CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00086222	ion Filers)	2 Total pages fil 5	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Jonathan Dwa	ayne		Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	THOIR WILL	Gracia		331117		
4 CANDIDATE /	ADDDESC / DO DOV. ADT	/ CLUTE //: OIT	V.	710 0005	Date Hand-delivered or	r Data Bactmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT 119 W. Van Buren	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	Date Postiliarkeu
MAILING ADDRESS	119 W. Van Buren				Receipt #	Amount
l						
Change of Address	Harlingen, TX 78550				Date Processed	'
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Sandra				
	NICKNAME	LAST		SUFFIX		
		Colwell				
C CAMPAIGN	OTDEET ADDRESS (NO DO	DOV DI EACE):	ADT	/ OLUTE # OLTY	OT A	TE: 710 000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO 207 W Saturn Ln	BOX PLEASE);	API	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	207 W Saluiii Lii					
(Residence or Business)	Court Dodge Joleand TV 70	1507				
	South Padre Island, TX 78	5597				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(956) 459-6789					
THONE						
8 REPORT		_	_	_	_	
TYPE	X January 15	30th day before	e election F	Runoff	15th day after car appointment (office	
	July 15	8th day before		exceeded modified	Final Report (Atta	
		_	<u> </u>	eporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	T⊦	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	ΧP	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	· ·		12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 27	
	1					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 52

13 C / OH NAME	C / OH NAME Gracia, Jonathan Dwayne (Mr.) 14 Filer ID 00086222					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 80,345.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00			
	4. TOTAL POLITIC		\$ 139,740.33			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,324.76		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 111,500.00		
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Mr. Jona	athan Dwayne Gracia			
		Signature of	Candidate or Officehold	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 52
	ER NAN		19 Filer ID	(Eth	ics Commission Filers)
Gr	acıa, Jo	nathan Dwayne (Mr.)	00086222		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	80,345.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	61,500.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	139,740.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	85.22
				•	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/52	
2	FILER NAME Gracia, Jona	uthan Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 10/23/2023	5 Full name of contributor [Anandasivam, Subra (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Brownsville, TX 78521	1				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 11/03/2023	Full name of contributor [Arellano, Emerson Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$1,750.00
	Deinsinal assu	Edinburg, TX 78539		Franks on (Cas Instructions	_		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Law Office of Emerson A		llano	
	Date 10/23/2023	Full name of contributor [Butanda, Fernando (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Brownsville, TX 78526 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Self Employe			None	')		
	Date 11/03/2023	Full name of contributor Cardenas, Ricky Contributor address; City; Sta Brownsville, TX 78521				Amount of Contribution (\$)	\$500.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed)		
	Date 11/04/2023	Full name of contributor Colwell, Seth M Contributor address; City; Sta South Padre Island, TX 78	,			Amount of Contribution (\$)	\$5,000.00
	Principal occu Accountant/0	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/52	
2	FILER NAME Gracia, Jona	uthan Dwayne (Mr.)			3 Filer ID (Ethics Commissio 00086222	n Filers)
4	Date 11/03/2023	Full name of contributor Cyganiewicz, Edmund Kei Contributor address; City; St.)	7 Amount of Contribution (\$)	\$500.00
		Brownsville, TX 78520				
8	Principal occu Attorney	pation / Job title (See Instructions) [9	Employer (See Instructions Law Office of Ed Cygan		
	Date 11/01/2023	Full name of contributor De La Garza, Edgar (Mr.) Contributor address; City; St.	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu	Brownsville, TX 78520 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Date 11/01/2023	Full name of contributor Escobedo, Josephat (Mr.) Contributor address; City; St. Brownsville, TX 78521	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$)	\$300.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Date 10/31/2023	Full name of contributor Galindo, Roberto (Mr.) Contributor address; City; St	out-of-state PAC (ID#:	Seii)	Amount of Contribution (\$)	\$500.00
	Principal occu Self Employe	pation / Job title (See Instructions		Employer (See Instructions Self	· s)	
	Date 11/06/2023	Full name of contributor Gonzalez, Leroy (Mr.) Contributor address; City; St. Brownsville, TX 78520	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$1,000.00
	Principal occu Self Employe	pation / Job title (See Instructions ed		Employer (See Instructions Self	5)	
			·			

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/52		
2	FILER NAME	than Dwayne (Mr.)		3 Filer ID (Ethics Commission Filers) 00086222		
_						
4	Date 12/08/2023	 5 Full name of contributor uut-of-state PAC (ID#:_ Gracia, Robert 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$52,000.00		
		Rancho Viejo, TX 78575				
8	Principal occu Consulting	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez, Corina C. Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00		
		McAllen, TX 78501				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	11/06/2023	Jonathan, Gracia (Mr.)		\$990.00		
		Contributor address; City; State; Zip Code Brownsville, TX 78520				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions The Gracia Law Firm	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of Contribution (\$)		
	11/01/2023	McCumber, Gregg Contributor address; City; State; Zip Code		\$500.00		
		Rancho Viejo, TX 78575				
	Principal occu Accountant	pation / Job title (See Instructions)	Employer (See Instructions Burton McCumber & Lo			
