

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 MI <div style="text-align: center; font-size: 1.2em;">Alejandro</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Esquivel JV</div>		OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> OCT 05 9:25 AM BY: <i>[Signature]</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">541 N. Ceylan Eagle Pass TX 78852</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(830) 968-3907</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Joe</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Cruz</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">498 Main St Apt. 1 Eagle Pass TX 78852</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(830) 325-5617</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">☐ January 15</div> <div style="width: 50%;">☒ 30th day before election</div> <div style="width: 50%;">☐ Runoff</div> <div style="width: 50%;">☐ 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;">☐ July 15</div> <div style="width: 50%;">☐ 8th day before election</div> <div style="width: 50%;">☐ Exceeded Modified Reporting Limit</div> <div style="width: 50%;">☐ Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em;">07 / 01 / 2026 THROUGH 10 / 05 / 2026</div>		
11 ELECTION	ELECTION DATE Mon' Day Year ELECTION TYPE <div style="font-size: 1.2em;">11 / 03 / 2026</div> <div style="display: flex; justify-content: space-between;"> ☐ Primary ☐ Runoff ☐ Other Description </div> <div style="display: flex; justify-content: space-between;"> ☒ General ☐ Special </div>		
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">N/A</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Maverick County Precinct 4 Commissioner</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE		COMMITTEE NAME	
☐ GENERAL		COMMITTEE ADDRESS	
☐ SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME: <u>Alejandro Esquivel</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>06-30-26</u>		5 Payee name: <u>W. Corp, LLC, d/ba The News Group</u>			
6 Amount (\$): <u>\$ 3,000</u>		7 Payee address: <u>2431 Del Rio Blvd</u>		City: <u>Eagle Pass TX</u>	State: <u>TX</u> Zip Code: <u>78852</u>
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>News Ad</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <u>Alejandro Esquivel</u>		Office sought: <u>Maverick County Comm. Prec 4</u> Office held:	
Date: <u>08-04-26</u>		Payee name: <u>Matilde Mullen</u>			
Amount (\$): <u>500.00</u>		Payee address:		City: <u>Eagle Pass TX</u>	State: <u>TX</u> Zip Code: <u>78852</u>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</u>		Description <u>Assist in setting up materials for campaign</u>		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <u>Alejandro Esquivel</u>		Office sought: <u>Maverick Co. Comm. Prec 4</u> Office held:	
Date: <u>08-06-26</u>		Payee name: <u>Abdon Ortiz</u>			
Amount (\$): <u>500.00</u>		Payee address: <u>1212 Katy Dr.</u>		City: <u>Eagle Pass TX</u>	State: <u>TX</u> Zip Code: <u>78852</u>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>News Paper Ad</u>		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: <u>Alejandro Esquivel</u>		Office sought: <u>Maverick CO. Comm. Prec 4</u> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Aliza L. Espinal</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$
5 Date <i>08-27-2026</i>	6 Payee name <i>Olga S. Reyes</i>		
7 Amount (\$) <i>1,000</i>	8 Payee address; City; State; Zip Code <i>2320 Del Rio Blvd Eagle Pass TX</i> <i>TPMV #83</i> ☐ Check if individual's residence address.		
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries wages - contract labor</i>		(b) Description <i>Campaign staff</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name <i>Aliza L. Espinal</i>			
Office sought <i>Municipal CO. Comm. Pre #1</i>			
Office held			
Date <i>9-10-2026</i>	Payee name <i>LC Pulguita Classifieds</i>		
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2661 Oak Manor Dr. Eagle Pass TX 78852</i> ☐ Check if individual's residence address.		
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>News Ad</i>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name <i>Aliza L. Espinal</i>			
Office sought <i>Municipal CO. Comm. Pre #1</i>			
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
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>Alejandra Espinosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-14-2026</i>	5 Payee name <i>W-CORP LLC dba The News Group</i>	
6 Amount (\$) <i>300.00</i> ☒ Reimbursement from political contributions intended	7 Payee address; City State Zip Code <i>2931 Del Rio Blvd Eagle Pass TX 78851</i> ☐ 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 Ad</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <i>Alejandra Espinosa</i> Office sought <i>Monroe Co Comm Prec 4</i> Office held		
Date <i>9-29-2026</i>	Payee name <i>Eileen Hernandez</i>	
Amount (\$) <i>1000.00</i> ☒ Reimbursement from political contributions intended	Payee address; City State Zip Code <i>2668 Encino Parkway Unit C Eagle Pass TX 78852</i> ☐ 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>Social media</i>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Alejandro Esquivel</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,600.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

Signature of Candidate or Officeholder

Please complete either option below:

(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 Esquivel and my date of birth is 02-02-1975
 My address is 541 N. Cayton St Eagle Pass TX 7852 USA
 (street) (city) (state) (zip code) (country)
 Executed in Maverick County, State of Texas, on the 5 day of OCT, 2021
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Alejandro Esquivel

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	<i>N/A</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	<i>N/A</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	<i>N/A</i>
4.	☐ SCHEDULE E: LOANS	\$	<i>N/A</i>
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>NA</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	<i>N/A</i>
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>N/A</i>
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	<i>N/A</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	<i>6,600</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	<i>N/A</i>
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<i>N/A</i>
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	<i>N/A</i>