CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00086254		26			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME		Bianca			02/08/2024	
		NICKNAME	LAST		SUFFIX	1	
			Gracia			Date Hand-delivered or [Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)	1	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		X 30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	•
_	ODICINAL DEDICE		<u> </u>		Vasa		
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
_	EVEL ANIATION OF C	01/01/2024		01/25/2024			
6	EXPLANATION OF C					40	
		er inaccurately reported dat ve been corrected. In addition					
			,	3			,
_							
7	AFFIDAVIT		Isw	ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
				correct.	, , , ,		•
			Che	ck the box next to any	/ and all applicat	ole statements:	
				,			
				Semiannual reports			
				was made in good fa misrepresent the info			or to
				meroprocent and and		.ou iii uio ropoiti	
			X	Other reports: 13			
				report not later than that the report as ori			
				swear, or affirm, that	t any error or om		
				filed was made in go	ood taith.		
					Bianca Gra	acia	
				Cignoti	ure of Candidate		
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signati	ire oi Carididate	of Officeriolder	
	ALLIX NOTART ST	AIVIF / SLAL ABOVL					
	Sworn to and subsc	ribed before me, by the said	d		, this th	ne	day
	of	, 20, to cert	tify which, witness mv	hand and seal of office	,s u e.		
		, 13 001.	, : , ::::::::::::::::::::::::::::::::				
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th T	Γitle of officer admini	stering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form.	Filer ID (Ethics Comm 00086254		2 To	otal pages filed: 26
3 CANDIDATE /	MS / MRS / MR FIRS	ST		MI		OFFICE USE ONLY
OFFICEHOLDER NAME	Biar	nca			Date R	eceived
					ELE	CTRONICALLY FILED
	NICKNAME LAS	 ST		SUFFIX	02/0	8/2024
	Gra					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY	' :	ZIP COD	E Date H	and-delivered or Date Postmarked
OFFICEHOLDER MAILING	6443 Fairmont Pkwy 140-102	, -	•			
ADDRESS					Receip	t# Amount
Change of Address	Pasadena, TX 77505				Data B	rocessed
					Date P	Tocesseu
					Date In	naged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS			MI		
NAME	Ms. May	⁄ra				
	NICKNAME LAST	ierrez		SUFFIX		
	Guil	CITCZ				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE):	AP	T / SUITE #; CI	TY;	STATE; ZIP CODE
TREASURER ADDRESS	504 North 8th St.	- //		,	,	,
(Residence or Business)	McAllen, TX 78501					
7 CAMPAIGN	AREA CODE PHONE NU	IMBED E	XTENSION			
TREASURER	(956) 432-1434	NINDER E	KTENSION			
PHONE	(500) 402 1404					
8 REPORT						
TYPE	January 15 X 30	Oth day before 6	election	Runoff		n day after campaign treasurer ointment (officeholder only)
	July 15 8th	h day before el	ection	Exceeded modified		al Report (Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month D	ay Y	'ear
COVERED	01/01/2024	THE	ROUGH	01/25/	2024	
40 ELECTION	FI FOTION DATE	1		EL EGTION TVD		
10 ELECTION	ELECTION DATE Month Day Year	XPri	mary	ELECTION TYPE		Other
	03/05/2024		-	브	Ш`	Suici
		☐ ☐ Ge	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUG	LUT (if know	wn)
III OFFICE	None District HD 128 Harris					District HD 128
				1		
		GO TO	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 26

13 C / OH NAME	Gracia, Bianca		14 Filer ID (00086254	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or polit These expenditures may have been r officeholders are required to report the	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTUED THAN DIEDGES I OANS	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$ 4,958.34
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 16,689.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 38,918.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING PERIOD	G LOANS AS OF THE LAST DAY	\$ 22,650.80
17 AFFIDAVIT				
			under penalty of perjury, that the acc nd includes all information required t ection Code.	
