CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form.	Filer ID (Ethics Commis 00086254		2 Total pages fi	led: 15
3 CANDIDATE / OFFICEHOLDER		RST anca		MI	OFFICE (USE ONLY
NAME					Date Received ELECTRONIC	ALLY FILED
	NICKNAME LA: Gra	ST acia		SUFFIX	02/27/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	IITE#; CITY		ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	6443 Fairmont Pkwy 140-102	TIE#, CITT	,	ZIF CODE	Receipt #	Amount
Change of Address	Pasadena, TX 77505				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	ST		MI		
TREASURER NAME	Ms. Mag	yra				
	NICKNAME LAS	 ST		SUFFIX		
		tierrez		33.1.01		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	/ DI EASE):	ΛD7	/ SUITE #; CIT	ΓΥ; STA	ATE; ZIP CODE
TREASURER ADDRESS	504 North 8th St.	(FLLASL),	Ar I	730HE#, CI	11, 317	ATE, ZIP CODE
(Residence or Business)	McAllen, TX 78501					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NO (956) 432-1434	UMBER EX	(TENSION			
8 REPORT TYPE		30th day before e		Runoff	appointment (offi	
	July 15 X 8	8th day before ele	ection	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Da	ay Year	
COVERED	01/26/2024	THF	ROUGH	02/24/2	2024	
10 ELECTION	ELECTION DATE Month Day Year	X Prir	many	ELECTION TYPE	Other	
	03/05/2024			LI Kulloli	Donei	
	00/03/2024	Gei	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUG	GHT (if known)	
	None			State Represe	entative District 128	
	1			1		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	14 Filer ID 00086254	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditions is may have been made without required to report this information	the candidate's or office	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
Ш	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRE	SS		
	1. TOTAL UNITEM					
16 CONTRIBUTION TOTALS	CONTRIBUTIONS (OTHER THA R CONTRIBUTIONS MADE ELE		, \$	0.00		
		AL CONTRIBUTION PLEDGES, LOANS	DNS , OR GUARANTEES OF LOANS	S)	\$	43,898.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURI	ES		\$	37,062.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	19,889.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	22,650.80
17 AFFIDAVIT					-	
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
				Bianca Gracia	-1-1	
			Signature of	f Candidate or Officeho	oluei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of offi	cer administering	Printed name	e of officer administering	Title of office	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 45
	ER NAN acia, Bi		19 Filer ID 00086254	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,248.00
2.	Х	\$	16,650.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	36,062.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,000.00
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTI	IS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/45	
2	FILER NAME Gracia, Bian	са			3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deireirel	Pasadena, TX 77505	٦,	English (On Industrial			
8	Sergeant	pation / Job title (See Instructions)	9	Employer (See Instructions Pasadena	5)		
	Date 01/31/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Norwalk, CA 90650 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Retired			Retired			
	Date 02/07/2024	Full name of contributor	t:)		Amount of Contribution (\$)	\$200.00
		Houston, TX 77063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#Bachman, Richard Contributor address; City; State; Zip Code Fort Lauderdale, FL 33305				Amount of Contribution (\$)	\$5.00
	Principal occu security guar	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#Banu, Cristian Contributor address; City; State; Zip Code Cedar Creek, TX 78612)		Amount of Contribution (\$)	\$25.00
	Principal occu Ramp Agent	pation / Job title (See Instructions)		Employer (See Instructions FedEx Express	5)		
	. camp rigorit		<u> </u>	. SULA LAPICOS			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/45	
2	FILER NAME Gracia, Bian	ıca			3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/15/2024		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$150.00
		Crystal City, TX 78839					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/06/2024	Casper, Gary	ate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Deignaignal annu	Deer Park, TX 77536	1	Franks ou (Coo la structions	<u></u>		
	Supply Chai	npation / Job title (See Instructions) n Manager		Employer (See Instructions Kuraray; America	5)		
	Date 02/03/2024	Full name of contributor out-of-state Casper, Sara Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Deer Park, TX 77536					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/21/2024	Casper, Sara Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/27/2024	Casper, Sara				Amount of Contribution (\$)	\$580.00
		Deer Park, TX 77536					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/45	
2	FILER NAME Gracia, Bian	ca			3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		Deer Park, TX 77536					
8	Principal occu Real Estate	pation / Job title (See Instructions)	9	Employer (See Instructions Self-employed	5)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Crabtrey, Patricia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occur	Pasadena, TX 77504 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Nurse Practitioner			MD Anderson Cancer C		ter	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Dallas Mineral Partners, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Davis, Michelle Contributor address; City; State; Zip Code League City, TX 77573			•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: Davis, Nancy Contributor address; City; State; Zip Code Highlands, TX 77562			•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/45	
2	FILER NAME Gracia, Bian	ca			3	Filer ID (Ethics Commission 00086254	on Filers)
4	Date 01/31/2024	 Full name of contributor out Diehl, Slayden Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75205					
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/05/2024	Full name of contributor out Donosky, Steve Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	TX 75205 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Henry S. Mill			President of Developme			
	Date 01/26/2024	Full name of contributor out Elswick, Roger Contributor address; City; State; Zig	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77068					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Community Toyota	5)		
	Date 01/27/2024	Fite, Ralph	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$500.00
	Principal occu Director of F	pation / Job title (See Instructions) nance		Employer (See Instructions Welcome Group Llc	5)		
	Date 02/05/2024	Henson, Dale	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			1				

