro Esq</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>19,605⁸⁸</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Alejandro Esq

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is *Alejandro Esq*, and my date of birth is _____.

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ N/A
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 19,608.88
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule G:	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
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4 Date 01-28-2026	5 Payee name McCoys Building Supply
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6 Amount (\$) 12.33	7 Payee address; 3030 E. Main St Eagle Pass TX 78852	City:	State:	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandro Esquivel	Office sought Maverick Co Pet 4 Commissioner	Office held
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Date 01-28-2026	Payee name Luis A. Pina
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Amount (\$) 450.00	Payee address; 2468 El Indio Hwy Apt #7 Eagle Pass TX 78852	City:	State:	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries Wages contract labor	Description Wood Frame banner Builder
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandro Esquivel	Office sought Maverick Co Pet 4 Commissioner	Office held
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Date 01-28-2026	Payee name McCoys Building Supply
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Amount (\$) 578.68	Payee address; 3030 E Main St Eagle Pass TX 78852	City:	State:	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Wood Frame 2x2x6
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
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4 Date 01-25-26	5 Payee name 830 SIGNS LLC
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6 Amount (\$) 1,472.27	7 Payee address: 437 Quarry St. Eagle Pass TX 78852
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS - 4x8 - PUSH CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandro Esquivel	Office sought Maverick Co Pct 4	Office held Commissioner
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Date 02-02-2026	Payee name COPIES TO GO
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Amount (\$) 82.27	Payee address: 1614 E Garrison St Eagle Pass TX 78852
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandro Esquivel	Office sought Maverick Co Pct 4	Office held Commissioner
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Date 01-30-2026	Payee name W-CORP LLC dba The News Column
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Amount (\$) 1,000	Payee address: 2431 Del Rio Blvd Eagle Pass TX 78852
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Esquivel</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-02-2026</i>	5 Payee name <i>Olga S. Reyes</i>
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6 Amount (\$) <i>1000</i>	7 Payee address: <i>2320 Del Rio Blvd</i>	City: <i>Eagle Pass TX</i>	State:	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/wages contract labor</i>	(b) Description <i>Supporters Campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>02-02-2026</i>	Payee name <i>Maria Alvarez</i>
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Amount (\$) <i>1000</i>	Payee address: <i>724 Ave. Linares</i>	City: <i>Eagle Pass TX</i>	State:	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Monterey Co. Pct 4 Commissioner</i>	Office held
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Date <i>02-02-2026</i>	Payee name <i>Rosa Rodriguez</i>
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Amount (\$) <i>1000</i>	Payee address: <i>515 Gonzalez</i>	City: <i>Eagle Pass TX</i>	State:	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Esquivel</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-06-2026</i>	5 Payee name <i>La Mera Leona</i>
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6 Amount (\$) <i>400</i>	7 Payee address; City; State; Zip Code <i>902 seco rd Eagle Pass TX 78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maverick Co Pct 4 Commissioner</i>	Office held
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Date <i>02-06-2026</i>	Payee name <i>SIGN AD LTD</i>
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Amount (\$) <i>2,600</i>	Payee address; City; State; Zip Code <i>1010 N. Loop Houston TX 77009</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maverick Co Pct 4 Commissioner</i>	Office held
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Date <i>02-06-2026</i>	Payee name <i>W. Corp LLC dba The News Group</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>24 31 Del Rio Blvd Eagle Pass TX 78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Esquivel</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-09-2026</i>	5 Payee name <i>Chick-Fil-A</i>
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6 Amount (\$) <i>109.18</i>	7 Payee address; <i>635 S Bibb Ave.</i>	City; <i>Eagle Pass</i>	State; <i>TX</i>	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food - beverage EXPENSE</i>	(b) Description <i>Lunch for campaign supporters</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maverick CO. Pet 4 Commissioner</i>	Office held
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Date <i>02-09-2026</i>	Payee name <i>Starbucks</i>
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Amount (\$) <i>108.25</i>	Payee address; <i>275 S Bibb St.</i>	City; <i>Eagle Pass</i>	State; <i>TX</i>	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food-beverage EXPENSE</i>	Description <i>Meets for campaign supporters.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maverick CO. Pet 4 Commissioner</i>	Office held
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Date <i>02-09-2026</i>	Payee name <i>Academy Sports</i>
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Amount (\$) <i>511.85</i>	Payee address; <i>2083 N Veterans Blvd</i>	City; <i>Eagle Pass</i>	State; <i>TX</i>	Zip Code <i>78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.			