			Diana Crasia	
			Bianca Gracia Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and sea		
Signature of office	cer administering	Printed name of officer administ	ering Title of officer	r administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 of 26
	ER NAMacia, Bi	19 Filer ID 00086254	(Ethic	es Commission Filers)	
	HEDUL ME OF	,	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,950.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,008.34
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	16,689.43
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.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/26			
2	FILER NAME Gracia, Bian	са			3	Filer ID (Ethics Commission 00086254	on Filers)		
4	Date 01/19/2024	 5 Full name of contributor ou ou ou ou ou ou ou ou ou)	7	Amount of Contribution (\$)	\$50.00		
_		Austin, TX 78731							
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)				
	Date 01/19/2024	Full name of contributor ou Betchan, Brad Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00		
	Principal occu	Spring, TX 77386 pation / Job title (See Instructions)		Employer (See Instructions					
	Electrician	pation 7 300 title (See mandenons)		Chevron	,				
	Date 01/09/2024	Full name of contributor ou camarillo, Jonathan Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$1,000.00		
		Houston, TX 77089							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)				
	Date 01/21/2024	Full name of contributor ou Casper, Gary Contributor address; City; State; Zi Deer Park, TX 77536				Amount of Contribution (\$)	\$250.00		
	Principal occu Supply Chair	pation / Job title (See Instructions) n Manager		Employer (See Instructions Supply Chain Manager)				
	Date 01/21/2024	Full name of contributor ou Casper, Sara Contributor address; City; State; Zi Deer Park, TX 77536	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)				
			•						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/26		
2	FILER NAME Gracia, Bian	ca			3	Filer ID (Ethics Commission 00086254	n Filers)	
4	Date 01/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00	
8	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	 - s)			
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_ Chapman, Blaise Contributor address; City; State; Zip Code Mount Prospect, IL 60056				Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>. </u>			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Checo, Pedro Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)		Employer (See Instructions	 - s)			
	Software Eng	gineer		Pacific Summit Energy				
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Cruz, Hope Contributor address; City; State; Zip Code Houston, TX 77040				Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>			
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_Faust, Tena Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$)	\$100.00	
	Principal occu Volunteer	pation / Job title (See Instructions)		Employer (See Instructions Houston PetSet	5)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/26		
2	FILER NAME Gracia, Bian	ca			3	Filer ID (Ethics Commission 00086254	ı Filers)	
4	Date 01/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
0	Dringing Lagge	New Braunfels, TX 78132	10	Employer (Coo Instructions	<u></u>			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)			
	Date 01/14/2024	Full name of contributor out-of-state PAC (ID#: Kaifesh, Lawrence Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Deirectional	Deer Park, TX 77536	_	Faralas and Constructions	<u></u>			
	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Keithly, Cheryl Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Yuma, AZ 85364						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_Kogel, Deanna Contributor address; City; State; Zip Code Redlands, CA 92374)		Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>			
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#:_LeBlanc, Belinda Contributor address; City; State; Zip Code La Porte, TX 77571				Amount of Contribution (\$)	\$50.00	
	Principal occu Sr Buyer	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/26			
2	FILER NAME Gracia, Bian	са			3	Filer ID (Ethics Commission 00086254	n Filers)		
4	Date 01/05/2024			7	Amount of Contribution (\$)	\$25.00			
_	D: : 1	Saint Louis, MO 63141		<u> </u>					
8	MD Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Intensivo	5)				
	Date 01/24/2024	Full name of contributor Merritt, Barry Contributor address; City; State; Porter, TX 77365	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)				
	Date 01/10/2024	Full name of contributor Owens, Kenny Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00		
	Dringing! goog	Houston, TX 77057 pation / Job title (See Instructions)		Employer (See Instructions					
	Wellness Co	,		Self Self	')				
	Date 01/18/2024	Full name of contributor Rotan, Matthew Contributor address; City; State; Houston, TX 77024	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00		
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Marble Capital LP	i)				
	Date 01/21/2024	Full name of contributor Swaffar, Darlene Contributor address; City; State; Deerfield Beach, FL 33441	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00		
	Principal occu Insurance Br	pation / Job title (See Instructions) oker		Employer (See Instructions Sunshine Insurance Ass		iates			
			,						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/26	
2	FILER NAME Gracia, Bian	ca		3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 01/19/2024			7	Amount of Contribution (\$)	\$250.00
_		Deer Park, TX 77536	T			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wade, S A Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing aggr	Houston, TX 77056	Employer (Coo Instructions	_		