MONE	TARY POLITICAL (CONTRIBUTIO	JNS		SCHEDUL	E A1
The Instru	ıction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/45	
2 FILER NAME Gracia, Biai				3	Filer ID (Ethics Commission 00086254	on Filers)
4 Date 02/13/2024	Full name of contributor Hill, Donald Contributor address; City; S)	7	Amount of Contribution (\$)	\$1,000.00
	Highlands, TX 77562					
8 Principal occ Retired	upation / Job title (See Instructions	5)	9 Employer (See Instructions Retired	s)		
Date 02/10/2024	Full name of contributor Hopkins, Perla Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$28.00
Principal occ	Austin, TX 78717 upation / Job title (See Instructions	5)	Employer (See Instructions	ıs)		
Educator			self-employed	•		
Date 02/02/2024	Full name of contributor Howland, G. Dulany Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Dallas, TX 76205					
Principal occi	upation / Job title (See Instructions	5)	Employer (See Instructions Howland Advisory	ıs)		
Date 02/19/2024	Full name of contributor Istre, Angela Contributor address; City; S				Amount of Contribution (\$)	\$100.00
Principal occ	Pasadena, TX 77505 upation / Job title (See Instructions	5)	Employer (See Instructions First Bapt. Christian Aca	•	omv.	
Date 02/13/2024	Full name of contributor Jackson, Larry	out-of-state PAC (ID#:_		I	Amount of Contribution (\$)	\$5,000.00
	Crosby, TX 77532	uuo, Aip Ooue				
Principal occ self-employ	upation / Job title (See Instructions	5)	Employer (See Instructions self-employed	ıs)		

	MONET	ARY POLITICAL (CONTRIBUTIO) N	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/45	
2	FILER NAME Gracia, Bian	са				3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/17/2024	5 Full name of contributor Johnson, Bryan6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
_		Vadnais Heights, MN 551		_		Ĺ		
8	Tool Designe	pation / Job title (See Instructions er	5)	9	Employer (See Instructions Innovative Tools	5)		
	Date 02/06/2024	Full name of contributor Jones, Willard Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$25.00
	Dain single	La Porte, TX 77571	Δ		Faralas and (Caralas American			
	Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 02/15/2024	Full name of contributor Jones, Willard Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		La Porte, TX 77571						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 01/31/2024	Full name of contributor Keeler, Dallys Contributor address; City; S Gamer, NC 27529	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 02/18/2024	Full name of contributor Lavelle, Patrick Contributor address; City; S crosby, TX 77632	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/45	
2	FILER NAME Gracia, Bian	ca				3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/09/2024	5 Full name of contributor LeBlanc, Belinda6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
_	Duinning Langu	La Porte, TX 77571		۱,	Franks or (Cook batterations			
8	Sr Buyer	pation / Job title (See Instruction:	5)	9	Employer (See Instructions OCI	5)		
	Date 02/06/2024	Full name of contributor Macias, Luke Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> s)		
	Realtor				JB Goodwin			
	Date 02/04/2024	Full name of contributor Matthews, Chip Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$125.00
		Seabrook, TX 77586						
	Principal occu Minister	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	5)		
	Date 01/27/2024	Full name of contributor Mead, S.B. Contributor address; City; S Dallas, TX 75230	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu N/A	pation / Job title (See Instructions	5)		Employer (See Instructions Jenkins & Gilchrist	<u>I</u> S)		
	Date 02/06/2024	Full name of contributor Meissner, Mike Contributor address; City; S Conroe, TX 77384	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$200.00
	Principal occu Finance Mar	pation / Job title (See Instructions	5)		Employer (See Instructions Chevron Phillips Chemi		Company	
				<u> </u>				

MONEI	ARY POLITICAL CONTRIBUTION)NS		SCHEDUI	E A1
The Instruc	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/45	
2 FILER NAME Gracia, Biand	са		3	Filer ID (Ethics Commission 00086254	on Filers)
02/13/2024	 Full name of contributor out-of-state PAC (ID#: Moore, Danny Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5,000.00
9 Principal occur	Cripple Creek, CO 80813 pation / Job title (See Instructions)	9 Employer (See Ins	tructions)		
self-employe		self-employed	iruciioris)		
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_Owens, Kenny Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$25.00
	Houston, TX 77057				
Principal occup Wellness Cor	pation / Job title (See Instructions) nsultant	Employer (See Ins Self employed	tructions)		
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Paolini, Vivian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Deer Park, TX 77536	r			
Self-employe	pation / Job title (See Instructions) ed	Employer (See Ins sales	tructions)		
Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_Shnautz, Danny Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00
Principal occup Manager	Pasadena, TX 77508 pation / Job title (See Instructions)	Employer (See Ins	tructions)		
Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_Stockstill-Gobb, Beckie Contributor address; City; State; Zip Code Deer Park, TX 77536			Amount of Contribution (\$)	\$250.00
Principal occup insurance ag	pation / Job title (See Instructions)	Employer (See Ins	tructions)		