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: Perez, Estela		Amount of Contribution (\$) \$25.00		
		Contributor address; City; State; Zip Code San Benito, TX 78586				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm	<u> </u>	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/52			
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)				3	Filer ID (Ethics Commission 00086222	on Filers)		
4	Date 11/03/2023	5 Full name of contributorRabb and Barraza PLLC6 Contributor address; City; St				7	Amount of Contribution (\$)	\$500.00		
		Brownsville, TX 78521								
8	Principal occu	pation / Job title (See Instructions	s)	9 1	Employer (See Instructions	5)				
	Date 11/03/2023	Full name of contributor Reyes, Samuel Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00		
	Dringing Loggy	Edinburg, TX 78540		1 .	Employer (See Instructions	<u></u>				
	Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Law Office of Samuel R		9S			
	Date 11/07/2023	Full name of contributor Rodriguez, Albert Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00		
		Brownsville, TX 78530								
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions Rodriguez Lucio Law G	-	p LLC			
	Date 10/11/2023	Full name of contributor Salazar, Baltazar (Mr.) Contributor address; City; Si Houston, TX 77074)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu Self Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Self	5)				
	Date 12/02/2023	Full name of contributor Saldana, Irma Contributor address; City; Si San Benito, TX 78586	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$30.00		
	Principal occu	pation / Job title (See Instructions	s)	ı	Employer (See Instructions	5)				
				<u> </u>						

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/52	
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)		3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 11/02/2023	 Full name of contributor out-of-state PAC (ID#:_ The Law Office of Rigo Flores Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,500.00
_	Daine in all a con-	Brownsville, TX 78520	O Farely (Control to the training			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tijerina, Martinez Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Brownsville, TX 78520				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Martinez/Tijerina PLLC)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Touchy, Hugh P. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,250.00
		Brownsville, TX 78521				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:_Villalobos Jr., Jose Contributor address; City; State; Zip Code Rancho Viejo, TX 78575)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Self Employed)		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to o	complete this f	orm.		ges Schedule E: 5 Rpt: 9/52
2	FILER NAME Gracia, Jonatha	n Dwayne (Mr.)			3 Filer ID 000862	(Ethics Commission Filers) 22
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 08/08/2023	7 Name of lender Gracia, Jonathan (Mr.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$4,500.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Rancho Viejo, TX 78575				11 Maturity Date
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions The Gracia Law Firm	s)	
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	n On		21 Employer (See Instructions	s)	<u> </u>
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	08/18/2023	Gracia, Jonathan (Mr.)				\$4,500.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Rancho Viejo, TX 78575				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	s)	
	Attorney			The Gracia Law Firm		
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	I on		Employer (See Instructions	s)	

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to o	complete this f	orm.	· ·	ges Schedule E: 5 Rpt: 10/52
2	FILER NAME Gracia, Jonatha	n Dwayne (Mr.)				(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 08/25/2023	7 Name of lender Gracia, Jonathan (Mr.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$4,800.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Rancho Viejo, TX 78575				11 Maturity Date
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions The Gracia Law Firm	5)	
14	Description of Coll X None	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	n I		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	09/01/2023	Gracia, Jonathan (Mr.)				\$4,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Rancho Viejo, TX 78575				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	5)	
	Attorney			The Gracia Law Firm		
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	3)	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to c	complete this f	orm.	1	ges Schedule E: 5 Rpt: 11/52
2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Gracia, Jonathai	n Dwayne (Mr.)			000862	222
4	TOTAL OF UN	IITEMIZED LOANS			1	\$
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
	09/14/2023	Gracia, Jonathan (Mr.)	_			\$2,100.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No					11 Maturity Date
		Rancho Viejo, TX 78575				
12		on / Job title (See Instructions)		13 Employer (See Instruction	s)	
	Attorney			The Gracia Law Firm		
14	Description of Coll	ateral		15 Check if personal funds w	ere deposited	I into political account (See Instructions)
	X None					
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruction	s)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	09/20/2023	Gracia, Jonathan (Mr.)				\$4,500.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No					Maturity Date
		Rancho Viejo, TX 78575				
		on / Job title (See Instructions)		Employer (See Instruction	s)	
	Attorney			The Gracia Law Firm		
	Description of Coll X None	ateral		Check if personal funds w	ere deposited	I into political account (See Instructions)
		Name of quaranter				
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	I on		Employer (See Instruction	s)	<u>I</u>
				1		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to c	omplete this f	orm.	· ·	ges Schedule E: 5 Rpt: 12/52
2	FILER NAME Gracia, Jonatha	n Dwayne (Mr.)			3 Filer ID 000862	(Ethics Commission Filers) 22
