CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER 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	MS / MRS / MR FIRST	OFFICE USE ONLY				
NAME	NICKNAME LAST	Date Received				
	Esparza					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CIT 119 Oryan Ct Hou		Received by email 10/26/2020 Viiviana Killion			
Change of Address			-			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 545-9874	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS /MR FIRST	MI A /	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Esparza		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITI 10609 NORVIC HOU	ston 77 77025	STATE; ZIP CODE			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 221-1333	EXTENSION				
9 REPORT TYPE	January 15 30th day before elect	tion Runoff	15th day after campaign treasurer appointment			
	July 15 Sth day before electio	on Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year			
11 ELECTION						
	Month Day Year Primary	Runoff Other Description	Board ISD			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)				
	BOT GPISD POS 6	BOT GPI	SD POS 6			

GO TO PAGE 2

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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

	and the second se					
14 C/OH NAME	Noe Es	iparza 15	Filer ID (Ethics Commission Filers)			
16 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.					
	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ >			
	2. TOTAL (OTHER	\$ .0				
EXPENDITURE TOTALS	3. TOTAL	\$				
	4. TOTAL	\$ 703.63				
CONTRIBUTION BALANCE	5. TOTAL I OF REP	× \$ 239.62				
OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D/	ie \$ D				
18 AFFIDAVIT						
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 Pode.						
/ Cart						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said, 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						

# SUBTOTALS - C/OH

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

19	19 FILER NAME 20 Filer ID (Ethics Con		
21	SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	S	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 703.62	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
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	\$	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials E al Committee Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)	
inter pages states	NOP ESP	ar7g			8	
4 Date	5 Payee name	1				
10/21/20	Shiloh Pr	zinting				
6 Amount (\$)	7 Payee address;	1	City;	State;	Zip Code	
	0	,		Ta	77015	
	704 Sheffield	1	HOUSTON	1X	77015	
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	OF Advertising Expense Yaka 39115					
	(C) Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nar	ne	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	ne top of this schedule)	Description			
	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan		Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	e top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aus			in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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