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/45	
2	FILER NAME Gracia, Bian	ca			3	Filer ID (Ethics Commission 00086254	n Filers)
4	Date 02/18/2024	 Full name of contributor	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Registered N			self employed	,		
	Date 02/15/2024	Full name of contributor ou Vick, Larry and Linda Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$250.00
		Floresville, TX 78114	1				
	lawyer	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 02/21/2024	Full name of contributor ou Wendeburg, Danielle Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Jasper, TX 75951					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 02/16/2024	Ybarra, John)		Amount of Contribution (\$)	\$50.00
	Principal occu employee	pation / Job title (See Instructions)		Employer (See Instructions El Matador Foods)		
	Date 02/23/2024	spink, Lori	rt-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu sales	pation / Job title (See Instructions)		Employer (See Instructions self-sales)		
			1				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2:			
		Sch: 1/2 Rpt: 13/45			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Gracia, Biar	ıca		00086254		
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description		
02/01/2024	Casper, Sara (Mrs.)		\$1,650.00 Material, Signs, and Tools		
	7 Contributor address; City; State; Zip Code				
	Deer Park, TX		Check if travel outside of Texas. Complete Schedule T		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
Retired		Retired			
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 contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description		
02/16/2024	Defiant Projects		\$5,000.001 Production of Campaign		
	Contributor address; City; State; Zip Code		Video		
			İ		
	Conroe, TX 77385		Check if travel outside of Texas. Complete Schedule T		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
Continuators	employemaw iiiii (POR JODICIAL)	Law IIIII of Contribute	of a spouse (if any) (FOR JODICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of In-kind contribution		
02/13/2024	Highland Residents		contribution (\$) description \$1,500.00 Venue and Food		
·	Contributor address; City; State; Zip Code		\$1,500.001 Vende and Food		
	Highland, TX 77562				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	LI Check if travel outside of Texas. Complete Schedule T -JUDICIAL) (See instructions)		
, , , , , , , , , , , , , , , , , , ,	,	, . , (· _ · · · · · · · · · · · · · · · · ·	,		
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)			
16	the shill be for the second (17)				
it contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gracia, Bianca 00086254 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/16/2024 The Trafalgar Group LLC \$8,500.00 Polling Service 7 Contributor address; City; State; Zip Code Wilmington, DE 19801 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

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: 1/30 Rpt: 15/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	01/31/2024	7-Eleven
6	Amount (\$) \$32.00	7 Payee address; City; State; Zip Code
Ļ		Pasadena, TX 77505
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel costs
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/20/2024	Background Noise
	Amount (\$) \$600.00	Payee address; City; State; Zip Code
		Houston, TX
	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 T. Check if Austin, TX, officeholder living expense Band
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	Baytown Sun Online
	Amount (\$) \$644.29	Payee address; City; State; Zip Code
		Baytown, TX
	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 Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H

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	n Filers)
	Sch: 2/30 Rpt: 16/45	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	02/12/2024	Burger Barn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$139.89		
		Baytown, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Volunteer Lunch	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/12/2024	Burger Barn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.26		
		Baytown, TX	
	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	
		Volunteer Lunch	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	T -	
	Date 02/21/2024	Payee name	
		Cavazos, Carmen Maria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00		
		Houston, TX	
	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 Manager	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-			
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 3/30 Rpt: 17/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/06/2024	Cavazos, Carmen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	
		Houston, TX 77034
8	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
		Campaign Manger
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	5 .	
	Date	Payee name
	02/02/2024	City of La Porte
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	
		La Porte, TX 77571
	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 Mardi Gras Community Engagement
		Marui Gras Community Engagement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/06/2024	Cornerstone Payment Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.40	
		New York, NY 10005
	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 Processing Fees
		Flocessing Fees
\vdash	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 -

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	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: 4/30 Rpt: 18/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/20/2024	Cultura Media Group
6	Amount (\$) \$1,085.00	7 Payee address; City; State; Zip Code Houston, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Deer Park Printing
	Amount (\$) \$105.54	Payee address; City; State; Zip Code 2602 Center St Deer Park, TX 77536
H	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 printing expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	Eatzi's Market and Bakery
	Amount (\$) \$209.55	Payee address; City; State; Zip Code
		Dallas, TX
	PURPOSE OF EXPENDITURE	(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 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 -

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	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: 5/30 Rpt: 19/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/05/2024	Escalante, Victor (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	
		Houston, TX
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 Video
		Video
Ļ	Commiste ONII V if diseast	Constitute (Office helds
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/06/2024	Escalante, Victor (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Video
L	Complete ONL V if direct	Condidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
L		
	Date	Payee name
	01/31/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	
		Menlo Park, CA 94025
	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
		Ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash	-	
L		

