# CANDIDATE / OFFICE HOLDEN CAMPAIGN FINANCE REPORT

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

16 NOTICE FROM	THIS BOX IS FOR	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO	
PRUTINGAL	ELEPTRICITY THE COMPLETE POSTERIOR THE PROPERTY FREE MAY VALUE OF THE MADE OF THE CANDIDATE'S DR. OFFICENOL DER'S.			
COMMITTEE(S)	KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NATINE		
	Пописан			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Aggitional Pages				
Additional Pages		X C- "		
W	1	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTA	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS	PLED	GES, LOANS, OR GUARANTEES OF LOANS, OR TRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0	
	The second second	Corporation (Corporation of the Corporation of the		
	1,1755	L POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000.00	
EXPENDITURE	TOTAL POUD CALLEY A COLD DID RES DE SUD DRIESS			
TUNTALS		SS TIEMIZED	ري څه	
		L DOLLTICAL EXPENDITURES		
	4. TOTA	L POLITICAL EXPENDITURES	\$ 2056.75	
CONTRIBUTION	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY			
BALANCE		EPOPTING PERIOD	143.8	
OUTSTANDING		L PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	s 0	
LOAN TOTALS	LAST	DAY OF THE REPORTING PERIOD	, 0	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of perjury		
		true and correct and in Jida	ooquovep0138229110	
		under the 15, Election cade.		
		11687		
		Signature of Candidate	or Officeholde	
APPIL NO DIE G.	- Jb 1720	Pray ADOVE		
AFPIL NO DESTRUCTION	Town III. no EQUP/S	SEAL BRIVE		
Sworn to and subsc	cribed before me	e, by the said		
day of		, to certify which, witness my hand and seal of office.		
COMMISSION COMISSION COMMISSION COMMISSION COMMISSION COMMISSION COMMISSION COMMISSION COMMISSION COMISSION COMMISSION COMMISSION COMMISSION CO		15		

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	Noe Esparza	
21	SCHEDULE SUBTUTACE NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDING B! PERSENCOR TRIBUTIONS	۶-
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	§ 20.1 W
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF A STATE OF STA	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s I
<b>BCC</b>	#= II	

			SCHEDUNE ■ A 1
Th	e Instruction Guide, explains how, to complete this.	.form	1 Total pages Schedule A1:
FILER NAME	Noe Espaiza		3 Filer ID (Ethics Commission Filers)
3/5/20	6 Contribugar address. Houston	State Zin Code. TX 77824	1,000,00
Principal occ	cupation / Job title (STTC/permisopoliums)	a Embloher (see in	istroctions,
Date 316120	Full name of contributor   out-of-state PAC   Claude YOAS   Contributor acts of the state PAC   Claude YOAS   Contributor acts of the state PAC   Claude YOAS   Claude YOA		IDQQ · OO
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor  ut-of-state PAC	The second secon	
3/4/20	James D. Rice  Contributor address: City: 6402 OBON Terrace LN SAUS	State: Zip Code	1   000, 00
74 18	Contributor address, City,	State; Zip Code	1,000.00
Principal occ	6402 OBON Terrace LN SAUS	State: Zip Code	1,000.00
Principal occ	Contributor address; City; 6402 01300 Terrace LN SANN	State: Zip Code	1,000.00 /4 /7
Principal occ	Contributor address; City; 6402 0Bon Terrace LN Squis upation / Job title (See Instructions)	State, Zip Code	ctions)  Amount of contribution (\$)
Principal occ	Contributor address; City;  6402 08  Terrace LN Sydis  upation / Job title (See Instructions)  Eligiphy Jame of contributor	State: Zip Code  Employer (See Instru	ctions)  Amount of contribution (\$)
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Principal occ	Contributor address; City;  6402 08  Terrace LN Sydis  upation / Job title (See Instructions)  Eligiphy Jame of contributor	State: Zip Code  Employer (See Instru	Amount of contribution (\$)

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## POLITICAL SYDENDITURES AND MEDI

FROW FO	LITICAL CONTRIBUTION	ONS SCHEDULE FT
	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P	osn Repelland i Solicitation/Ess Palling Expense  Transportation Equipment & Related  Travel In District  Travel Out Of District  Other (enter a Category not listed above)  Town to complete this form.
TH	Noc ESPATZA	- 3°Filer ISM (Ethics
Date 03-27-20	5 Payee name Shiloh Pointing	
Amount (\$)	7 Payee address: 904 Sheffield Blud	Houston TX 37015
	(a) Category (See Categories listed at the top of this set	edula)(h) Description
PURPOSE ** I'U OF EXPENDITURE	And had the fall of the fall o	A Sultaine Les Suema
	(c) Check if travel outside of Texas Complete Sche	Check if Austin, TX, officeholder living 1/23/6 1 - 2050
Complete ONLY if direct expenditure to benefit C/	OH Noc Esparze	BOT Post to Lo Ra Som Tolling
Date	Payee name	
	la .	I ***
Amount (4,1	. Save a address .	_CjtvStateZin_Code
Amount (e)		and
PURPOSE	Category (See Categories listed at the top of this sch	Description
OF EXPENDITURE	878-4	
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Complete ONLY if direct expenditure to peneirs or	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
™mount (\$).,	Pavee address:	City:, State:, Zip,Code.
# 0 7	Category (See Categories insted at the top of this sch	nedule)   Description
PURPOSE		
EXPENDITURE	5 PHI -C	
다 이 하는 이 수 있는 일 때문이 가입니다 되어 되었다.	Check ANA (20) outside of Texas Complete S	chedule I Check if Austin, TX, officeholder living expense