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Esquivel</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-09-26</i>	5 Payee name <i>Wal Mart</i>
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6 Amount (\$) <i>430.73</i>	7 Payee address; <i>496 S Bibb Ave Eagle Pass TX 78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food-Beverage Expense</i>	(b) Description <i>water, bottles, soft drinks, tables - chairs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maurick CO</i>	Office held <i>Pct 4 Commissioner</i>
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Date <i>02-09-26</i>	Payee name <i>Academy Sports</i>
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Amount (\$) <i>1,001.29</i>	Payee address; <i>2083 N Veterans Blvd Eagle Pass TX 78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maurick CO</i>	Office held <i>Pct 4 Commissioner</i>
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Date <i>02-09-26</i>	Payee name <i>ANA L. Padilla</i>
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Amount (\$) <i>500</i>	Payee address; <i>1571 Bowles St APT 170 Eagle Pass TX 78852</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Espinel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-10-26</i>	5 Payee name <i>COPIES TO GO</i>	
6 Amount (\$) <i>383.24</i>	7 Payee address; City; State; Zip Code <i>1614 E Cameron St. Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Ballots</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Alejandro Espinel Maverick CO. Pet 9 Commissioner</i>	
Date <i>02-13-26</i>	Payee name <i>Winter Garden Advertising Agency</i>	
Amount (\$) <i>1320</i>	Payee address; City; State; Zip Code <i>P.O BOX 146 Eagle Pass TX 78853</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Radio Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Alejandro Espinel Maverick CO Pet 9 Commissioner</i>	
Date <i>02-13-26</i>	Payee name <i>Olga J. Reyes</i>	
Amount (\$) <i>1000</i>	Payee address; City; State; Zip Code <i>2320 Ol Rio Blvd Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/wages Contract Labor</i>	Description <i>support campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Alejandro Esguvel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb-17-2021</i>		5 Payee name <i>Wal-Mart</i>			
6 Amount (\$) <i>2297</i>		6 Payee address; City; State; Zip Code <i>496 S Bibb Ave. Eagle Pass TX 78852</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food-Beverage Expense</i>		(b) Description <i>Soft Drinks, water, FCE, chairs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Alejandro Esguvel</i>		Office sought <i>Municipal CO. Ret 4 C</i>	
Date <i>2-18-26</i>		Payee name <i>Molcajete Cocina Mexicana</i>			
Amount (\$) <i>47.68</i>		Payee address; City; State; Zip Code <i>143 Ford St. Eagle Pass TX 78852</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food-beverage Expense</i>		Description <i>Breakfast campaign supporters</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Alejandro Esguvel</i>		Office sought <i>Municipal CO. Ret 4 Comm</i>	
Date <i>2-18-26</i>		Payee name <i>Molcajete Cocina Mexicana</i>			
Amount (\$) <i>82.21</i>		Payee address; City; State; Zip Code <i>143 Ford St. Eagle Pass TX</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>		Description <i>Lunch Campaign supporters</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandro Esquivel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-16-26</i>	5 Payee name <i>W Corp LLC dba The News Group</i>	
6 Amount (\$) <i>500</i>	7 Payee address; City; State; Zip Code <i>2431 Del Rio Blvd Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>News pepper Ad</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office sought <i>Maverick Co. Commissioner</i>
Date <i>02-13-2026</i>	Payee name <i>La Pulguita Classifieds</i>	
Amount (\$) <i>350</i>	Payee address; City; State; Zip Code <i>772 Encinal Dr Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>News pepper ad.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office held <i>Maverick County Commissioner</i>
Date <i>02-13-2026</i>	Payee name <i>W Corp, dba The News Group</i>	
Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>2431 Del Rio Blvd Eagle Pass TX</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising Expense</i>	Description <i>News Pepper ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandro Esquivel</i>	Office held <i>Maverick County Commissioner</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Alejandra Esquivel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02-22-26</i>	5 Payee name <i>Olga J. Reyes</i>	
6 Amount (\$) <i>1,000</i>	7 Payee address; City; State; Zip Code <i>2320 Del Rio Blvd. Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/wages/contract labor</i>	(b) Description <i>campaign supporter</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Alejandra Esquivel</i>	Office sought Office held
Date <i>0-23-26</i>	Payee name <i>ANA Padilla</i>	
Amount (\$) <i>600</i>	Payee address; City; State; Zip Code <i>1571 Bowler St Apt 170 Eagle Pass TX 78852</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/wages/contract labor</i>	Description <i>campaign supporter.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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