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 he	ow to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/30 Rpt: 20/45	Gracia, Bianca		00086254
4	Date	5 Payee name		
	02/20/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State;	Zip Code	
	\$400.00			
l				
l		Menlo Park, CA		
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	tule) (b) Description
l	OF EXPENDITURE	Advertising Expense	aule)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
l				Ads
Ļ	Complete ONLY if direct	Condidate/Officelegiday source	fine november	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		fice sough	t Office held
⊨				
l	Date	Payee name		
L	02/20/2024	Garden of Eden		
l	Amount (\$)	Payee address; City; State;	Zip Code	
l	\$125.00			
l				
		La Porte, TX		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this sched	_{dule)} (b) Description
l	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Deposit for Venue
l				
Г	Complete ONLY if direct		fice sough	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	02/21/2024	Garden of Eden		
Г	Amount (\$)	Payee address; City; State;	Zip Code	
l	\$708.62			
l				
l		La Porte , TX		
┢	PURPOSE	(a) Category (See Categories listed at the top of this sched	_{dule)} (b) Description
l	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Food
\vdash	Complete ONIL V if aligned	Condidate/Officeholder nome	fine secret-	Office hold
	Complete ONLY if direct expenditure to benefit C/OI		fice sough	t Office held

SCHEDULE F1

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

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

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: 7/30 Rpt: 21/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/13/2024	Gardner Martin Inc
6	Amount (\$) \$69.28	7 Payee address; City; State; Zip Code
_	2112222	Pasadena, TX 77503
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 Flags and Signs
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2024	Go Daddy
	Amount (\$) \$127.79	Payee address; City; State; Zip Code
		Scottsdale, AZ 85206
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website and Email
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Go Daddy
	Amount (\$) \$14.86	Payee address; City; State; Zip Code
		Scottsdale, AZ
	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 Schedule T. Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct expenditure to benefit C/O	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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee L	Gift/Awards/Memo Legal Services	·		Vages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not liste	d above)
		_		THE HISTIUCTION	n Guide explai	iis now to co	illbie	ete tilis iorili.	_			
1	, ,	2							3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 8/30 Rpt: 22/45		Gracia, Bian	ca 						00086254		
4	Date	5	Payee name									
	01/30/2024		GoDaddy									
6	Amount (\$)	7	Payee addres		Sta	ate; Zip Co	ode					
	\$48.01		14455 N Hay	/den Rd								
			Suite 226									
			Scottsdale, A	AZ 85260								
8	PURPOSE	(a)	Category (See		at the top of this	schedule)	(b)	Description				
	OF	` `	Advertising E		a at the top of this	Jonedaic)		_	outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITURE		J	•				Check if Austin	ı, TX	officeholder living	g expense	
								Website				
L		L										
9	Complete ONLY if direct		Candidate/Offic	eholder name	9	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	02/22/2024		Grafik Press									
	Amount (\$)		Payee addres	s; City;	Sta	ate; Zip Co	ode	·				
	\$485.00											
			Houston, TX									
	PURPOSE OF	(a)	Category (See	e Categories listed	at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Advertising E	Expense							nplete Schedule T.	
								Newspaper A		officeholder living	y expense	
								rvewspapel F	ıu			
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	laht Iaht			Office h	eld	
	expenditure to benefit C/O		oanalaat e /Offic	Choldel Hallit	•	Onice 300	igill			Onice II	Ciu	
H	Date		Payee name									
	01/30/2024		HEB									
<u> </u>		\vdash		o: Cit."	C+-	oto: Zin Ca	ode					
	Amount (\$)		Payee addres		Sta	ate; Zip Co	Jue					
	\$18.06		6210 Fairmo	III PKWY								
			Pasadena, T	X 77505								
	PURPOSE OF	(a)	Category (See			schedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	ige Expense	9						nplete Schedule T.	
								food and bev		officeholder living	y expense	
								iood and bev	CIO	.gc		
	Complete ONLY if direct	L	Candidate/Offic	eholder name	<u> </u>	Office sou	l laht			Office h	eld	
	expenditure to benefit C/O				-	255 556	9			C00 11		