	Designer Designer	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)		
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#: Walker, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Houston, TX 77040				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)		
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Wilkie, Jim Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$50.00
	Principal occu CRE Lender	pation / Job title (See Instructions)	Employer (See Instructions Velocity)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/26 FILER NAME 3 Filer ID (Ethics Commission Filers) Gracia, Bianca 00086254 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/25/2024 Viviano, Bettina \$991.07 In Kind Donation 7 Contributor address; City; State; Zip Code Allen, TX 75002 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Film Producer Accelerate Entertainment 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 01/25/2024 Walters, Jeff \$17.27 I In Kind Donation Contributor address; City; State; Zip Code Baytown, TX 77521 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Real Estate Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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		es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/16 Rpt: 11/26	2 FILER NAME Gracia, Bianca	3 Filer ID (Ethics Commission Filers) 00086254
4 Date 01/02/2024	5 Payee name Avenida South Garage	
6 Amount (\$) \$28.00	7 Payee address; City; State; Zip Code 1710 Polk St Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Date 01/15/2024	Payee name Burger Tex	
Amount (\$) \$39.66	Payee address; City; State; Zip Code 6918 Spencer Hwy, Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
Date 01/15/2024	Payee name Burger Tex	
Amount (\$) \$34.96	Payee address; City; State; Zip Code 6918 Spencer Hwy,	
PURPOSE OF EXPENDITURE	Pasadena, TX 77505 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	d Office held
Forms provided by Texas E	thics Commission www.ethics.state.tx.us	Version V3.5.1.9000c47f

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 com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 12/26	Gracia, Bianca		00086254
4	Date	5 Payee name		•
	01/11/2024	Cavazos, Carmen		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$2,000.00	1430 Marlene st.		
		Houston, TX 77034		
8	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.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign Manager
9	Complete ONLY if direct	Candidate/Officeholder name Office soud	hŧ	Office held
9	expenditure to benefit C/OI		H	Office field
	Data			
	Date	Payee name		
	01/21/2024	Cavazos, Carmen		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$2,000.00			
		Houston, TX 77034		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Manager.
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/03/2024	Cornerstone Payment Systems		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$845.53	Deutsche AG, 60 Wall Street		
		New York, NY 10005		
	PURPOSE		h)	Description
	OF	Accounting/Banking	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

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/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: 3/16 Rpt: 13/26	Gracia, Bianca 00086254
4	Date	5 Payee name
	01/10/2024	Deer Park Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	2602 Center St
		Deer Park, TX 77536
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense Printing
		1 mung
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2024	Deer Park Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.43	2602 Center St
		Deer Park, TX 77536
	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
		g
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/16/2024	Exxon
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	1305 Allen Genoa Rd
		Pasadena, TX 77502
	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
		Food and Beverage
_	Operation Objects "	Overflideta (Office helder and a control of the con
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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 Services	morials Expense	S		ages	/Contract Labor		Travel Out of OTHER (en		trict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAME							3	Filer ID		(Ethics Commission Filers)
Ĺ	Sch: 4/16 Rpt: 14/26		Gracia, Biai								0008625	54	(
4	Date	5	Payee name										
	01/01/2024		Facebook										
6	Amount (\$)	7	Payee addre	ss; City;		State;	Zip Cod	de					
	\$388.19		1 Hacker W	'ay									
			Menlo Park	, CA 94025									
8	PURPOSE	(a)	Category (Se	ee Categories lis	ted at the top of	f this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense					=				olete Schedule T.
									Check if Austin Advertising	ı, 1 X,	onicentiaer i	iving	expense
									, welliamy				
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder na	me	Off	ice soud	thr			Office	a he	ald
9	expenditure to benefit C/OI		Sandidate/Oni	cendidei na	iie	Oili	ice sout	JIII			Office	- 116	iiu
\vdash	Data		Davis										
	Date		Payee name										
	01/25/2024	<u> </u>	Facebook										
	Amount (\$)		Payee addre			State;	∠ip Coo	de					
	\$400.00		1 Hacker W	ay									
			Menlo Park	, CA 94025	1								
	PURPOSE	(a)	Category (Se	ee Categories lis	ted at the top of	f this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising						=				olete Schedule T.
									Check if Austin	ı, TX,	officeholder l	iving	expense
									Advertising				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	coholder n=		O#	ico com	nh+			Office	3 bc	ald
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/UIII	cenoidei ila	IIC	OIII	ice souç	yııı			Onice	- 116	au.
