

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 <i>MR. DAVID</i>	MI <i>R</i>	RECEIVED <small>RECEIVED ONLY</small> Date Received <i>JAN 15 2026</i> CITY SECRETARY			
	NICKNAME	LAST <i>ESPEBAN</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>105 ORCHARD ENNIS TX 75119 ACRES Ct.</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(469)</i>	PHONE NUMBER <i>323-2369</i>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Mrs.</i>	FIRST <i>MONICA</i>	MI <i>F.</i>	Receipt # Amount \$		
		NICKNAME	LAST <i>ESPEBAN</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>105 ORCHARD ENNIS TX 75119 ACRES Ct.</i>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(214)</i>	PHONE NUMBER <i>558-0963</i>	EXTENSION			
9 REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input 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 <i>/</i>	Day <i>/</i>	Year <i>/</i>	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>
11 ELECTION		ELECTION DATE <i>1 / 31 / 26</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>MAYOR PRO-TEM</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
			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)

\$ 

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 

4. TOTAL POLITICAL EXPENDITURES

\$ 3,413.47 

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 

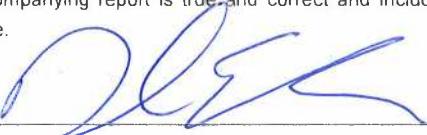
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 

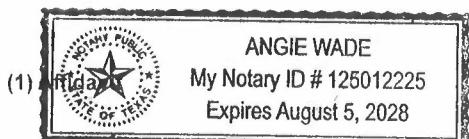
18 SIGNATURE

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.



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.
Angie Wade Angie Wade City Secretary Notary
 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	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
	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 <i>Dawn Emerson</i>	3. FILER ID (Ethics Commission Filers)
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4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>3,413.42</i>
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5. CREDIT CARD ISSUER	Name of financial institution <i>Amex</i>		
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6. PAYMENT	(a) Amount Charged \$ <i>541.62</i>	(b) Date Expenditure Charged <i>11/25</i>	(c) Date(s) Credit Card Issuer Paid <i>12/8</i>
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7. PAYEE	(a) Payee name <i>MAIN ST. HARWARE 20 SW AUSTIN TX 78719</i>	(b) Payee address; City, State, Zip Code
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8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>sign material</i>
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	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Dawn Emerson</i>		Office Sought <i>Mayon Pro-Ten</i>	Office Held <i>N/A</i>
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PAYMENT	(a) Amount Charged \$ <i>80.20</i>	(b) Date Expenditure Charged <i>11/25</i>	(c) Date(s) Credit Card Issuer Paid <i>12/8</i>
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PAYEE	(a) Payee name <i>Wiley Buttons</i>	(b) Payee address; City, State, Zip Code <i>161 Lincoln E, Rochester NY 14645</i>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Buttons</i>
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	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Dawn Emerson</i>		Office Sought <i>Mayon Pro-Ten</i>	Office Held <i>N/A</i>
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PAYMENT	(a) Amount Charged \$ <i>111.64</i>	(b) Date Expenditure Charged <i>11/24</i>	(c) Date(s) Credit Card Issuer Paid <i>12/8</i>
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PAYEE	(a) Payee name <i>TSC</i>	(b) Payee address; City, State, Zip Code <i>300 S JU45 AUSTIN TX 78719</i>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>sign material</i>
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	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Dawn Emerson</i>		Office Sought <i>Mayon Pro-Ten</i>	Office Held <i>N/A</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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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)

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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	\$
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5 CREDIT CARD ISSUER	Name of financial institution		
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6 PAYMENT	(a) Amount Charged \$ 104.34	(b) Date Expenditure Charged 11/24/25	(c) Date(s) Credit Card Issuer Paid 12/8/25
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7 PAYEE	(a) Payee name TSC	(b) Payee address; 300 S. I-45 Ennis TX 75119	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Slow Materials
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Dawn Espenshade Mayor Pro-tem		Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 104.34	(b) Date Expenditure Charged 11/30/25	(c) Date(s) Credit Card Issuer Paid 12/8/25
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PAYEE	(a) Payee name TSC	(b) Payee address; 300 S. I-45 Ennis TX 75119	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Slow Materials
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Dawn Espenshade Mayor Pro-tem		Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 2,283.53	(b) Date Expenditure Charged 11/26/25	(c) Date(s) Credit Card Issuer Paid 12/8/25
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PAYEE	(a) Payee name FIRST GRAPHIC GRP, INC.	(b) Payee address; 2200 BANISTER ST. BIRMINGHAM AL 35040	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Slow
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 Dawn Espenshade Mayor Pro-tem		Office Sought	Office Held
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EXPENDITURES MADE BY CREDIT CARD

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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)

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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 \$ 219.21	(b) Date Expenditure Charged 12/3/25	(c) Date(s) Credit Card Issuer Paid 1/8/26	
7 PAYEE	(a) Payee name THEREAL JIMAEZ	(b) Payee address; 103 Onthorn Aches Ennis TX 75119	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS		
	(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 DAVIN ESPARZ		Office Sought MAYOR PROTEM	Office Held home
PAYMENT	(a) Amount Charged \$ 433.00	(b) Date Expenditure Charged 12/23/25	(c) Date(s) Credit Card Issuer Paid 1/8/26	
PAYEE	(a) Payee name THEREAL JIMAEZ	(b) Payee address; 167 Onthorn Aches Ennis, TX 75119	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS		
	(c) <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 DAVIN ESPARZ		Office Sought MAYOR PROTEM	Office Held home
PAYMENT	(a) Amount Charged \$ 22.39	(b) Date Expenditure Charged 1/18/26	(c) Date(s) Credit Card Issuer Paid 2/8/26	
PAYEE	(a) Payee name MATH G. Hardin	(b) Payee address; 201 SW Main Ennis TX 75119	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS MATERIAL		
	(c) <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 DAVIN ESPARZ		Office Sought MAYOR PROTEM	Office Held home

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