

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 <u>—</u> FIRST <u>Alejandro</u> MI <u>Jr</u>	OFFICE USE ONLY
	NICKNAME _____ LAST <u>Esguivel</u> SUFFIX _____	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED MAY 18 4:24 PM BY: <u>[Signature]</u>
	<u>1715 Coyunde St Eagle Pass TX 78852</u>	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
	<u>(830) 968-3907</u>	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>—</u> FIRST <u>Joe</u> MI <u>S</u>	Receipt #	Amount \$
	NICKNAME _____ LAST <u>Cruz</u> SUFFIX _____	Date Processed	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	<u>498 Main St. Apt 1 Eagle Pass TX. 78852</u>

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	<u>(830) 325-5617</u>

9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input 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	THROUGH	Month Day Year
	<u>02 / 22 / 2026</u>		<u>05 / 16 / 2026</u>

11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year <u>05 / 26 / 2026</u>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
		<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>Maverick Co. Precinct 4 Commission</u>
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14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Aljando 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19,731.98</u>
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	\$

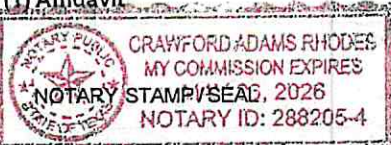
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Aljando Esquivel

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Aljando Esquivel this the 18th day of May

20 26, 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 Aljando Esquivel and my date of birth is 02-02-1995

My address is 1715 Coyunde St Eagle Pass TX 78852 USA
(street) (city) (state) (zip code) (country)

Executed in Maverick County, State of TX, on the 18 day of May, 2026
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Rolando Esquivel</i>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>N/A</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>N/A</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>N/A</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>N/A</i>
(9) <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>19,731.99</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>N/A</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>N/A</i>

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: <u>1</u>	2 FILER NAME <u>Alejandro Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>02-22-2026</u>	5 Payee name <u>Olge J. Reyes</u>	
6 Amount (\$) <u>1,000</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <u>2300 Del Rio Blvd. Eagle Pass TX 78852</u> <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) <u>Salaries/wages/contract labor</u>	(b) Description <u>Campaign Staff</u>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u>	Office sought <u>Murray Co. Pct. 4 Commissioner</u>
Date <u>03-05-2026</u>	Payee name <u>Ana Padilla</u>	
Amount (\$) <u>1,000</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>1571 Bowles Apt 170 Eagle Pass TX 78852</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>salaries/wages/contract labor</u>	Description <u>Campaign Staff</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u>	Office sought <u>Murray Co. Pct. 4 Commissioner</u>
Date <u>03-06-2026</u>	Payee name <u>Universal Media Connection</u>	
Amount (\$) <u>1200</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>2524 N Veterans Blvd Eagle Pass TX 78852</u> <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Radio</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u>	Office sought <u>Murray Co. Pct 4 Commissioner</u>

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	2 FILER NAME Alejandro Esquivel	3 Filer ID (Ethics Commission Filers)
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4 Date 03-09-2026	5 Payee name W. CORP LLC DBA The News Group
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6 Amount (\$) 500.00	7 Payee address: 2431 Del Rio Blvd	City: Eagle Pass TX	State: TX	Zip Code 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) Advertising Expense	(b) Description News Ad
	(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. Pat 4 Commissioner	Office held
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Date 02-23-26	Payee name La Pulguita Classifieds
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Amount (\$) 350	Payee address: 772 Encinal Dr.	City: Eagle Pass TX	State: TX	Zip Code 78852
<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) Advertising Expense	Description News Paper 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 Alejandro Esquivel	Office sought Maverick Co. Pat 4 Commissioner	Office held
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Date 3-7-26	Payee name Matilde Garcia
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Amount (\$) 500	Payee address: 261, San Marcos	City: Eagle Pass TX	State: TX	Zip Code 78852
<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) Salaries-wages-contract labor	Description Campaign Staff
	<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 Pat 4 Commissioner	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 | 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: <u>3</u>	2 FILER NAME <u>Alexandro Espinosa</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-19-26</u>	5 Payee name <u>Abdo Horst</u>	
6 Amount (\$) <u>600⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <u>1212 Katy Dr.</u> City: <u>Eagle Pass</u> State: <u>TX</u> Zip Code: <u>78852</u> <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) <u>Advertising Expense</u>	(b) Description <u>News Paper - Ad</u>
	(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 <u>Alexandro Espinosa</u>	Office sought <u>Maverick Co. Pct. 4 Commissioner</u>
Date <u>3-20-26</u>	Payee name <u>Myra Perez</u>	
Amount (\$) <u>500⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>725 Casa Vista</u> City: <u>Eagle Pass</u> State: <u>TX</u> Zip Code: <u>78852</u> <input type="checkbox"/> 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>Campaign Staff</u>
	<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 <u>Alexandro Espinosa</u>	Office sought <u>Maverick Co. Pct 4 Commissioner</u>
Date <u>03-24-26</u>	Payee name <u>Belica Photos</u>	
Amount (\$) <u>450⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>523 Madison St</u> City: <u>Eagle Pass</u> State: <u>TX</u> Zip Code: <u>78852</u> <input checked="" type="checkbox"/> 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>Photos Campaign</u>
	<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 <u>Alexandro Espinosa</u>	Office sought <u>Maverick Co. Pct 4 Comm.</u>