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 09/26/2023	7 Name of lender Gracia, Jonathan (Mr.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$4,600.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Rancho Viejo, TX 78575				11 Maturity Date
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions The Gracia Law Firm	5)	
14	Description of Coll X None	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	n I		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	09/28/2023	Gracia, Jonathan (Mr.)				\$13,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Rancho Viejo, TX 78575				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	5)	
	Attorney			The Gracia Law Firm		
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	<u>l</u> on		Employer (See Instructions	s)	

	LOANS					SCHEDULE E		
	The Instruction	n Guide explains how to o	complete this f	orm.	ges Schedule E: 5 Rpt: 13/52			
2	FILER NAME Gracia, Jonathai	n Dwayne (Mr.)			3 Filer ID 000862	(Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS			\$			
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	9 Loan Amount (\$)			
6	10/26/2023 Is lender a financial institution?	Gracia, Jonathan (Mr.) 8 Lender address; City;	State;	Zip Code		\$12,000.00 10 Interest Rate		
	No	Rancho Viejo, TX 78575				11 Maturity Date		
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions The Gracia Law Firm	5)			
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; City;	State;	Zip Code				
20 Principal occupation 21 Employer (See Instructions)								
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)		
	11/01/2023	Gracia, Jonathan (Mr.)				\$7,500.00		
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate		
	No	Rancho Viejo, TX 78575				Maturity Date		
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	3)			
	Attorney			The Gracia Law Firm				
	Description of Coll X None	ateral		Check if personal funds we	into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
	X not applicable	Guarantor address; City;	State;	Zip Code				
	Principal occupation	on		Employer (See Instructions	<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/38 Rpt: 14/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/20/2023	3 Bat Productions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1600 North Expressway 77/83
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense TV Commercial Production
		1 V Commercial Production
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/Ol	
	Date	Dove name
	10/23/2023	Payee name 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.86	423 E Hidalgo Ave
	Ψ22.00	423 E Hidaigo Ave
		Raymondville, TX 78580
	PURPOSE	· · · · · · · · · · · · · · · · · · ·
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	11/03/2023	Academy sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.56	4305 Old Hwy 77,
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense gifts for Campaign event
		gillo for Gampaign Gront
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Candidate/Officehold Credit Card Payment			
4 7 1 2 2 1	, _, 1	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedu Sch: 2/38 Rpt: 1		2 FILER NAME Gracia, Jonathan Dwayne (Mr.) 3 Filer ID (Ethics Commission Filers) 00086222	
-			
4 Date		5 Payee name	
12/19/2023		Act Blue N Cameron County Dem	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
\$1	50.00	207 S Commerce Street	
		Harlingen, TX 78550	
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Entry Fee for Debate	
9 Complete ONLY if of		Candidate/Officeholder name Office sought Office held	
expenditure to bene	efit C/OF	1	
Date		Payee name	
08/25/2023		All Valley Media LLC	
Amount (\$)		Payee address; City; State; Zip Code	
\$4,6 ⁻	74.00	221 W. Wilson Ave.	
, , ,			
		Harlingen, TX 78550	
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
LAFLINDITORE		Check if Austin, TX, officeholder living expense	
		Design Services for Campaign Signs	
Complete ONLY if on expenditure to be not consider the control of		Candidate/Officeholder name Office sought Office held	
experientale to belle			
Date	T	Payee name	
09/27/2023		All Valley Media LLC	
Amount (\$)		Payee address; City; State; Zip Code	
\$7,78	87.00	221 W. Wilson Ave.	
		Harlingen, TX 78550	
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
LA LADITORE		Check if Austin, TX, officeholder living expense	
		Design Services for Social Media, Mailer, and Pus card.	1
Complete ONLY if	direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if on expenditure to bene			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations I

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

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/38 Rpt: 16/52 00086222 Gracia, Jonathan Dwayne (Mr.) 4 Date Payee name 11/02/2023 All Valley Media LLC 6 Amount (\$) Payee address; State; Zip Code \$5,402.16 221 W. Wilson Ave. Harlingen, TX 78550 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design Services for Social Media, and Invitations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2023 All Valley Media LLC Amount (\$) Payee address; State; Zip Code \$4,296.28 221 W. Wilson Ave. Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design Services for Social Media and Invitations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/22/2023 All Valley Media LLC Amount (\$) Payee address: City; State; Zip Code \$7,747.58 221 W. Wilson Ave. Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design Services for social media and Campaign mailout. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal Serv				ages.	e /Contract Labor ete this form.			Out of Dis R (enter a	strict category not listed above)	
_	Total nagge Celestric Ed	1	EII ED NIANTS			- 0.00000000				<u> </u>	Elle - 1	ID.	(Ethios Commission Elle	rc)
	Total pages Schedule F1:					- \				3			(Ethics Commission Filer	15)
	Sch: 4/38 Rpt: 17/52	L	Gracia, Jon	atnan D	wayne (Mi	r.)				<u> </u>	3000	86222		
4	Date	5	Payee name										<u> </u>	
	09/21/2023		Allegra											
6	Amount (\$)	7	Payee addre	ss; (City;	State:	; Zip Co	de						
	\$296.99		1801 S 77 S	•	-		•							
	+=00.00				pD.	-								
			Harlingon "	TV 70FF	.0									
			Harlingen, ⁻	1 ス / どりち	OU									
8	PURPOSE	(a)	Category (S	ee Categori	es listed at the t	top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE		Printing Exp	oense									plete Schedule T.	
