CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Filer ID	(Ethics Commission Filers)	2 Total pages filed:		OFFICE U	JSE ONLY
00088011		9		Date Received	
CANDIDATE /		FIRST	MI	ELECTRONICA	ALLY FILED
OFFICEHOLD NAME	PER Mr.	Jorge J.		01/26/2024	
	NICKNAME	LAST	SUFFIX	[
		Estrada		Date Hand-delivered o	r Data Postmarked
ORIGINAL	X January 15	Runoff	Other (specify)	Date Hand-delivered o	r Date Postmarked
REPORT TYP		Exceeded modified reporting limit	-	Receipt #	Amount
	30th day before electi	on 15th day after campaign treasurer			
	8th day before election	appointment (officeholder only) n Final Report (Attach C/OH-FR)		Date Processed	•
ODIOINAL DE			Davis Varia	_	
ORIGINAL PE COVERED	RIOD Month Day '	TUDOUCU	Day Year	Date Imaged	
EVEL ANATIO		12/3.	1/2023		
	N OF CORRECTION It I just now keep remembering				
AFFIDAVIT		l swear or affirm	under penalty of periur	v that this correcter	d report is true
AFFIDAVIT		l swear, or affirm and correct.	, under penalty of perjur	y, that this corrected	d report is true
AFFIDAVIT		and correct.			d report is true
AFFIDAVIT		and correct.	, under penalty of perjur		d report is true
AFFIDAVIT		and correct. Check the box ne	ext to any and all applica	able statements:	inal report
AFFIDAVIT		and correct. Check the box no X X Semiannua was made i	ext to any and all applica	able statements: r affirm that the origit t an intent to mislea	inal report
AFFIDAVIT		and correct. Check the box ne X Semiannua was made i misreprese	ext to any and all applica al reports: I swear, or n good faith and without nt the information contai	able statements: r affirm that the origit t an intent to misleatined in the report.	inal report d or to
AFFIDAVIT		and correct. Check the box not was made in misreprese.	ext to any and all applica al reports: I swear, or n good faith and without nt the information contai orts: I swear, or affirm	able statements: r affirm that the origit an intent to misleatined in the report. , that I am filing this	inal report d or to corrected
AFFIDAVIT		and correct. Check the box not seem and correct. X Semiannua was made i misreprese X Other report not la that the rep	ext to any and all applica al reports: I swear, or n good faith and without nt the information contai orts: I swear, or affirm ater than the 14th busine ort as originally filed is in	able statements: r affirm that the origit an intent to misleatined in the report. that I am filing this less day after the data an accurate or incomp	inal report d or to corrected te I learned plete. I
AFFIDAVIT		and correct. Check the box not was made in misreprese. X Other report not light that the report was wear, or a swear, or as a second correct.	ext to any and all applicated all reports: I swear, or in good faith and without int the information containers: I swear, or affirm ater than the 14th busines ort as originally filed is infirm, that any error or or	able statements: r affirm that the origit an intent to misleatined in the report. that I am filing this less day after the data an accurate or incomp	inal report d or to corrected te I learned plete. I
AFFIDAVIT		and correct. Check the box not was made in misreprese. X Other report not light that the report was wear, or a swear, or as a second correct.	ext to any and all applica al reports: I swear, or n good faith and without nt the information contai orts: I swear, or affirm ater than the 14th busine ort as originally filed is in	able statements: r affirm that the origit an intent to misleatined in the report. that I am filing this less day after the data an accurate or incomp	inal report d or to corrected te I learned plete. I
AFFIDAVIT		and correct. Check the box not was made in misreprese. X Other report not light that the report was wear, or a swear, or as a second correct.	ext to any and all applicated all reports: I swear, or n good faith and without the information containers: I swear, or affirm ater than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith.	able statements: r affirm that the original tan intent to misleatined in the report. , that I am filing this less day after the day naccurate or incompanission in the report	inal report d or to corrected te I learned plete. I
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AFFIDAVIT		and correct. Check the box not was made in misreprese. X Other report not light that the report was wear, or a swear, or as a second correct.	ext to any and all applicated all reports: I swear, or n good faith and without the information containers: I swear, or affirm ater than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith.	able statements: r affirm that the origit an intent to misleatined in the report. , that I am filing this less day after the danaccurate or incompanission in the report	inal report d or to corrected te I learned plete. I
	RY STAMP / SEAL ABOVE	and correct. Check the box not was made in misreprese. X Other report not light that the report was wear, or a swear, or as a second correct.	ext to any and all applicated reports: I swear, or in good faith and without int the information containerts: I swear, or affirm ater than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J.	able statements: r affirm that the origit an intent to misleatined in the report. , that I am filing this less day after the danaccurate or incompanission in the report	inal report d or to corrected te I learned plete. I