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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: <u>4</u>	2 FILER NAME: <u>Alejandro Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>3-27-26</u>	5 Payee name: <u>Molcajete</u>	
6 Amount (\$): <u>495.25</u>	7 Payee address: <u>143 Ford St</u>	City: <u>Egle Pass TX</u> State: <u>TX</u> Zip Code: <u>78852</u>
<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): <u>Food - Beverage Expense</u>	(b) Description: <u>Staff - meals</u>
	(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: <u>Alejandro Esquivel</u>	Office sought: <u>Maverick CO Pct 4 COMM.</u> Office held: <u></u>
Date: <u>3-30-26</u>	Payee name: <u>Peter Papp Pizzeria</u>	
Amount (\$): <u>226.15</u>	Payee address: <u>402 S. Bibb Ave</u>	City: <u>Egle Pass TX</u> State: <u>TX</u> Zip Code: <u>78852</u>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Food - Beverage Expense</u>	Description: <u>Staff - meals</u>
	(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: <u>Alejandro Esquivel</u>	Office sought: <u>Maverick CO Pct. 4. COMM.</u> Office held: <u></u>
Date: <u>3-28-26</u>	Payee name: <u>Vista Print</u>	
Amount (\$): <u>324.22</u>	Payee address: <u>95 Hayden Ave</u>	City: <u>Lexington, MA</u> State: <u>MA</u> Zip Code: <u>02421</u>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Printing Expense</u>	Description: <u>Shirts / Fleece</u>
	(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: <u></u>	Office sought: <u></u> Office held: <u></u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>5</u>	2 FILER NAME <u>Alejandro Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-25-26</u>	5 Payee name <u>AMAZON</u>	
6 Amount (\$) <u>324.50</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>410 Terry Ave. N, Seattle WA 98109</u> <input type="checkbox"/> 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>Shirts - stickers</u>
	(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 <u>Alejandro Esquivel</u>	Office sought <u>Maverick Co. Pct 4 Comm.</u>
Date <u>3-25-26</u>	Payee name <u>5 of 7y. com</u>	
Amount (\$) <u>64.90</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1000N West St Ste. 1200 Wilmington DE 1. 9801</u> <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>shirts.</u>
	<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 <u>Alejandro Esquivel</u>	Office sought <u>Maverick Co. Pct 4 Comm.</u>
Date <u>3-23-26</u>	Payee name <u>Vista Print</u>	
Amount (\$) <u>10.75</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>95 Hayden Ave. Lexington, MA 02421</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>shirts</u>
	<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 <u>Alejandro Esquivel</u>	Office sought <u>Maverick Co. Pct. 4 Comm.</u>

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 | 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: <i>6</i>	2 FILER NAME <i>Alejandra Espinal</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-31-26</i>	5 Payee name <i>Lili's Flower Shop</i>	
6 Amount (\$) <i>1,515.29</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>409 N. Ceylon Eagle Pass TX</i> City: State: Zip Code <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>Event Expense</i>	(b) Description <i>Valentine's Event.</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 Espinal</i>	Office sought <i>Maurick Co. Pct 4 COM.</i>
Date <i>04-01-26</i>	Payee name <i>Sign Ad LTD</i>	
Amount (\$) <i>2,367.86</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1010 N. Loop Sule 200 Houston TX 77009</i> City: State: Zip Code <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 Expense</i>	Description <i>Billboard 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>Alejandra Espinal</i>	Office sought <i>Maurick Co Pct 4. COM</i>
Date <i>4-2-26</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>265.26</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>95 Hayden Ave. Lexington Mg 02421</i> City: State: Zip Code <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Shirts - Logos</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>Alejandra Espinal</i>	Office sought <i>Maurick Co. Pct 4. COM</i>

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: <u>7</u>	2 FILER NAME <u>Najando Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4-6-26</u>	5 Payee name <u>Vista Print.</u>	
6 Amount (\$) <u>54.24</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>45 Haylen Ave. Lexington MA 02421</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description <u>LOSOS - shirts</u>
	(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 <u>Najando Esquivel</u>	Office sought <u>Merrick Co. Pct. 9 COMM.</u>
Date <u>4-10-26</u>	Payee name <u>Abdou Hortz</u>	
Amount (\$) <u>300</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1212 Katy Dr. Eagle Pass TX 78852</u> <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Audacious Expense</u>	Description <u>news - paper Ad</u>
	<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 <u>Najando Esquivel</u>	Office sought <u>Merrick Co Pct. 4 COMM.</u>
Date <u>4-20-26</u>	Payee name <u>La Cabanita</u>	
Amount (\$) <u>183.84</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>561 Memo Robinson Dr. Eagle Pass TX 78852</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food - beverage Expense</u>	Description <u>staff - meals</u>
	<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 <u>Najando Esquivel</u>	Office sought <u>Merrick Co. Pct 4 Commissioner</u>