SCHEDULE F1

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense P S		nse es/Contract Labor	Travel in Di Travel Out OTHER (er	
1	Total pages Schedule F1:	2 FILER N	AME				3 Filer ID	(Ethics Commission Filers)
L	Sch: 9/30 Rpt: 23/45	Gracia,	Bianca				000862	54
4	Date	5 Payee na	ame					
	01/30/2024	HEB						
6	Amount (\$)	7 Payee a	ddress; City;	State; 2	Zip Code	!		
	\$27.20	6210 Fa	airmont Pkwy					
		Pasade	na, TX 77505					
8	PURPOSE	(a) Category	/ (See Categories listed at the	top of this schedu	ıle) (b) Description		
	OF EXPENDITURE		everage Expense		,	=		Complete Schedule T.
	EXI ENDITORE					ш	n, TX, officeholder	living expense
						food and bev	/erage	
_	Complete ONLY if direct	Condidate	/Officeholder name	Ott	00.00::=!	+	O#: -	o hold
9	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Offi	ce sough	l 	Offic	e held
	Date	Payee n	ame					
	01/30/2024	HEB						
	Amount (\$)	Payee a	ddress; City;	State; 2	Zip Code			
	\$127.65	6210 Fa	airmont Pkwy					
		Pasade	na, TX 77505					
	PURPOSE	(a) Category	/ (See Categories listed at the	top of this schedu	ıle) (b) Description		
	OF EXPENDITURE		everage Expense		,	ш		Complete Schedule T.
	EXI ENDITORE					_	n, TX, officeholder	living expense
						food and bev	/eraye	
_	Complete ONLY if direct	Candidate	/Officeholder name	Offi	ce sough	t	Offic	re held
	expenditure to benefit C/O		, Chicerolaet Haille	On	oc sough	•	Oilic	o noid
\vdash	Data	Devr-						
	Date 02/21/2024	Payee na HEB	ame					
			dduaea, Cit	O+-: -	7in 0 '			
	Amount (\$)	Payee a	ddress; City;	State; 2	Zip Code	!		
	\$122.34							
		Pasade	na, TX					
	PURPOSE	(a) Category	/ (See Categories listed at the	top of this schedu	ıle) (b) Description		
	OF EXPENDITURE		everage Expense			ш		Complete Schedule T.
						Check if Austir Volunteers	n, TX, officeholder	living expense
						Volunteers		
	Complete ONLY if direct	Candidate	/Officeholder name	Offi	ce sough	<u> </u>	Offic	e held
	expenditure to benefit C/Ol		, Smeendider Haille	OIII	oc sough	·	Oilic	o noiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing 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 Salaries/Wages/Contract Labor

	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: 10/30 Rpt: 24/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/06/2024	Herrera, Julian (Mr.)
6	Amount (\$) \$269.00	7 Payee address; City; State; Zip Code Houston, TX
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 Grassroot Director
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/06/2024	Herrera, Julian (Mr.)
	Amount (\$) \$25.50	Payee address; City; State; Zip Code
		Houston, TX
	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 Grassroot Director
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	Herrera, Julian (Mr.)
	Amount (\$) \$58.26	Payee address; City; State; Zip Code
		Houston, TX
	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 Grassroot Director
	Complete ONLY if direct expenditure to benefit C/O	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 -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	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: 11/30 Rpt: 25/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/20/2024	Herrera, Julian (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,230.00	
		Houston, TX
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 Grassroot Director
		Grassioot Birector
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	01/29/2024	Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.50	9834 Tiltree st.
	Ψ170.30	3034 Tillidee St.
		Houston, TX 77075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Grassroots coordinator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_	Data	
	Date 01/29/2024	Payee name Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.00	9834 Tiltree st.
		W
		Houston, TX 77075
	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
		Grassroots coordinator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 Salaries Wagnes/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: 12/30 Rpt: 26/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	01/29/2024	Herrera, Julian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	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 coordinator
		Grassions coordinates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Power name
	02/06/2024	Payee name
		Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	
		Houston, TX 77075
	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 Grassroot Director
		Grassioot Birector
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/14/2024	Payee name Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,263.50	
		Houston, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Grassroot Director
		Glassiool Director
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 13/30 Rpt: 27/45	2 FILER NAME Gracia, Bianca 3 Filer ID (Ethics Commission Filers) 00086254
4	Date	5 Payee name
-		
	02/20/2024	Home Depot
6	Amount (\$) \$38.79	7 Payee address; City; State; Zip Code
		Pasadena, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Material
		Material
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Houston Sign Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.47	
		Houston, TX
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/12/2024	Houston Sign Company
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	` '	i ayoo aaaress, Gily, State, Zip Code
	\$300.39	
		Houston, TX
_	DUDDOS-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foot Contributions/ Donations Made By - Gift/ Candidate/Officeholder/Political Committee Legi

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/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: 14/30 Rpt: 28/45	Gracia, Bianca		00086254
4	Date	5 Payee name		'
	02/15/2024	Houston Sign Company		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,271.94			
		Houston, TX		
8	PURPOSE		(h)	Description
0	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Filling Expense		Check if Austin, TX, officeholder living expense
				Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/20/2024	Just Love		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$22.40	, , , , , , , , , , , , , , , , , , ,		
	,			
		Pasadena, TX		
	DUDDOCE		(1-)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Coffee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	02/01/2024	Loves		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$63.00	, , , , , , , , , , , , , , , , , , ,		
	,			
		Hutchins, TX 75141		
	DUDDOOF		<i>(</i> 1)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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 Filer	s)
	Sch: 15/30 Rpt: 29/45	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	02/22/2024	ModeLuxe Print	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,292.00		
		Pheonix, AZ	
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	
		MailHouse	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	02/23/2024	ModeLuxe Print	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,963.84		
		Pheonix, AZ	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense Mail House	
		I I I I I I I I I I I I I I I I I I I	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	02/05/2024	Office Depot	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.17	3931 Fairway Plaza Dr	
		Pasadena, TX 77505	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment	
		Check if Austin, TX, officeholder living expense campaign office supplies	
		Campaign office Supplies	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
ı			