AFFIX NOTA		and correct. Check the box ne X Semiannua was made i misreprese X Other report not let that the rep swear, or a filed was m	ext to any and all applicated all reports: I swear, or n good faith and without not the information containers: I swear, or affirm atter than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J. Signature of Candidate	able statements: r affirm that the original tan intent to misleat in the report. that I am filing this less day after the day after the day naccurate or incompanission in the report. Estrada e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
AFFIX NOTA	I subscribed before me, by the	and correct. Check the box not see that the report not let that the report swear, or a filed was m	ext to any and all applicated all reports: I swear, or n good faith and without not the information containers: I swear, or affirm atter than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J. Signature of Candidated.	able statements: r affirm that the original tan intent to misleat in the report. that I am filing this less day after the day after the day naccurate or incompanission in the report. Estrada e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
AFFIX NOTA	I subscribed before me, by the	and correct. Check the box ne X Semiannua was made i misreprese X Other report not let that the rep swear, or a filed was m	ext to any and all applicated all reports: I swear, or n good faith and without not the information containers: I swear, or affirm atter than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J. Signature of Candidated.	able statements: r affirm that the original tan intent to misleat in the report. that I am filing this less day after the day after the day naccurate or incompanission in the report. Estrada e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
AFFIX NOTA	I subscribed before me, by the	and correct. Check the box not see that the report not let that the report swear, or a filed was m	ext to any and all applicated all reports: I swear, or n good faith and without not the information containers: I swear, or affirm atter than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J. Signature of Candidated.	able statements: r affirm that the original tan intent to misleat in the report. that I am filing this less day after the day after the day naccurate or incompanission in the report. Estrada e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
AFFIX NOTA	I subscribed before me, by the	and correct. Check the box not see that the report not let that the report swear, or a filed was m	ext to any and all applicated all reports: I swear, or n good faith and without not the information containers: I swear, or affirm atter than the 14th busine ort as originally filed is infirm, that any error or or ade in good faith. Mr. Jorge J. Signature of Candidated.	able statements: r affirm that the original tan intent to misleat in the report. that I am filing this less day after the day after the day naccurate or incompanission in the report. Estrada e or Officeholder	inal report d or to corrected te I learned olete. I t as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	nis form. _{(Eth}	er ID lics Commission Filers) 088011	2 Total pages filed: 9				
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE O	NLY			
OFFICEHOLDER NAME	Mr. Jor	ge J.		Date Received				
				ELECTRONICALLY F	ILED			
	NICKNAME LAS	 ST	SUFFI	 x 01/26/2024				
		rada	30111	X				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUI	ITE#; CITY;	ZIP CC	Date Hand-delivered or Date Pos	stmarked			
MAILING	6107 Ambrose Cir			Receipt # Amour	nt			
ADDRESS								
Change of Address	Temple, TX 76502			Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS		MI					
NAME	Mrs. Jes	sica M.						
	NICKNAME LAS		SUFFI	<				
	Esti	rada						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	(PLEASE);	APT / SUITE #;	CITY; STATE;	ZIP CODE			
ADDRESS	6107 Ambrose Cir							
(Residence or Business)								
	Temple, TX 76502							
7 CAMPAIGN	AREA CODE PHONE NU	JMBER EXTEN	SION					
TREASURER	(580) 713-8444							
PHONE	(666) 1 26 6 1 1 1							
8 REPORT								
TYPE	X January 15 3	Oth day before election	n Runoff	15th day after campaign tr appointment (officeholder	reasurer			
	July 15 8	th day before election	Exceeded modified	_				
		ar day before election	reporting limit	T intal report (radicin erent				
9 PERIOD	Month Day Year		Month	Day Year				
COVERED	07/01/2023	THROUG		1/2023				
10 ELECTION	ELECTION DATE		ELECTION TY	PE				
	Month Day Year	X Primary	Runoff	Other				
	03/05/2024	General	Special	<u>—</u>				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SO	UGHT (if known)				
	0.1.102 1.222 (ii di.iy)			esentative Place Temple Dist	rict 55			
		GO TO PA	GE Z					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 9

