

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

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☐

General

☒

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ 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

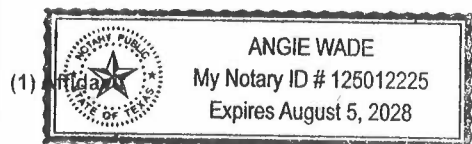
15 C/OH NAME DAVID ESPENAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,413.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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]

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by DAVID ESPENAL this the 15 day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] *[Signature]* *[Signature]*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

2 FILER NAME

DAVID ESPERANZA

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 3,413.42

5 CREDIT CARD
ISSUER

Name of financial institution

AMEX

6 PAYMENT

(a) Amount Charged

\$ 54.62

(b) Date Expenditure Charged

11/25

(c) Date(s) Credit Card Issuer Paid

12/8

7 PAYEE

(a) Payee name

MAIN ST. HAWAII

(b) Payee address;

201 SW MAIN ENNIS TX 75119

City,

State, Zip Code

8 PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

ADVERTISING

(b) Description

516W MATHEWSON

(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

DAVID ESPERANZA

Office Sought

mayor pro-tem

Office Held

N/A

PAYMENT

(a) Amount Charged

\$ 80.20

(b) Date Expenditure Charged

11/25

(c) Date(s) Credit Card Issuer Paid

12/8

PAYEE

(a) Payee name

WILEY BUTTONE

(b) Payee address;

101 LINCOLN E. ROCHESTER NY 14445

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

ADVERTISING

(b) Description

BUTTONS

(c) ☐ 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

DAVID ESPERANZA

Office Sought

mayor pro-tem

Office Held

N/A

PAYMENT

(a) Amount Charged

\$ 111.54

(b) Date Expenditure Charged

11/24

(c) Date(s) Credit Card Issuer Paid

12/8

PAYEE

(a) Payee name

TSC

(b) Payee address;

300 S I-45 ENNIS TX 75119

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

ADVERTISING

(b) Description

516W MATHEWSON

(c) ☐ 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

DAVID ESPERANZA

Office Sought

mayor pro-tem

Office Held

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid

\$ 104.34 11/24/25 12/8/25

7 PAYEE

(a) Payee name (b) Payee address; City, State, Zip Code

TSL 300 S. I-45 ENNIS TX 75119

8 PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule) (b) Description

Advertising Slow Materials

(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 Office Sought Office Held

Dan Espinoza Mayor Pro Tem none

PAYMENT

(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid

\$ 104.34 11/30/25 12/8/25

PAYEE

(a) Payee name (b) Payee address; City, State, Zip Code

TSL 300 S. I-45 ENNIS TX 75119

PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule) (b) Description

Advertising Slow Materials

(c) ☐ 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

Dan Espinoza Mayor Pro Tem none

PAYMENT

(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid

\$ 2,283.53 11/24/24 12/8/25

PAYEE

(a) Payee name (b) Payee address; City, State, Zip Code

First Graphic Arts 224 Canum St. Canum TX 75040

PURPOSE OF
EXPENDITURE

☐ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule) (b) Description

Advertising Slows

(c) ☐ 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

Dan Espinoza Mayor Pro Tem none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

2 FILER NAME

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 219.21

12/3/25

1/8/26

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

INTERNAL IMAGEZ

103 Orchard Acres Ennis TX 75119

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

ADVERTISING

SLONIS

☐ Political
☐ Non-Political

(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

Office Sought

Office Held

DAVID ESPERAN

Mayor Pro Tem

None

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 433.00

12/23/25

1/8/26

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

INTERNAL IMAGEZ

167 Orchard Acres Ennis, TX 75119

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

ADVERTISING

SLONIS

☐ Political
☐ Non-Political

(c) ☐ 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

DAVID ESPERAN

Mayor Pro Tem

None

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 22.39

1/18/26

2/8/26

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

MATHEW G. HARDWARE

201 SW MAIN Ennis TX 75119

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

ADVERTISING

SLONIS MATERIAL

☐ Political
☐ Non-Political

(c) ☐ 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

DAVID ESPERAN

Mayor Pro Tem

None

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