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	Gift/Awards/Mer Legal Services The Instruct i		S		ages	e /Contract Labor ete this form.		Travel Out of D OTHER (enter a	istrict a category not listed	above)
1	Total pages Schedule F1:	12				-		_		3	Filer ID	(Ethics Commis	seion Eilere)
	Sch: 16/30 Rpt: 30/45	_	Gracia, Bian	00							00086254	(Ethics Commis	ssion i licisj
	3CII. 10/30 Kpt. 30/43	<u> </u>	Gracia, Biari	La							00000234		
4	Date	5	Payee name										
	02/05/2024		Outdoorsy										
6	Amount (\$)	7	Payee addres	s; City;		State; 2	Zip Cod	de					
	\$2,294.01		1300 Guada	lupe Stree	t								
				·									
			Austin, TX 7	2701									
		⊢											
8	PURPOSE OF	(a)	Category (Se				ule)	(b)	Description				
	EXPENDITURE		Office Overh	ead/Renta	ıl Expense	е						nplete Schedule T.	
									Mobile Camp		officeholder livin	ig experise	
									woone Camp	aiy	ii Site		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder nar	ne	Offi	ice souç	ght			Office h	ield	
	experialitate to beliefit 6/01	''											
	Date		Payee name										
	02/12/2024		Party City										
	Amount (\$)	\vdash	Payee addres	s; City;		State: 2	Zin Coo	de					
	\$95.26		. ayoo aaa.oo	o, o.c,,		01010,	р оо						
	Ψ33.20												
			Pasadena, T	Χ									
	PURPOSE	(a)	Category (Se	Categories lis	ed at the top o	of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Event Exper	se					=			nplete Schedule T.	
	ZA ZHOHOKZ								—	, TX,	officeholder livin	ig expense	
									Mardi Gras				
	Complete ONLY if direct		Candidate/Offic	eholder nar	ne	Offi	ice souç	ght			Office h	ield	
	expenditure to benefit C/OI	П											
	Date		Payee name										
	01/31/2024		Pinedo, Soc	orro									
	Amount (\$)	_	Payee addres			State; 2	Zin Cor	de					
	\$500.00		i ayee addies	o, City,		Jiaie, Z	∠ıµ ∪00	uC					
	Φ300.00	1											
L			Hesperia, C	A									
	PURPOSE	(a)	Category (Se	Categories lis	ted at the top o	of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense					ш			nplete Schedule T.	
	EXPENDITORE								_		officeholder livin	ig expense	
		1							advertisemen	nt c	ontent		
L		L											
	Complete ONLY if direct		Candidate/Offic	eholder nar	ne	Offi	ice souç	ght			Office h	ield	
	expenditure to benefit C/OI	H											

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		-
_	Sch: 17/30 Rpt: 31/45	Gracia, Bianca 00086254	
4	Date	5 Payee name	-
	01/29/2024	Raising Canes	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$2.64	8055 Spencer Hwy	
		Deer Park, TX 77536	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and beverae	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	1	
	Date	Payee name	=
	01/29/2024	Raising Canes	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.69	8055 Spencer Hwy	
		Deer Park, TX 77536	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	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/OI	1	
	Date	Payee name	=
	02/20/2024	Roadhouse	
		Payee address; City; State; Zip Code	_
	Amount (\$) \$97.43	rayee address, City, State, Zip Code	
	φ91.43		
		Pasadena, TX	
	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	
		Volunteers	
			_
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1 	

SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

	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: 18/30 Rpt: 32/45	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	02/20/2024	Rodriguez, Rodriguez	
6	Amount (\$) \$650.00	7 Payee address; City; State; Zip Code	
		Hidalgo, TX	
8	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 BlockWalking	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/29/2024	Rodriguez, Roldan	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code	
		Hidalgo, TX 78557	
	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 Campaign Manager assistant	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/06/2024	Rodriguez, Roldan	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code	
		Hidalgo, TX 78557	
	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 Campaign Manager's assistant	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	