13 C / OH NAME	Estrada, Jorge J. (Mr	.)	14 Filer ID (E 00088011	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,319.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr	Jorge J. Estrada	
			Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			4 of 9
18 FILER NAI Estrada,	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 324.33
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,994.78
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica			laries/Wages/Contr		HER (enter a category	not listed at	oove)
	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 1/1 Rpt: 5/9	Estrada, Jorge J. (N	Mr.)			00088011		
4 CREDIT CARD	Name of fina	ncial institution		F UNITEMIZED			
ISSUER			EXPEND	ITURES ED TO A CREDIT	\$		
			CARD	D TO A CICEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$189.00	12/21/2023					
	4200.00	12/21/2020					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			10 South 3		•		
	Temple Daily Teleg	ıram					
			Temple, T	X 76503			
8 PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Newspape	er advertising.			
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin, TX.	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$135.33	10/09/2023					
	Ψ100.00	10/03/2020					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				nehollow Dr			
	SignsOnTheCheap		B220				
			Austin, TX	78758			
PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Metal yard sign and frame.				
X Political	Printing Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By -			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Experience			Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category n	Related Expense	
Credit Cald Fayment			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Co	mmission Filers)
	Sch: 1/4 Rpt: 6/9		Estrada, Jor	rge J. (Mr.)				00088011	
4	Date	5	Payee name						
	12/01/2023		Facebook						
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$40.00		Meta Platfor	rms, Inc.					
	Reimbursement from		1601 Willow	<i>I</i> Road					
	X political contributions intended		Menlo Park,	, CA 94025					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel outside of Texas	s. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			Ch	eck if Austin, TX, officeholde	er living expense
	ZA ZADITORZ					Facebook advert	tisin	g.	
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	nolder name		Office sought		Office hel	d
	C/OH								
	Date		Payee name						
	11/16/2023		Facebook						
Amount (\$)			Payee address; City; State; Zip Code						
	\$40.00		Meta Platforms, Inc.						
· I			1601 Willow Road						
X political contributions			Menlo Park, CA 94025						
	PURPOSE	┢		ee Categories listed at the top of this sch	edule)	Description	7 Ch	eck if travel outside of Texas	s. Complete Schedule T.
	OF		Advertising	•	sudic)		_	eck if Austin, TX, officeholde	
	EXPENDITURE			— (p		Online advertisin	ıg.		
	•	Ca	ndidate/Officeh	nolder name		Office sought		Office hel	d
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	10/24/2023	L	Killeen Daily						
	Amount (\$)		Payee addres		Zip Co	ode			
	\$175.00		PO Box 130	00					
	Reimbursement from political contributions								
	intended		Killeen, TX	76540					
	PURPOSE OF		Category (Se	ee Categories listed at the top of this scho	edule)	Description	=	eck if travel outside of Texas	
	EXPENDITURE		Advertising	Expense		L	_	eck if Austin, TX, officeholde	er living expense
						Newspaper adve	ertisi	ing.	
	Commission ONU Wife allows		n di data (Office I			Office		Office 1 1	٦
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officeh	noider name		Office sought		Office hel	α
L	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	IE .			3	Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 7/9	Estrada, J	orge J. (Mr.)				00088011
4	Date	5 Payee name				<u> </u>	
	12/22/2023	Killeen Da					
6	Amount (\$)	7 Payee addr		e; Zip Co	nde		
·	\$175.00	PO Box 13	•	, Zip 00	540		
		10 000 10					
	Reimbursement from political contributions	killoon TV	76540				
	intended	killeen, TX	70040		·		
8	PURPOSE OF		See Categories listed at the top of this sci	hedule)	(b) Description	_	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Advertisin	g Expense		L		