									Check if Austin. Printing of Me			naer IIving	ı expense	
									i mining of Me	Juli	ı			
Ļ														
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	C	Office sou	ght			C	Office he	eld	
L														
	Date		Payee name											
	10/19/2023		Allegra											
	Amount (\$)	\vdash	Payee addre	ss; C	City;	State:	; Zip Co	de						
	\$63.24		1801 S 77 S			6	- -							
	,		· ·											
			Harlingan -	TV 70EF	:0									
		L	Harlingen, ⁻											
	PURPOSE OF	(a)	Category (S		es listed at the t	top of this sch	iedule)	(b)	Description		/=		whether Control of the	
	EXPENDITURE		Printing Exp	oense					Check if travel of Check if Austin				plete Schedule T.	
									Invitations an				CAPCIIC	
									vitations an	۱۱		•		
\vdash	Complete ONLY if direct	<u> </u>	Candidata/O#	icobolde	nama		Office com	ab+				Office be	nid	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolael	name	(Office sou	yııı			C	Office he	iu	
	· 	_												
	Date		Payee name											
	10/27/2023		Allegra											
	Amount (\$)		Payee addre	ss; (City;	State;	; Zip Co	de						
	\$297.69		1801 S 77 S	Sunshin	e Strip #B6	6								
			Harlingen,	TX 7855	50									
_	PURPOSE	(2)						(h)	Dogorintian					
	OF OF	^(a)	Category (S		es listed at the t	top of this sch	iedule)	(n)	Description Check if travel	OUtci	de of Te	xas, Com	plete Schedule T.	
	EXPENDITURE		Printing Exp	Jense					Check if Austin					
									Printing of Me					
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	iceholder	name	(Office sou	aht			(Office he	eld .	
	expenditure to benefit C/OI		_ 3				50 50d	9.16						
_					_			_		_	_	_	 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/38 Rpt: 18/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/30/2023	Allegra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.05	1801 S 77 Sunshine Strip #B6
		Harlingen, TX 78550
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of Event Invitations
		Timing of Event invitations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	12/13/2023	Allegra
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.69	1801 S 77 Sunshine Strip #B6
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of Mailer
		Finding of Malie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/03/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$443.76	2701 Pablo Kisel Blvd,
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Cifto for Companies Event
		Gifts for Campaign Event
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/38 Rpt: 19/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	12/08/2023	Big Daddy's Burgers and Shakes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.87	3065 Boca Chica Blvd
		Brownsville, TX 78521
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch Meeting with campaign team.
		Lunch Meeting with campaign team.
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/27/2023	BizEgo
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,500.00	222 Frontage Rd Ste. 111
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if Austin TV, officeholder living expense
		Check if Austin, TX, officeholder living expense Event Coordinator expense
		Event Coordinator expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Power name
	11/14/2023	Payee name BizEgo
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,573.51	222 Frontage Rd Ste. 111
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Coordinator expense
		Event Coordinator expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/38 Rpt: 20/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/28/2023	Border Press Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,086.52	620 E Price Rd
		Brownsville, TX 78521
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing of Mailers
		Timuling of manors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/22/2023	Border Press Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,462.63	620 E Price Rd
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Mailers
		Campaign mailer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/23/2023	City of Harlingen
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	502 E. Tyler
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Rental fees for event
		Rental lees for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overh
Food/Beverage Expense Polling Exper
Git/Awards/Memorials Expense Printing Exper
Legal Services Salaries/War

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/38 Rpt: 21/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	12/11/2023	City of Harlingen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	502 E. Tyler
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rental fee for Event
		Nentance for Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	09/08/2023	City of Raymondville
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	142 S. 7th Street
L		Raymondville, TX 78580
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Venue Fees for Event
		Volide i des loi Evelit
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/18/2023	City of Rio Hondo
L		
	Amount (\$) \$60.00	Payee address; City; State; Zip Code
	Φ00.00	121 N Arroyo Blvd
		P: 11 TV 70700
		Rio Hondo, TX 78583
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Venue fees for event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/38 Rpt: 22/52	Gracia, Jonathan Dwayne (Mr.)