\vdash		_											
	Date		Payee name										
	01/01/2024		FedEx										
	Amount (\$)		Payee addre			State;		de					
	\$40.04		3875 Airwa	ys, Module	H3 Depart	tment 46	634						
			Memphis, T	N 38116									
	PURPOSE	(a)	Category (Se	ee Categories lis	ted at the top of	f this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Shipping ar	ıd Postage					ш				olete Schedule T.
	-								Check if Austin			iving	expense
									Shipping and	170	ısıaye		
	Complete ONLY if alice at	Ц	Condidate (Off	ooholds: := -		044	ioo os:	nh+			O#:-	3 h -	.ld
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoider na	ne	Offi	ice souç	JIII			Office	e ne	eiu
	•												
_	· · · · · -							_		_		_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total as a second Calculated F4	· · · · · · · · · · · · · · · · · · ·	O Files ID (Fabine Commission Files)
1	Total pages Schedule F1: Sch: 5/16 Rpt: 15/26	Gracia, Bianca	3 Filer ID (Ethics Commission Filers) 00086254
4	Date	5 Payee name	
_	01/02/2024	FedEx	
6	Amount (\$) \$74.67	7 Payee address; City; State; Zip Code 3875 Airways, Module H3 Department 4634 Memphis, TN 38116	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Postage
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/01/2024	GoDaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.91	14455 N Hayden Rd	
		Scottsdale, AZ 85260	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/07/2024	GoDaddy.com	
	Amount (\$) \$14.86	Payee address; City; State; Zip Code 14455 N Hayden Rd	
		Scottsdale, AZ 85260	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
Fo	rms provided by Texas E	hics Commission www.ethics.state.tx.us	Version V3.5.1.9000c47

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Legal Se	ds/Memorials Expense vices truction Guide explains		ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	FII FR NAME				3 Filer ID	(Ethics Commission Filers)
•	Sch: 6/16 Rpt: 16/26	Gracia, Bianca				00086254	(Eulios Golillinssion Filoro)
4	Date	Payee name					
	01/07/2024	Herrera, Julian					
6	Amount (\$) \$340.00	Payee address; 9834 Tiltree st.	City; State	; Zip Cod	le		
		Houston, TX 7707	5				
8	PURPOSE OF		ries listed at the top of this sch	nedule) ((b) Description		
	EXPENDITURE	Salaries/Wages/C	ontract Labor			outside of Texas. Com	
					Grassroots D	n, TX, officeholder living	expense
					Orassioots E	nicctoi	
9	Complete ONLY if direct	Candidate/Officeholde	r name (Office soug	ht	Office he	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	01/07/2024	Herrera, Julian					
	Amount (\$)	Payee address;	City; State	; Zip Cod	le		
	\$210.00	9834 Tiltree st.					
		Houston, TX 7707	5				
	PURPOSE	Category (See Catego	ries listed at the top of this sch	nedule) ((b) Description		
	OF EXPENDITURE	Salaries/Wages/C	ontract Labor		=	outside of Texas. Com	
					Grassroots D	n, TX, officeholder living	expense
					Orassioots E	nicctoi	
	Complete ONLY if direct	Candidate/Officeholde	r name (Office soug	ht	Office he	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	01/07/2024	Herrera, Julian					
	Amount (\$)	Payee address;	City; State	; Zip Cod	le		
	\$217.50	9834 Tiltree st.					
L		Houston, TX 7707	5				
	PURPOSE	Category (See Catego	ries listed at the top of this sch	nedule) ((b) Description		
	OF EXPENDITURE	Salaries/Wages/C	ontract Labor			outside of Texas. Com	
					Grassroots D	n, TX, officeholder living	expense
					Orassiuuis L	AII GOLUI	
	Complete ONLY if direct	Candidate/Officeholde	r name (Office soug	ht	Office he	eld
	expenditure to benefit C/OI			9			

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: 7/16 Rpt: 17/26	Gracia, Bianca 00086254
4	Date	5 Payee name
	01/07/2024	Herrera, Julian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.00	9834 Tiltree st.
l		
		Houston, TX 77075
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Grassroots Director
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit G/OI	'
	Date	Payee name
l	01/08/2024	Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
l	\$600.00	9834 Tiltree st.
l		
l		Houston, TX 77075
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		Grassroots Director
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Dete	
	Date 01/09/2024	Payee name Herrera, Julian
┡		
	Amount (\$) \$173.00	Payee address; City; State; Zip Code 9834 Tiltree st.
