

# 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: **35**

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MS</b>	FIRST <b>GEORGIA</b>	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>ESTRADA</b>	SUFFIX	Date Received <b>CM</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3806 SE 12TH AVE. AMARILLO, TX. 79104</b>				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>5678200</b>	EXTENSION		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MS</b>	FIRST <b>MARY</b>	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST <b>RAEL</b>	SUFFIX	Receipt #   Amount \$	
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3806 SE 12TH AVE. AMARILLO, TX. 79104</b>				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>2069083</b>	EXTENSION		
<b>9</b> REPORT TYPE	<input checked="" 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)				
<b>10</b> PERIOD COVERED	Month    Day    Year <b>7 / 24 / 23</b>			THROUGH    Month    Day    Year <b>12 / 31 / 23</b>	
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <b>3 / 5 / 24</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary    Runoff    Other Description <input type="checkbox"/> General    Special		
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Potter CO. Constable 2</b>		<b>13</b> OFFICE SOUGHT (if known) <b>Potter CO. Constable 2</b>		
<b>14</b> 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

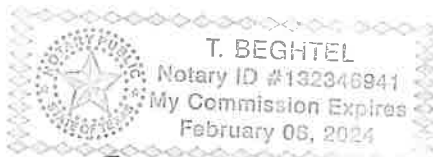
<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 65.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 190.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Benjamin Grady*  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tiffany Beghtel this the 11 day of January, 2024, to certify which, witness my hand and seal of office.

T. Beghtel Signature of officer administering oath  
Tiffany Beghtel Printed name of officer administering oath  
Court Clerk 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)

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME GEORGIA ESTRADA	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 565.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 375.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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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: <b>1</b>
2 FILER NAME <b>GEORGIA ESTRADA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/28/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Teamsters Local Union 577</b> 6 Contributor address; City; State; Zip Code <b>201 N. Johnson Amarillo, Tx. 79107</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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                        | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME GEORGIA ESTRADA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/13/2023	<b>5</b> Payee name Potter County Republican Party	
<b>6</b> Amount (\$) 375.00	<b>7</b> Payee address; City; State; Zip Code 4217 SW 21st Ave, Amarillo, TX 79106	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description FILING FEES
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held