4	Date	5 Payee name
	11/21/2023	De Saro Rodriguez, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,141.00	800 North Main, Ste. 300B
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Production of TV Commercial
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	
	Date	Payee name
	12/11/2023	De Saro Rodriguez, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,141.00	800 North Main, Ste. 300B
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Production of TV Commercial
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	12/11/2023	Payee name De Saro Rodriguez, LLC
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,260.00	800 North Main, Ste. 300B
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Production of TV Commercial
		1 1000000000000000000000000000000000000
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/38 Rpt: 23/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	12/29/2023	Delia's Tamales
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,067.99	2000 N Jackson Rd
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food to donate to First Responders
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/08/2023	Dirty Al's
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.43	4495 North Expy #77
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner Meeting with Campaign Team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	10/11/2023	Dollar Tee
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.35	302 N 77 Sunshine Strip
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Supplies for event
		Check if Austin, TX, officeholder living expense Supplies for event Candidate/Officeholder name Office sought Office held
	EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Supplies for event Candidate/Officeholder name Office sought Office held
	EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Supplies for event Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ortract Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/38 Rpt: 24/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/05/2023	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.83	2400 Boca Chica Blvd
		Brownsville, TX 78521
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Decorations for event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	11/06/2023	Dollar Tree
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.09	812 W Ocean Blvd
		Los Fresnos, TX 78566
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Decorations for event
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	11/06/2023	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.09	812 W Ocean Blvd
		Los Fresnos, TX 78566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Decorations for Event - Charged twice was given refund and was reported on scheduled pay.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/38 Rpt: 25/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/06/2023	Dunkin Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.17	2409 Boca Chica Blvd
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with Campaign Team
		Medi With Campaigh Team
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/10/2023	Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.95	821 W Harrison Ave
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Event
		Supplies for Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/12/2023	Feldmans
	Amount (\$)	Payee address; City; State; Zip Code
	\$307.57	4350 US, N Expressway 83 Suite D
L		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Beverages for Campaign Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/38 Rpt: 26/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/03/2023	Feldmans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.57	4350 US, N Expressway 83 Suite D
		Brownsvilla TV 70526
Ļ	DUDDOG	Brownsville, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gift for Campaign event.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beriefit C/O	
	Date	Payee name
	11/06/2023	Feldmans
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.09	1702 TX-100
		Port Isabel , TX 78578
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Beverages for Event
		Develoges for Event
⊢	Complete ONII V if direct	Constitute / Office helder marks Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
L		
	Date	Payee name
	10/19/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.54	2250 Boca Chica Blvd
		Brownsville, TX 78521
\vdash	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for event
		Cupplies for event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 14/38 Rpt: 27/52	2 FILER NAME Gracia, Jonathan Dwayne (Mr.) 3 Filer ID (Ethics Commission Filer 00086222	rs)
4	Date 10/23/2023	5 Payee name HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.36	405 W Hidalgo Ave	
		Raymondville, TX 78580	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Supplies for Event	
		Supplies for Everit	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	10/23/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.57	2250 Boca Chica Blvd	
		Brownsville, TX 78521	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Event	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
-	Date	Payee name	
	10/23/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.39	405 W Hidalgo Ave	
		Raymondville, TX 78580	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/38 Rpt: 28/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/23/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.85	2250 Boca Chica Blvd
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gas for the Uhaul
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/23/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$472.60	2250 Boca Chica Blvd
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Supplies for events
		Supplies for events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/03/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.92	2250 Boca Chica Blvd
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/38 Rpt: 29/52	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·
	11/20/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.75	2250 Boca Chica Blvd	
		Brownsville, TX 78521	
8	PURPOSE		Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Supplies for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	12/01/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$210.40	2250 Boca Chica Blvd	
		Brownsville, TX 78521	
	PURPOSE		Description
	OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Supplies For Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	12/04/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.33	1095 W Business 77	
		San Benito, TX 78586	
	DUDDOCE		Description
	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Supplies for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTLED (control of expense and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/38 Rpt: 30/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	12/04/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.15	1095 W Business 77
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Event
		σαρβίτου τοι Ενέπε
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/04/2023	HEB
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.29	2250 Boca Chica Blvd
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas or U Haul Rental
		Sub of o Hadi Normal
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/04/2023	HEB
	Amount (\$)	
	\$71.97	1095 W Business 77
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Event
1		Сарриос 10. 27011
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/38 Rpt: 31/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/07/2023	Hinojosa, Martin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	4826 Orchid Dr.
		Brownsville, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Skills award/prize during campaign gold fundraiser.