	\$173.00	9834 Tilliee St.
l		He stee TV 77075
		Houston, TX 77075
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Grassroots Director
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/16 Rpt: 18/26	Gracia, Bianca 00086254
4 Date	5 Payee name
01/09/2024	Herrera, Julian
6 Amount (\$) \$281.00	7 Payee address; City; State; Zip Code 9834 Tiltree st. Houston, TX 77075
8 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 Grassroots Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Herrera, Julian
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	9834 Tiltree st.
	Houston, TX 77075
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grassroots Director
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Herrera, Julian
Amount (\$) \$165.00	Payee address; City; State; Zip Code 9834 Tiltree st.
	Houston, TX 77075
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grassroots Director
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	lers)
-	Sch: 9/16 Rpt: 19/26	Gracia, Bianca 00086254	0.0)
4	Date	5 Payee name	
	01/17/2024	Herrera, Julian	
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 9834 Tiltree st.	
		Houston, TX 77075	
8	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	
		Grassroots Director	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/01/2024	Just Love Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.38	7219 Fairmont Pkwy	
	******	Suite #145	
		Pasadena, TX 77505	
	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 Food and Beverage	
		Food and beverage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/01/2024	Just Love Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.16	7219 Fairmont Pkwy	
		Suite #145	
		Pasadena, TX 77505	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food and Beverage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Coi	The Instruction Guide			pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed abov	/e)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 10/16 Rpt: 20/26		Gracia, Bianca					(00086254		
4	Date	5	Payee name								
	01/01/2024		Just Love Coffee								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$55.00		7219 Fairmont Pkwy								
			Suite #145								
			Pasadena, TX 77505								
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				=			plete Schedule T.	
							Food and Bey		officeholder living	expense	
							1 ood and be	vera	gc		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	O [.]	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н				-					
	Date		Payee name								
	01/01/2024		Just Love Coffee								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$17.80		7219 Fairmont Pkwy								
			Suite #145								
			Pasadena, TX 77505								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				<u></u>			plete Schedule T.	
							Food and Bey		officeholder living	expense	
							1 000 and be	vera	gc		
	Complete ONLY if direct		Candidate/Officeholder name	O	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/17/2024		Just Love Coffee								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$17.81		7219 Fairmont Pkwy								
			Suite #145								
			Pasadena, TX 77505								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				ш			plete Schedule T.	
	_/								officeholder living	expense	
							Food and Bev	veid	y c		
	Complete ONLY if direct		Candidate/Officeholder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O				•	-					
For	rms provided by Tayas F	thic	c Commission	v athice et	tata ty u	_				Version V2 5.1	00000476

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/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a	category not listed	above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 11/16 Rpt: 21/26	Gracia, Bia	ınca					00086254		
4	Date	5 Payee name	9							
	01/02/2024	Office Dep	ot							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$177.76	3931 Fairw	ay Plaza Dr							
		Pasadena,	TX 77505							
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	se				ide of Texas. Com , officeholder living	plete Schedule T.	
						Office Supplie		, omeendaer nam	у схрепас	
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office h	eld	
F	Date	Payee name	2							
	01/08/2024	1 -	rican Restaurant							
┢	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$105.29	6512 FM 2	•	•						
		Crosby, TX	(77532							
	PURPOSE OF		See Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			=		ide of Texas. Com , officeholder living	plete Schedule T. a expense	
						Food and Bev			, . ,	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
H	Date	Payee name	<u> </u>							
	01/21/2024	1 1	oyal Christian Schoo	ol						
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$80.00	1600 Pasa		этт, тр						
		Pasadena,	TX 77502							
	PURPOSE OF	(a) Category (S	See Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Donations						ide of Texas. Com , officeholder living	plete Schedule T.	