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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: <u>8</u>	2 FILER NAME <u>Alejandro Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4-5-26</u>	5 Payee name <u>Abdon Hortis</u>	
6 Amount (\$) <u>500</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <u>1212 Katy Dr. Eagle Pass TX</u> City: Eagle Pass State: TX Zip Code: 78852 <input type="checkbox"/> 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 paper Ad</u>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u> Office sought <u>Maverick Co. Pct 4 Comm.</u> Office held	
Date <u>4-10-26</u>	Payee name <u>La Pulgita clasificables</u>	
Amount (\$) <u>500</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>772 Encinal Dr. Eagle Pass TX 78852</u> City: Eagle Pass State: TX Zip Code: 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>News paper ad</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u> Office sought <u>Maverick Co. Pct 4 Comm.</u> Office held	
Date <u>4-24-2026</u>	Payee name <u>Eileen Hernandez</u>	
Amount (\$) <u>700</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>451 Church St Eagle Pass TX 78852</u> City: Eagle Pass State: TX Zip Code: 78852 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Media</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Alejandro Esquivel</u> Office sought <u>Maverick Co. Pct 4 Comm.</u> 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: <u>9</u>	2 FILER NAME <u>Alvaro Esquivel</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4-27-26</u>	5 Payee name <u>Vista Print</u>	
6 Amount (\$) <u>570.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <u>95 Haydon Ave.</u> City: <u>La Kingstau</u> State: <u>MA.</u> Zip Code: <u>02421.</u> <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) <u>Printing Expense</u>	(b) Description <u>Logo-shirts</u>
	(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 <u>Alvaro Esquivel</u>	Office sought <u>Municipal Co. Pct 4. Commissioner</u>
Date <u>5-01-26</u>	Payee name <u>W. Corp LLC DBA The News Group</u>	
Amount (\$) <u>1000</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>2431 Del Rio Blvd.</u> City: <u>Engle Pass, TX</u> State: Zip Code: <u>78852</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>News Paper - Ad</u>
	<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 <u>Alvaro Esquivel</u>	Office sought <u>Municipal Co. Pct 4. Comm.</u>
Date <u>5-01-26</u>	Payee name <u>W. Corp LLC DBA The News Group</u>	
Amount (\$) <u>500</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>2431 Del Rio Blvd</u> City: <u>Engle Pass TX</u> State: Zip Code: <u>78852</u> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>News Paper - Ad</u>
	<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 <u>Alvaro Esquivel</u>	Office sought <u>Municipal Co. Pct 4. Comm</u>

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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: <i>11</i>	2 FILER NAME <i>Alejandro Espinal</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-12-2022</i>	5 Payee name <i>Abdon Horta</i>	
6 Amount (\$) <i>1000</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>1212 KATY Dr.</i>	City; State; Zip Code <i>Ego Pass TX 78052</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>News paper - ALI</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 Espinal</i>	Office sought / Office held <i>Maverick Co. Pct. 4. Comm.</i>
Date <i>5-14-2022</i>	Payee name <i>Moon Light, LLC.</i>	
Amount (\$) <i>600</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>2601 El Indio Hwy</i>	City; State; Zip Code <i>Ego Pass TX 78052</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Mother day event - Rental</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 Espinal</i>	Office sought / Office held <i>Maverick Co. Pct. 4. Comm.</i>
Date <i>5-13-2022</i>	Payee name <i>Zip by. Shirts.com</i>	
Amount (\$) <i>68.07</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1000 N. West St Ste 1200</i>	City; State; Zip Code <i>Wilmington De 19804</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Shirts / T-shirts</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 Espinal</i>	Office sought / Office held <i>Maverick Co. Pct. 4. Comm.</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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.

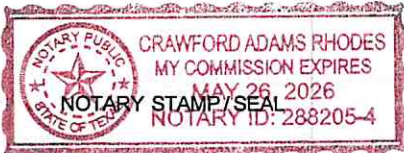
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Alejandro Esquivel</u>	Filer ID #
---	------------

- 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.
- 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.
- 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.
- 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.
- 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]
Signature of Filer

Sworn to and subscribed before me by Alejandro Esquivel this the 18th day of May, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature]
 Printed name of officer administering oath: CRAWFORD ADAMS RHODES
 Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is Alejandro Esquivel and my date of birth is _____
 My address is 1715 Oyander (street), Eagle Pass TX (city), TX (state), 78852 (zip code), USA (country)
 Executed in Maverick County, State of TX, on the 18 day of MAY, 2026 (month) (year).

[Signature]
Signature of Filer (Declarant)

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