		Skills award/phize during earripaight gold fanaraiser.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/19/2023	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.15	605 W Morrison Rd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	08/31/2023	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	4520 E 14th St
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Over Food/Beverage Expense Polling E Gitt/Awards/Memorials Expense Printing E Legal Services Salaries/

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Talaring Magas/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 19/38 Rpt: 32/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/14/2023	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4520 E 14th St
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fees
		Service Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payeo namo
	09/30/2023	Payee name IBC Bank
_	Amount (\$)	Payee address; City; State; Zip Code
	\$66.60	4520 E 14th St
	Ψ00.00	4020 L 14th Ot
		Brownsville, TX 78521
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Analysis Charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	4520 E 14th St
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Interest
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
<u>_</u>	rms provided by Texas E	thics Commission Warrion V3.5.1.0hfcfh6

SCHEDULE F1

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/38 Rpt: 33/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/31/2023	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.38	4520 E 14th St
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Analysis Charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2023	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.86	4520 E 14th St
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Analysis Charges
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2023	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.81	4520 E 14th St
	Ψ24.01	4020 E 14til St
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Analysis Charge
		7 thay 33 Chaige
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/38 Rpt: 34/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	08/21/2023	ІНор
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.91	2430 Pablo Kisel Blvd
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with Campaign Team
		Medi Will Campaign Team
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	11/01/2023	ІНор
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.01	2430 Pablo Kisel Blvd
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with Campaign Team
		Medi Wilii Campaign Team
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/14/2023	Payee name
		Jasons Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.03	4365 S Expwy 77, 900
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Lunch Meeting with Campaign Team
		Lunch Meeting with Campaigh Team
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 22/38 Rpt: 35/52	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	08/30/2023	Magallanes, Mando	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,250.00	1130 W Elizabeth St	
		Brownsville, TX 78520	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Placement of political signs	
9	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	09/13/2023	Magallanes, Mando	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,500.00	1130 W Elizabeth St	
	•		
		Brownsville, TX 78520	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Placement of Political Signs	
		i describin on a single of great	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
L			_
	Date	Payee name	
	10/06/2023	Magallanes, Mando	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,340.00	1130 W Elizabeth St	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		Placement of political signs	
_	Complete ONLY if alias -t	Condidate/Officeholder name Office cought	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/38 Rpt: 36/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/10/2023	Magallanes, Mando
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,060.00	1130 W Elizabeth St
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Placing of Events
		Flacing of Events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	11/30/2023	Magallanes, Mando
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,895.00	1130 W Elizabeth St
	7-,000	
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Placing of Political signs
		That ing of Formical eligino
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/29/2023	Magallanes, Mando
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,850.00	1130 W Elizabeth St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Placing of Political Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 24/38 Rpt: 37/52	Gracia, Jonathan Dwayne (Mr.) 00086222		
4	Date	5 Payee name		
	09/14/2023	Mas Power Strategies		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$4,500.00	123 Brackenridge Ave, Unit 121		
		San Antonio , TX 78209		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense		
	LXI LINDITORE	Check if Austin, TX, officeholder living expense		
		Consultant Fees		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/OI			
_				
	Date	Payee name		
	10/06/2023	Medina, Sonia		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	2403 Rockwell Dr		
		Brownsville , TX 78521		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Rental of BBQ Pit for event		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/12/2023	Obregon, Michael		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	123 Azucena Avenue		
		Brownsville, TX 78520		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Event Coordinator		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experientare to benefit 6/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 25/38 Rpt: 38/52	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	08/22/2023	Online Tx Lobby Guide	
<u>-</u>	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$54.13	P.O. Box 461753	
	Φ04.13	F.O. Box 401/33	
		San Antonio, TX 78246	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Membership Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
F	Date	Payee name	_
	11/06/2023	PayPal	
Н	Amount (\$)	Payee address; City; State; Zip Code	_
	\$0.27	2211 N 1st St	

		0 1 04 05404	
		San Jose , CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		PayPal Activity Verification	
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit Gree		
	Date	Payee name	
	10/05/2023	Peerly.Com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$359.82	2232 Dell Range Blvd	
		Cheyenne, WY 82009	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Text Messages	
		I EAL IVICSSAYES	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/Ol		
L			
ĺ			
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 26/38 Rpt: 39/52		Commission Filers)	
4	Date 11/06/2023	5 Payee name Peerly.Com		
6	Amount (\$) \$359.82	7 Payee address; City; State; Zip Code 2 2232 Dell Range Blvd		
8	PURPOSE OF EXPENDITURE	Cheyenne, WY 82009 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schelling Check if Austin, TX, officeholder living expense Text Messages	vdule T.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		
