

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jonathan	MI R
	NICKNAME	LAST Estroder	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1608 Morlock Ln Pasadena Tx 77582		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	740 - 0345	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jonathan	MI R
	NICKNAME	LAST Estroder	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1608 Morlock Ln Pasadena Tx 77582		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	740 - 0345	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder 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	Day	Year
	1	1	25
	THROUGH		Month
			3
	Day	Year	Year
	24	25	25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	13	25
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City Council District E	Same	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<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		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)	\$ 7920.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ /
	4. TOTAL POLITICAL EXPENDITURES	\$ 2000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5920.00
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.

Jonathan Estrade
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Jonathan Estrade, and my date of birth is [REDACTED]
 My address is 1608 Marillac Ln, Pasadena, TX, 77522 U.S.
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 25 day of April, 2025
(month) (year)
Jonathan Estrade
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jonathan Estrada</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7920.00
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	\$ 2000.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jonath Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-9-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lane Lewis</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1822 Nina Lee Ln Houston 77018</i>		
8 Principal occupation / Job title (See Instructions) <i>SELF employed</i>		9 Employer (See Instructions)
Date <i>1-10-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Seymour</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>444 W 18th St Houston Tx 77008</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) _____
Date <i>1-13-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Meeker</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1813 Lahoma Ln Pasadena Tx 77582</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) _____
Date <i>Tom 1-14-25</i> <i>R. Purser</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom R. Purser</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1208 Axis Ridge New Braunfels Tx 78132</i>		
Principal occupation / Job title (See Instructions) <i>PR</i>		Employer (See Instructions) <i>Legacy Health Clinic</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Jaethon Estrada 3 Filer ID (Ethics Commission Filers)

4 Date <u>1-15-25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan Graham</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>10740 Briar Forest Dr Pas Tx 77042</u>		

8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions)

Date <u>1-16-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chad Burke</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2201 Lamax School Rd Laporte Tx 77571</u>		

Principal occupation / Job title (See Instructions) Economic Dev. Employer (See Instructions) Economic Alliance How Port Reg an

Date <u>1-23-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brinton Miller</u>	Amount of contribution (\$) <u>258.00</u>
Contributor address; City; State; Zip Code <u>4343 Young St Pas Tx 77504</u>		

Principal occupation / Job title (See Instructions) Tech Support Engineer Employer (See Instructions) BCS

Date <u>1-23-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Serna</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>1516 E Sam Hou Pkwy S #1207 Pas, TX 77803</u>		

Principal occupation / Job title (See Instructions) Supervisor Employer (See Instructions) Salvation Army