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 Committe

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: 19/30 Rpt: 33/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/13/2024	Rodriguez, Roldan
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Hidalgo, TX
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 Campaign Asst
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	Rodriguez, Roldan
	Amount (\$) \$200.00	Payee address; City; State; Zip Code
		Hidalgo, TX
	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 Campaign Asst
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Rumble Up
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2101 L Street NW
		Washington, DC 20037
	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 Schedule T. Check if Austin, TX, officeholder living expense texting
	Complete ONLY 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 d	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 20/30 Rpt: 34/45	Gracia, Bianca		00086254
4	Date	5 Payee name		
L	02/05/2024	Rumble Up		
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip C 2101 L Street NW	ode	
	\$100.00	ZIOI L Sueet NW		
		Washington, DC 20037		
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.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense Texting
				Texting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	02/05/2024	Rumble Up		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$182.00			
L		Washington , DC 20037	1	
	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	Advertising Expense		Check if Austin, TX, officeholder living expense
				Texting
L	Complete ONLY if direct	Candidate/Officeholder name Office so	Lucht	Office held
	expenditure to benefit C/OI		ugnt	Office field
⊨	Date	Payee name		
	02/12/2024	Rumble Up		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$100.00			
		Washington, DC 20037		
	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
				Texting
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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	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: 21/30 Rpt: 35/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/12/2024	Rumble Up
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code Weshington, DC
Ļ	DUDDOCE	Washington, DC
8	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 Schedule T. Check if Austin, TX, officeholder living expense texting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	Rumble Up
	Amount (\$) \$100.00	Payee address; City; State; Zip Code
		Washington, DC
	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 Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/20/2024	Rumble Up
	Amount (\$) \$100.00	Payee address; City; State; Zip Code
		Washington, DC
	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 Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/30 Rpt: 36/45	Gracia, Bianca		00086254
4	Date	5 Payee name		<u> </u>
	02/21/2024	Rumble Up		
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Washington, DC	Code	
Ļ	DUDDOGE		10.3	
8	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 Schedule T. Check if Austin, TX, officeholder living expense Texting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
	Date	Payee name		
	02/23/2024	Rumble Up		
	Amount (\$) \$300.00	Payee address; City; State; Zip	Code	
		Washington , DC		
	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 Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
	Date	Payee name		
	01/29/2024	RumbleUp		
	Amount (\$) \$10.00	Payee address; City; State; Zip of 2021 L St NW Ste 101-220 Washington, DC 20037	Code	
	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 Schedule T. Check if Austin, TX, officeholder living expense texting Service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held

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	/ - Il Coi	mmittee	Legal Se		Expense uide explains		/ages	/Contract Labor			Out of Dis R (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	EII ED NIANAT							3	Filer	ID	(Ethics Commission Filers	:)
	Sch: 23/30 Rpt: 37/45	 	Gracia, Biai									36254	(Lunca Commission Filers	''
Ļ	·	<u> </u>	-	ıca							0000	JUZU4		
4	Date	5	Payee name											
	01/31/2024	$ldsymbol{ld}}}}}}$	RumbleUp											
6	Amount (\$)	7	Payee addre		City;	State	; Zip Co	de						
	\$118.00		2021 L St N	IW										
			Ste 101-220)										
			Washington	n, DC 2	20037									
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at t	he top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising			2. 3.10 301	· · · · · · · · · · · · · · · · · · ·		_ :	outsi	ide of Te	exas. Com	plete Schedule T.	
	LAFENDITURE		· ·	-					Check if Austin	ı, TX,	, officeh	older living	j expense	
									Texting					
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholde	er name	(Office sou	ght			(Office he	eld	
L														
	Date		Payee name											
	02/01/2024		RumbleUp											
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$555.00		2021 L St N	IW										
			Ste 101-220)										
			Washington		20037									
_	PURPOSE	(2)						(h)	Dogorintian					
	OF	(^م)	Category (Se			he top of this sch	nedule)	(D)	Description Check if travel	outsi	ide of Te	exas. Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expen	is c				Check if Austin					
									texting					
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			(Office he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	02/02/2024		RumbleUp											
-	Amount (\$)	\vdash	Payee addre	SS:	City;	State	; Zip Co	de						
	\$100.00		2021 L St N	•	٠.٠,	Ciaic	,p 00							
	4100.00		Ste 101-220											
					00027									
		_	Washington				i							
	PURPOSE OF	(a)	Category (Se			he top of this sch	nedule)	(b)	Description	Outo:	ido of T	ovoc Co	ploto Cobodulo T	
	EXPENDITURE		Advertising	Expen	ise				Check if travel				plete Schedule T.	
									texting	., .,,	, 5.110611	com nvinty	, 5	
									- 3					
_	Complete ONLY if direct	L(Candidate/Offi	ceholde	er name		Office sou	aht			(Office he	eld	
	expenditure to benefit C/O		c c.	-50101		·	55 554	g			`	55 110		
														4=

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	. •		(Ethics Commission Filers)					
	Sch: 24/30 Rpt: 38/45	l l	<u> </u>					
4		5 Payee name						
L	02/15/2024	RumbleUp						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$100.00	2021 L St NW						
		Ste 101-220						
		Washington, DC 20037						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
		Check if Austin, TX, officeholder livi	ing expense					
l		texting						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	hold					
9	expenditure to benefit C/OI		rieiu					
⊨	5.							
	Date	Payee name						
L	02/15/2024	RumbleUp						
	Amount (\$)	Payee address; City; State; Zip Code						
l	\$100.00							
l		Ste 101-220						
		Washington, DC 20037						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Co						
		texting	ing expense					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held					
	expenditure to benefit C/OI							
F	Date	Payee name						
	02/15/2024	RumbleUp						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
l	\$504.00							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ste 101-220						
l		Washington, DC 20037						
┝	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Co	omplete Schedule T.					
l	EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder liv	•					
l		texting						
L								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held					
L	expenditure to benefit C/OI	JH						