	Date 11/24/2023 Amount (\$)	Payee name Peerly.Com Payee address; City; State; Zip Code		
	\$1,029.97	Cheyenne, WY 82009		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schelling Check if Austin, TX, officeholder living expense Text Messages	odule T.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		
	Date 10/18/2023	Payee name Pena, Victor		
	Amount (\$) \$675.00	Payee address; City; State; Zip Code 604 Old Port Isabel Rd		
		Brownsville, TX 78521		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule) Check if Austin, TX, officeholder living expense Food Catering for Event	edule T.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula F1:		_
1	Total pages Schedule F1: Sch: 27/38 Rpt: 40/52	2 FILER NAME Gracia, Jonathan Dwayne (Mr.) 3 Filer ID (Ethics Commission Filers) 00086222	
4	Date	5 Payee name	_
	10/12/2023	Rental World	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$77.31	1014 W Tyler Ave	
		Harlingen, TX 78550	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/\\\\\	Check if Austin, TX, officeholder living expense	
		Rental for event	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	10/12/2023	Rental World	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$206.15	1014 W Tyler Ave	
	Ψ200.10	1014 W Tyler / We	
		Harlingen, TX 78550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Rental for Event	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/08/2023	Rosales, Ernie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,863.67	1105 S 27th St	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Signs	
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/38 Rpt: 41/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/24/2023	Rosales, Ernie
6	Amount (\$) \$2,581.16	7 Payee address; City; State; Zip Code 1105 S 27th St
		McAllen, TX 78501
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing of Signs
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2023	Rosenbaum, Lucino
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 3620 S Dakota Ave
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	11/30/2023	Rosenbaum, Lucino
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 3620 S Dakota Ave
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Fooc
Contributions/ Donations Made By - Gift/,
Candidate/Officeholder/Political Committee Lega

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/38 Rpt: 42/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	12/29/2023	Rosenbaum, Lucino
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3620 S Dakota Ave
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Consultant
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2023	Rudy's Country Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.72	2780 Frontage Rd #77/83
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Meal with Campaign Team
	Opening the ONITY if allowed	Out tidate (Office health and a second secon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2023	SOG Properties
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	119 W Van Buren Ave
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign HQ Rental
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 30/38 Rpt: 43/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/21/2023	Saenz, Mario
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 51 Calgary Ct
	φοσο.σσ	or eargury of
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Consulting Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2023	Saenz, Mario
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	51 Calgary Ct
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Consultation fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.13	3570 W Alton Gloor Blvd
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME			3	F	iler ID	(Ethics Commission	Filers)
l	Sch: 31/38 Rpt: 44/52		Gracia, Jonathan Dwayne (Mr.)				(00086222		
4	Date	5	Payee name			· ·				
	10/26/2023		Sam's Club							
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					
l	\$166.90		621 N. Expressway 77							
l										
			Harlingen, TX 78550							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Event Expense			Check if travel outs				
l						Check if Austin, TX Supplies for Eve			expense	
						Supplies for Eve	CII	it		
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Of	ffice soug	ht			Office he	eld	
ľ	expenditure to benefit C/OI		ouridade, o modridadi riamo		,			011100 110		
F	Date	Π	Payee name							
	11/02/2023		Sam's Club							
⊢	Amount (\$)	H	Payee address; City; State;	Zip Cod	de.					
l	\$64.91		3570 W Alton Gloor Blvd	,,,,,,,,,,						
			Brownsville , TX 78520							
┝	PURPOSE	(a)	Category (See Categories listed at the top of this sched	4.4->	(b)	Description				
l	OF	()	Event Expense	uuie)	(,	Check if travel outs	side	e of Texas. Com	olete Schedule T.	
	EXPENDITURE		p			Check if Austin, TX			expense	
						Supplies for Eve	en	it		
┡	Complete ONII V if direct	<u> </u>	Condidate (Office helder research	"	. 14			Office he	lal	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice soug	Jrit			Office he	eia	
H	Data	ī	Davies name							
l	Date 12/01/2023		Payee name Sam's Club							
┡	Amount (\$)	┝		Zip Cod	10					
l	\$158.46		3570 W Alton Gloor Blvd	Zip Cut	JE					
l	4100.10		core wymen clear ziva							
			Brownsville , TX 78520							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description				
l	EXPENDITURE		Event Expense			Check if travel outs Check if Austin, TX				
l						Supplies for Eve			схрепос	
						• •				
H	Complete ONLY if direct		Candidate/Officeholder name Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
Г										
_	·····									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Polling Ex nse Printing E Salaries/\	kpense Expense Wages	e /Contract Labor		Travel in Distr	
			The Instruction Guide 6	explains how to co	mple	te this form.			
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/38 Rpt: 45/52	Gracia, Jo	nathan Dwayne (Mr.)					00086222	2
4	Date	5 Payee nam	Δ				_		
	11/06/2023	San Migu							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode				
	\$1,000.00	6386 Achi	evement						
		Brownsvil	e, TX 78526						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF		ds/Memorials Expense				outsi	de of Texas. Co	omplete Schedule T.
	EXPENDITURE		'			Check if Austin	, TX	officeholder liv	ng expense
						Skill Award/p	rize	e during ca	mpaign golf tournament
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ıght			Office	held
	Date	Payee nam	e						
	11/29/2023	Staples							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	nde				
	\$62.76		lo Kisel Blvd	State, Zip Ct	Juc				
	Φ02.70	2430 Pau	IO KISEI DIVU						
		Brownsvil	e, TX 78526						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF	Event Exp		,		Check if travel	outsi	de of Texas. Co	omplete Schedule T.
	EXPENDITURE	·				ш		officeholder liv	ng expense
						Supplies for I	Eve	ent	
	Complete ONLY if direct		fficeholder name	Office sou	ıght			Office	held
	expenditure to benefit C/OI	1							
_	Date	Payee nam	10						
	08/11/2023		mocratic Party HTTPS	2					
	Amount (\$)	Payee add		State; Zip Co	ode				
	\$1,300.00	PO Box 1	5707						
		Austin, TX	78761						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF	Fees	(See Categories listed at the top	or triis scrieddie)	l` ´		outsi	de of Texas. Co	omplete Schedule T.