					Newspaper adve	erusi	ng.
_							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee nam	e				
	12/06/2023	Republica	n Party of Bell County				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$750.00	204 N East St					
	Reimbursement from						
	X political contributions intended	Belton, TX	76513				
	PURPOSE		See Categories listed at the top of this sol	hedule)	Description	☐ Ch	eck if travel outside of Texas. Complete Schedule T.
	OF	Fees	see Categories listed at the top of this sci	nedule)		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE	1 003			Filing fee.	_	
	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought		Office held
	expenditure to benefit				3		
	C/OH						
	Date	Payee nam	e				
	10/09/2023	Signs & Ba	anners				
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$135.00	502 E. Cei	ntral Ave.				
	Reimbursement from						
	X political contributions intended	Belton, TX	76513				
	PURPOSE		See Categories listed at the top of this so	hodulo)	Description	☐ Ch	eck if travel outside of Texas. Complete Schedule T.
	OF	Printing Ex	•	nedule)		_	eck if Austin, TX, officeholder living expense
	EXPENDITURE	1 mining L	фензе		Car decals/magr	 nets.	
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held
	expenditure to benefit	_ a. a. a. a a a a a a a a a a a a a a a			Coo oougiit		230 11010
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services The Instruction Guide explains he	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 8/9	Estrada, Jorge J. (Mr.)		00088011
4	Date	5 Payee name		
	10/09/2023	SignsOnTheCheap		
6	Amount (\$)	7 Payee address; City; State;	Zip Code	
	\$135.33	11525 Stonehollow Dr		
	Reimbursement from	B220		
	X political contributions intended	Austin, TX 78758		
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
_	OF	Printing Expense	(a) = 000 (parent	Check if Austin, TX, officeholder living expense
	EXPENDITURE	· ····································	Metal yard sign	and frame.
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit			
	C/OH			
	Date	Payee name		
	10/05/2023	Simply Stamps		
	Amount (\$)	Payee address; City; State;	Zip Code	
	\$58.42	2021 St Augustine Rd E		
	Reimbursement from	-		
	X political contributions intended	Jacksonville, FL 32207		
	PURPOSE	Category (See Categories listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Office equipment.	Becompain	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Cinice equipment.	Stamp and ink.	_
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit		· ·	
	C/OH			
	Date	Payee name		
	12/21/2023	Temple Daily Telegram		
	Amount (\$)	Payee address; City; State;	Zip Code	
	\$189.00	10 South 3rd Street		
	Reimbursement from			
	x political contributions intended	Temple, TX 76503		
	PURPOSE	Category (See Categories listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITORE		Newspaper adv	vertising.
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	J, J11			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 9/9 Estrada, Jorge J. (Mr.) 00088011 Date Payee name 12/19/2023 Vistaprint Amount (\$) Payee address; City; State; Zip Code \$87.72 **Hudsonweg 8** Reimbursement from political contributions Х intended LW Venlo 5928 Netherlands **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Yard sign, tabletop easel, sticky strips. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2023 Vistaprint Amount (\$) Payee address; City; State; Zip Code \$76.83 Hudsonweg 8 Reimbursement from political contributions Χ LW Venlo 5928 Netherlands intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Foam board. Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/29/2023 Wacky Buttons, Inc. City; State; Zip Code Amount (\$) Payee address;

\$132.48

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

PURPOSE

OF

EXPENDITURE

Χ

C/OH

101 Lincoln Parkway, Suite A

East Rochester, NY 14445

Printing Expense

Candidate/Officeholder name

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

Description

Office sought

Campaign pin buttons.

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held