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

	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: 25/30 Rpt: 39/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/20/2024	RumbleUp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		Washington, DC 20037
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 Texting
		reading
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Date	Dougo nomo
		Payee name
	02/05/2024	Rush Tshirt Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
		Houston, TX 77036
	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 Tshirts
		. John Co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/09/2024	Rush Tshirt Printing
		9
	Amount (\$) \$295.38	Payee address; City; State; Zip Code
	φ295.56	
		Havedon TV
		Houston, TX
	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
		Tshirts Merch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 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: 26/30 Rpt: 40/45	Gracia, Bianca		00086254
4	Date	5 Payee name		
	02/05/2024	SFP Consulting		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,200.00			
		Arlington, VA 22201		
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.
				Check if Austin, TX, officeholder living expense Public Relations
				Tublic Relations
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	Cindo note
_	Date	Payee name		
	02/20/2024	SQ Hispanic Broadcast		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$630.00			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Houston, TX		
	PURPOSE		(b)	Description
	OF EXPENDITURE	Advertising Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Radio
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	gni	Office field
-	Date	Payee name		
	02/16/2024	Southwest Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$40.00	- 1.9 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		Dallas, TX		
	PURPOSE		(b)	Description
	OF	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel
L	Complete ONLY if direct	Candidate/Officeholder nema	abt	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	yrıl	Office held
L				

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: 27/30 Rpt: 41/45	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	02/23/2024	Speedy Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$94.78		
		Pasadena, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gas	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	_
	02/05/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$35.34		
		Crosby, TX 77532	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Food and beverage	
		Food and beverage	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-	Date	Payee name	_
	02/20/2024	The Junction	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$155.83	Tayor address, Only, State, Zip Gode	
	4100.00		
		Crosby, TX	
	PURPOSE		_
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	poa.taro to boriont o/Of		

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 The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 28/30 Rpt: 42/45	Gracia, Bia	nca					00086254	
4	Date	5 Payee name							
	02/22/2024	ToErica							
6	Amount (\$) \$312.00	7 Payee addre		State; Zip C	ode				
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living	plete Schedule T. J expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/29/2024	Twitter							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$100.46	Market Squ	are, 1355 Market S	t					
		suite 900							
		San Franci	sco, CA 94103						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living	plete Schedule T.
						social media			у схрепас
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name	1						
	02/08/2024	USPS							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$142.57	475 LEnfar	nt Plaza SW						
		Washingto	n, DC 20260		•				
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expens	se				de of Texas. Com officeholder living	plete Schedule T. 1 expense
						stamps	, ,		,,
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
_									

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	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: 29/30 Rpt: 43/45	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/05/2024	UZ Marketing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.51	
L		Houston, TX 77092
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
		Campaign Material
		Campaign Material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/08/2024	UZ Marketing
H	Amount (\$)	Payee address; City; State; Zip Code
	\$725.28	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Marketing Material
		warketing waterial
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/20/2024	Whataburger
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.66	- 49-20 mm - 200,
		La Porte, TX
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Volunteers
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

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		nmittee	Legal Servi				Vages	Contract Labor		Travel Out of Dis OTHER (enter a		listed above)
1	Total pages Schedule F1: Sch: 30/30 Rpt: 44/45		Gracia, Biar							3	Filer ID 00086254	(Ethics Co	ommission Filers)
	Date 02/20/2024		Payee name Wyndham										
6	Amount (\$) \$97.57	7	Payee addres	ss; C	City;	State	e; Zip Co	ode					
			Houston, T	<									
8	PURPOSE OF EXPENDITURE	(a)	Category (Se Contribution Candidate/C	s/Donat	tions Ma	ade By			ш	, TX,	de of Texas. Com officeholder living		le T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder	name		Office sou	ght			Office he	eld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	/ - Gift/Award al Committee Legal Serv	s/Memorials Expense ices	Polling Expense Printing Expense Salaries/Wages/Cor	tract Labor OT	avel in District avel Out of District THER (enter a catego	ry not listed at	pove)
ᆫ			ruction Guide explains ho	ow to complete t	his form.	•		
1	Total pages Schedule F4:					3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 1/1 Rpt: 45/45	Gracia, Bianca				00086254		
	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED			
l	ISSUER	Capit	ol One		DITURES ED TO A CREDIT	\$		
l				CARD	LD 1071 ONLDII			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
l		\$1,000.00	02/13/2024					
		41,000.00	02/10/2021					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
l						•		·
l		Campaign Sidekick						
				Fort Wort	h, TX			
8	PURPOSE OF	(a) Category		(b) Descrip				
l	EXPENDITURE	(See Categories listed at the top	,	Data				
l	X Political	Office Overhead/Ren	al Expense					
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	-	Chack if Austin TV	officeholder living exp	noneo	
╏	Complete ONLY if direct	Candidate/Officeholder	·	ice sought	Check ii Addini, 1X,	Office held		
	xpenditure to benefit C/OH							
	·							
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								