	EXPENDITURE	. 555				Check if Austin	, TX	officeholder liv	ng expense
						Van member	shi	р	
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ıght			Office	held
	expenditure to benefit C/OI				-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 33/38 Rpt: 46/52	Gracia, Jonathan Dwayne (Mr.)	00086222	
4	Date	5 Payee name	•	
	10/10/2023	Trinhs Floreria		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$18.37	817 W Harrison Ave		
		Harlingen, TX 78550		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Decorations for Event	
Ļ	0 1: 01:14 7 1		05.	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	
_	·			
	Date	Payee name		
	10/24/2023	U Haul		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$295.17	2400 Boca Chica Blvd		
		Brownsville, TX 78521		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			U-Haul Truck Rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	4		
-	Date	Payee name		
	12/04/2023	U Haul		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$17.25	2400 Boca Chica Blvd		
		Brownsville, TX 78521		
	PURPOSE		Description	
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Truck Rental	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	experientale to beliefft C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/38 Rpt: 47/52	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	-
	12/04/2023	U Haul	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$133.65	2400 Boca Chica Blvd	
		Brownsville, TX 78521	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Truck Rental
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
	experiantiale to belief of of	'	
	Date	Payee name	
	09/29/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,460.67	1535 E Los Ebanos Blvd	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Postage for Mailer
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/OI	3	Cince held
_	Data	D	
	Date 10/19/2023	Payee name USPS	
	Amount (\$)	Payee address; City; State; Zip Code 221 E Van Buren Ave Ste 3	
	\$6.60	221 E Vali Buren Ave Ste 3	
		Harlingen , TX 78550	
	PURPOSE OF	, ,) Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Postage for Mailer
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 35/38 Rpt: 48/52	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/29/2023	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$264.00	1535 E Los Ebanos Blvd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage For Mailer
9		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/22/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,604.44	1535 E Los Ebanos Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage for Mailer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/23/2023	Villafranca Meat Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.79	1515 Military Rd Ste B
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Ⅎ

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
-	Total pages Cabadula E4					
1	Total pages Schedule F1: Sch: 36/38 Rpt: 49/52	2 FILER NAME Gracia, Jonathan Dwayne (Mr.) 3 Filer ID (Ethics Commission Filers) 00086222				
4	Date	5 Payee name				
	11/20/2023	Villafranca Meat Market				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$99.15	1515 Military Rd Ste B				
		Brownsville, TX 78520				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Food for Event				
L						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	08/21/2023	Walmart Super Center				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$73.47	3500 W Alton Gloor Blvd				
	4.5	3333 117 11611 3:051 2:10				
		Province tille TV 70520				
		Brownsville, TX 78520				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Cold Pops for Event				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_						
	Date	Payee name				
	10/11/2023	Walmart Super Center				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$72.98	1801 W Lincoln St				
		Harlingen, TX 78552				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense				
		Supplies for event				
	0 1. 0					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 37/38 Rpt: 50/52	Gracia, Jonathan Dwayne (Mr.) 00086222					
4	Date	5 Payee name					
	10/12/2023	Walmart Super Center					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$43.26	1801 W Lincoln St					
		Harlingen, TX 78552					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Supplies for event					
		σαρβίιου τοι ένετι					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
-	Date	Dougo nama					
		Payee name					
	10/12/2023	Walmart Super Center					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$336.87	3500 W Alton Gloor Blvd					
		Brownsville, TX 78520					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Supplies for Event					
		ουρρίου τοι Ενεπτ					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Data	Davies same					
	Date 10/18/2023	Payee name Walmart Super Center					
		·					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$614.35	3500 W Alton Gloor Blvd					
		Brownsville, TX 78520					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Supplies for Event					
		Supplies for Everit					
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards/Memorials Expense Printing Expense	Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/38 Rpt: 51/52	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	
	10/27/2023	Walmart Super Center	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$61.44	3500 W Alton Gloor Blvd	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		Supplies for I	zvenit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
-	expenditure to benefit C/O	H	2.102.10.2
_			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 52/52 2 FILER NAME Filer ID (Ethics Commission Filers) Gracia, Jonathan Dwayne (Mr.) 00086222 8 Amount (\$) Date 5 Name of person from whom amount is received 11/06/2023 **Dollar Tree** \$70.09 6 Address of person from whom amount is received; City; State; Zip Code Los Fresnos, TX 78566 Purpose for which amount is received Check if political contribution returned to filer Returned Iteam Amount (\$) Name of person from whom amount is received Date 11/06/2023 Feldmans #131 \$15.13 Address of person from whom amount is received; City; State; Zip Code Port Isabel, TX 78578 Purpose for which amount is received Check if political contribution returned to filer Returned Iteam