

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Noe Esparza

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3000.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ - |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A-1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A-1: 1

2 FILER NAME

Noe Esparza

3 Filer ID (Ethics Commission Fiers)

4 Date

3/5/20

5 Full name of contributor

Ron A. Keller

out-of-state PAC (ID#)

7 Amount of contribution (\$) 1,000.00

6 Contributor address:

1 Father Point

City:

Houston

State:

TX

Zip Code:

77024

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/20

Full name of contributor

Claude Yoas

out-of-state PAC (ID#)

Amount of contribution (\$) 1,000.00

Contributor address:

13506 Toscanol

City:

Cypress

State:

TX

Zip Code:

77425

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/20

Full name of contributor

James D. Rice

out-of-state PAC (ID#)

Amount of contribution (\$) 1,000.00

Contributor address:

6402 OBan Terrace LN

City:

Spring

State:

TX

Zip Code:

77474

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code:

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A-1 AS NEEDED.

If contributor is out-of-state PAC, please see instruction / get ethics guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | | |
|--|-------------------------------|-------------------------------|---|--|
| Advertising Expense | Event Expense | Loan Repayment | Political Party/Member/Service Fee | Raising Expense |
| Accounting/Banking | Fees | Office Overhead | Office/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing 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 | Pages Schedule F1 2 | | FILER NAME | | 3 | Filer ID# (Ethics Commission F) |
| | 1 | | Noe Esparza | | | |
| 4 | Date | 5 | Payee name | | | |
| | 02-27-20 | | Shiloh Printing | | | |
| 6 | Amount (\$) | 7 | Payee address: | | City: | State: |
| | | | 904 Sheffield Blvd | | Houston | TX |
| | | | | | Zip Code | 77015 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | |
| | PURPOSE OF EXPENDITURE | | Travel Expense | | | |
| | <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 |
| | | | Noe Esparza | | ROT Position In | Rot Position |
| | Date | Payee name | | | | |
| | | | | | | |
| | Amount (\$) | Payee address: | | City | State | Zip Code |
| | | | | | | |
| | 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 |
| | | | | | | |
| | Date | Payee name | | | | |
| | | | | | | |
| | Amount (\$) | Payee address: | | City | State | Zip Code |
| | | | | | | |
| | 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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