						Donations	, 12	, onicendaer living	J expense	
						_ 0				
\vdash	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office so	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OI			255 00	- g			200 11		
\vdash										
L										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	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: 12/16 Rpt: 22/26	Gracia, Bianca 00086254
4	Date	5 Payee name
	01/10/2024	Rodriguez, Rolando
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	
		Hidalgo, TX 78557
8	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 Sign Delivery and Block-walking
		Sign Delivery and Block-warking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	differ sought of the first of t
_	Date	Payee name
	01/17/2024	Rodriguez, Roldan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	rayee address, City, State, Zip Code
	φ200.00	
		Uidalaa TV 04440
		Hidalgo, TX 94110
	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
		Campaign assistance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2024	Rodriguez, Roldan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		Hidalgo, TX 78557
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign assistance
	0 1 0 0 0 0 0 0	
	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 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 comp	plete th	is form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 13/16 Rpt: 23/26	Gracia, Bianca		0008625	4
4	Date	5 Payee name		•	
l	01/04/2024	Rogers, Brett			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$1,000.00	811 Tori Rd			
l					
l		Richmond, TX 77469			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Des	cription	
l	OF EXPENDITURE	Data services		Check if travel outside of Texas. C	
l	LAFLINDITORL		_	Check if Austin, TX, officeholder li	
l			Dai	a services and softwa	.e
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office	held
	expenditure to benefit C/OI		IL	Office	Heiu
⊨	Doto				
l	Date 01/10/2024	Payee name Rogers, Brett			
┡		-	_		
l	Amount (\$)	Payee address; City; State; Zip Code	е		
l	\$250.00	811 Tori Rd			
l		Distance LTV 77400			
L		Richmond, TX 77469			
l	PURPOSE OF	,		cription Check if travel outside of Texas. C	Somplete Schedule T
l	EXPENDITURE	Data sevices		Check if Austin, TX, officeholder li	
l			Dat	a services and softwa	re
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office	held
L	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/07/2024	SFP Consulting			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$450.00				
		Arlington, VA 22201			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)		cription	
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. C	•
l				Check if Austin, TX, officeholder li	ving expense
				Jonouling	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office	e held
	expenditure to benefit C/OI		-	560	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 14/16 Rpt: 24/26		
4	Date	5 Payee name	
	01/25/2024	Save America	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 13570	
		Arlington, VA 22219	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Donations Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donations	
		Bondaone	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	01/07/2024	Sycamore Grounds	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.23	2502 Pansy St	
		Pasadena, TX 77503	
	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 Food and Beverage	
		1 ood and Bororago	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
Г	Date	Payee name	
	01/10/2024	The Print Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$974.25	2901 Telephone Rd	
		Houston, TX 77023	
	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	
		1 many	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 25/26	Gracia, Bianca		00086254
4	Date	5 Payee name		
	01/10/2024	The Print Shop		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$974.25	2901 Telephone Rd		
		Houston, TX 77023		
8	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
				Finding
_	0 1: 0.11.7.7.1		<u> </u>	000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou H	ignt	Office held
	Date	Payee name		
	01/02/2024	Twitter		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$39.47	Market Square, 1355 Market St		
		suite 900		
		San Francisco, CA 94103		
	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
				Advertising
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	01/02/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$7.64	1515 3rd St		
		San Francisco, CA 94158		
	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 Travel
				Havei
	0 1 0 0 1 1 1 1		<u>. </u>	000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held

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: 16/16 Rpt: 26/26	Gracia, Bianca		00086254	
4		5 Payee name			
L	01/03/2024	VistaPrint			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$396.01	275 Wyman Street			
		Wolthow TV 024E1			
Ļ	DUDDOOF	Waltham, TX 02451	1-1 -		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	ס (ס	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Tilling Expense	Ē	Check if Austin, TX, officeholder living expense	
			Р	Printing	
9	Complete CNII V if direct	Condidate Office helder news	la 4	Office hold	
ľ۶	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held	
⊨	Date	Davies name			
	01/25/2024	Payee name YACU Media			
┝	Amount (\$)	Payee address; City; State; Zip Code	e		
	\$200.00				
		Seneca, SC 29678			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
			L	Check if Austin, TX, officeholder living expense Advertisement production	
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OH				
	Date	Payee name			
L	01/25/2024	YACU Media			
	Amount (\$) Payee address; City; State; Zip Code				
	\$1,000.00				
		Sanaga SC 20670			
	DUDDOCE	Seneca, SC 29678	<u> </u>		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	ס (פ ו	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense	Ē	Check if Austin, TX, officeholder living expense	
			Α	dvertisement Production	
\vdash	Complete ONLY if direct	Candidata/Officeholder name Office assista	ht	Office held	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ııı	Office field	
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