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jonathan Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-25-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christian Manuel</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>3801 Turtle Creek Dr Port Arthur TX 77642</i>	
8 Principal occupation / Job title (See Instructions) <i>State Rep</i>		9 Employer (See Instructions) _____
Date <i>1-26-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Adame</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2608 Montrose Blvd Houston TX 77006</i>	
Principal occupation / Job title (See Instructions) <i>Comms</i>		Employer (See Instructions) <i>UHG</i>
Date <i>1-27-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Robertson</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2711 Yupan St Houston TX 77006</i>	
Principal occupation / Job title (See Instructions) <i>Vitol Group - Head of Middle Office</i>		Employer (See Instructions)
Date <i>1-29-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Kirkland</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>2330 Fm 2112 Nacogdoches Tx 79561</i>	
Principal occupation / Job title (See Instructions) <i>SELF employed</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jonathan Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-29-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cindy Clifford</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1939 W Gray St #201 HwTx 77019</i>		
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>Clifford Group</i>
Date <i>1-31-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lindsay Muñoz</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1045 Rosepaint St Hw Tx 77018</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Whitmore & Muñoz LLC</i>
Date <i>2-1-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Leatherman</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>3000 Greenridge HwTx 77057</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Harris County</i>
Date <i>2/4/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jan Ortiz</i>	Amount of contribution (\$) <i>\$ 120.00</i>
Contributor address; City; State; Zip Code <i>935 Steven a of Lu Channelview Tx 77530</i>		
Principal occupation / Job title (See Instructions) <i>Manager</i>		Employer (See Instructions) <i>COH</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jonathan Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/4/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammi Wallace</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2509 Van Buren Hwy TX 77006</i>		
8 Principal occupation / Job title (See Instructions) <i>President / CEO</i>		9 Employer (See Instructions) <i>LG BTQ Chamber of Commerce</i>
Date <i>2-5-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Walters</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2103 Whitney St Houston TX 77006</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Gray Reed / McGraw LLP</i>
Date <i>2-5-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Francisco Sanchez</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1051 Hillstar Houston TX 77009</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>2/5/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chao Chiung Lee</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>6001 Savoy Dr #100 Houston TX 77036</i>		
Principal occupation / Job title (See Instructions) <i>Architect - Self Employed</i>		Employer (See Instructions) <i>STDA Architects</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jarotha Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Morales</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>5712 Irvington Blvd. Houston 77009</i>		
8 Principal occupation / Job title (See Instructions) <i>Union organizer</i>		9 Employer (See Instructions) <i>AFL-CIO</i>
Date <i>5/5/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bolivar Fraga</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>405 Grace St Houston TX 77003</i>		
Principal occupation / Job title (See Instructions) <i>social worker</i>		Employer (See Instructions) <i>Baker Ripley</i>
Date <i>2/5/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Silva</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6323 Los Coyotes Dr Pearland TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Self employed</i>		Employer (See Instructions)
Date <i>2/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Datu</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>8735 Lafayette Ln Beaumont TX 77706</i>		
Principal occupation / Job title (See Instructions) <i>Speech Language Pathologist</i>		Employer (See Instructions) <i>Circle of Care</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Janethe Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Poonam Kapoor</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1620 Lohm St Houston TX 77007</i>		
8 Principal occupation / Job title (See Instructions) <i>Marketing</i>		9 Employer (See Instructions) <i>Rose International</i>
Date <i>2/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Loizov</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1406 Chippendale Rd Houston TX 77008</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>EXXON MOBIL CORP.</i>
Date <i>2/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Ojeda</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>10302 Winding Trail Rd Lufkin TX 77571</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>LPISD</i>
Date <i>2/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joaquin Martinez</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>7939 Glenscott St Houston TX 77061</i>		
Principal occupation / Job title (See Instructions) <i>City Council</i>		Employer (See Instructions) <i>COH</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jan. thru Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/6/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillie Schechter</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>4200 Montrose St 300 Houston 77021</i>		
8 Principal occupation / Job title (See Instructions) <i>Self employed</i>		9 Employer (See Instructions) <i>consultant</i>
Date <i>2/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Gonzalez</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>Po Box 70683 Houston 77270</i>		
Principal occupation / Job title (See Instructions) <i>Sheriff</i>		Employer (See Instructions) <i>Harris Co.</i>
Date <i>2/17/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Garcia</i>	Amount of contribution (\$) <i>8307</i>
Contributor address; City; State; Zip Code <i>6ulfwood Ln Houston 1</i>		
Principal occupation / Job title (See Instructions) <i>constable</i>		Employer (See Instructions) <i>Harris Co.</i>
Date <i>2/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Blackwell</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>299 W Gray St #130 Houston 77049</i>		
Principal occupation / Job title (See Instructions) <i>Govt. Affairs</i>		Employer (See Instructions) <i>NRG Energy</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Janeth Estrada</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Card Alvarado</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 230842 Houston TX 77223</i>		
8 Principal occupation / Job title (See Instructions) <i>State Senator</i>		9 Employer (See Instructions) <i>State of Texas</i>
Date <i>3/18/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Baiza</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>7343 Park West Drive San Antonio TX 78250</i>		
Principal occupation / Job title (See Instructions) <i>Tx State Director</i>		Employer (See Instructions) <i>NextGen America</i>
Date <i>3/25/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mustafa Tameez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>6213 Skyline Dr 7100 Houston TX 77057</i>		
Principal occupation / Job title (See Instructions) <i>Managing Director</i>		Employer (See Instructions) <i>Outreach Strategists LLC</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Jan the Estrada</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/25</i>	5 Payee name <i>Melissa Sanchez</i>	
6 Amount (\$) <i>2,000.00</i>	7 Payee address; City; State; Zip Code <i>4620 Braeswood Blvd HOV TX 77096</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Labor/Staff</i>	
	(b) Description <i>Staff</i>	
(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	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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED