FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 33 00086254 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Bianca NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 NICKNAME LAST **SUFFIX** Gracia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6443 Fairmont Pkwy 140-102 MAILING Receipt # Amount **ADDRESS** Change of Address Pasadena, TX 77505 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Mayra NAME NICKNAME LAST **SUFFIX** Gutierrez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 504 North 8th St. **ADDRESS** (Residence or Business) McAllen, TX 78501 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 432-1434 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Χ reporting limit **PERIOD** Month Day Month Day Year Year **COVERED** 02/25/2024 **THROUGH** 07/14/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

GO TO PAGE 2
www.ethics.state.tx.us

12 OFFICE SOUGHT (if known)

State Representative District 128

Version V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Gracia, Bianca		14 Filer ID 00086254	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political een made without the candidate's or office ort this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
16 CONTRIBUTION TOTALS			NS (OTHER THAN PLEDGES, LOANS IONS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$ 21,803.54
EXPENDITURE TOTALS				
4. TOTAL POLITICAL EXPENDITURES				\$ 29,420.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IED AS OF THE LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 16,887.53
17 AFFIDAVIT		true and corr	firm, under penalty of perjury, that the ac ect and includes all information required 5, Election Code.	
			Bianca Gracia	
			Signature of Candidate or Officeho	older
AFFIX NO	ΓARY STAMP / SEAL AΒ	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	rtify which, witness my hand and	seal of office.	
Signature of office	eer administering	Printed name of officer adn	ninistering Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 33
_	ER NAN		19 Filer ID	(Ethi	ics Commission Filers)
	acia, Bi		00086254		
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,750.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,053.54
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	29,420.07
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	te this forr	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/33	
2	FILER NAME Gracia, Bian	са			3	Filer ID (Ethics Commission 00086254	on Filers)
4	Date 03/07/2024	Adcox, 6 Contributor address; City; State; Zip Code	PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occur	Highland, TX pation / Job title (See Instructions)	la la	Employer (See Instructions	·) 		
0		ner/ self-employed		self-employed)		
	Date 02/25/2024	Cruz, Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Deignal and	Deer Park, TX		Franks var (Caa kastu atiana	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 02/25/2024	Full name of contributor out-of-state Gracia, Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$850.00
		Pasadena, TX			<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/11/2024	Reinhard,	PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/28/2024	Full name of contributor out-of-state Smith, Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$600.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			.				

ETARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
ruction Guide explains how to complete	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/33	
ME ianca		3 Filer ID (Ethics Commission Filers) 00086254
24 Ybarra,	7 Amount of Contribution (\$) \$1,000.00	
TX	Sample of Contraction	
ccupation / Job title (See Instructions)	9 Employer (See Instruction	IS)
i	ruction Guide explains how to complete anca 5 Full name of contributor out-of-state PAG Ybarra, 6 Contributor address; City; State; Zip Code	S Full name of contributor out-of-state PAC (ID#:) Ybarra, G Contributor address; City; State; Zip Code TX

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: 6/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gracia, Bianca 00086254 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/05/2024 Adcox, Jack \$9,053.54 Mailer advertisement 7 Contributor address; City; State; Zip Code Highland, TX 77562 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) self-employed business owner 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

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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/26 Rpt: 7/33	Gracia, Bianca	00086254
4	Date	5 Payee name	•
	03/07/2024	Around La Porte	
6	Amount (\$) \$390.91	7 Payee address; City; State; Zip Code	
		La Porte, TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense print media ad
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/08/2024	Beard,	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code	
		Houston, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign placement coordinator
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/12/2024	Bengochea,	
	Amount (\$) \$650.00	Payee address; City; State; Zip Code	
		Pasadena, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign representative
	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 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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 8/33	Gracia, Bianca		00086254
4	Date	5 Payee name		•
	02/26/2024	Big Mart		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$16.17	2000 Allen genoa rd		
		Pasadena, TX 77017		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense consumables
				Consumables
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		,,,,	Office field
	Date	Payee name		
	03/08/2024	Bock,		
	Amount (\$)	Payee address; City; State; Zip Cod	10	
	\$450.00	Tayee address, City, State, Zip Cou	aC .	
	Ψ-30.00			
		Houston, TX		
	PURPOSE		(h)	Paradiation
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(υ)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/wages/contract Eabor		Check if Austin, TX, officeholder living expense
				political sign placement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	experience to borionic Grou			
	Date	Payee name		
	03/07/2024	Cavazos, Carmen		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,250.00			
		TX		
	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
				. 5
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			
_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 9/33	Gracia, Bianca	00086254
4	Date	5 Payee name	•
	03/11/2024	Cavazos, Carmen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00		
		TX	
8	PURPOSE	(a) Category (a) a series of the control of the con	scription
ľ	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		car	mpaign manager
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/OI	'	
	Date	Payee name	
	03/18/2024	Cavazos, Carmen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	,	Check if Austin, TX, officeholder living expense
l		Cai	mpaign manager
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
-	Data		
	Date 03/05/2024	Payee name Chipotle	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.24		
		Positive TV	
		Pasadena, TX	
	PURPOSE OF	, , ,	scription
	EXPENDITURE	1 000/Deverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			eal expense
			•
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			
l			

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 10/33	Gracia, Bianca		00086254
4	Date	5 Payee name		·
	04/01/2024	Copeland,		
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Coo Houston, TX	de	
8	PURPOSE		(h)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment of prior service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	04/22/2024	Copeland,		
	Amount (\$) \$200.00	Payee address; City; State; Zip Cod	de	
		Houston, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 03/05/2024	Payee name Cornerstone Payment Systems		
	Amount (\$) \$138.44	Payee address; City; State; Zip Coo	de	
		Tustin, CA		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donations and accounting software system
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	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

	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: 5/26 Rpt: 11/33	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	06/04/2024	Cornerstone Payment Systems	
6	Amount (\$) \$8.00	7 Payee address; City; State; Zip Code Tustin, CA	
8	PURPOSE		_
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment processing service	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/01/2024	Deer Park Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.89	2602 Center St Deer Park, TX 77536	
	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 Printing Services	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/06/2024	Deer Park Printing	
	Amount (\$) \$1,705.28	Payee address; City; State; Zip Code 2602 Center St	
		Deer Park, TX 77536	
	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 printing and signs	
	Complete ONLY if direct expenditure to benefit C/Oh	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 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 12/33	Gracia, Bianca		00086254
4	Date	5 Payee name		•
	02/29/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$340.79			
		Menlo Park, CA		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				social media ads
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			
F	Date	Payee name		
	04/01/2024	Facebook		
┝	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$194.70			
l	, , ,			
l		Menlo Park, CA		
⊢	PURPOSE		(h)	Deparintion
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Onice Overneda/Nental Expense		Check if Austin, TX, officeholder living expense
l				software expense
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L	experientare to benefit e/of	1		
	Date	Payee name		
L	05/16/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$8.00			
l				
l		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense service charge
				SSI VISS SHarge
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O		,	22
\vdash				

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 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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 7/26 Rpt: 13/33	2 FILER NAME Gracia, Bianca		3 Filer ID (Ethics Commission Filers) 00086254
4	Date 03/01/2024	5 Payee name Garcia,		·
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Coo	de	
8	PURPOSE OF EXPENDITURE	Houston, TX (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 sign placement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/04/2024	Payee name Garcia,		
	Amount (\$) \$50.00	Payee address; City; State; Zip Coo	de	
		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 sign placement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/07/2024	Payee name Garcia,		
	Amount (\$) \$400.00	Payee address; City; State; Zip Coo	de	
		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 Sign placement coordinator
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	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 com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/26 Rpt: 14/33	Gracia, Bianca		00086254
4	Date	5 Payee name		•
	02/27/2024	Gardner Martin Inc		
6	Amount (\$) \$216.50	7 Payee address; City; State; Zip Code	е	
		Pasadena, TX		
8	PURPOSE		b)	Description
	OF	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				flag and flagpole expense
Ļ				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
┡	·			
	Date	Payee name		
L	03/08/2024	GoDaddy.com		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$14.86	14455 N Hayden Rd		
		Scottsdale, AZ 85260		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				website expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	03/12/2024	GoDaddy.com		
┝	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$22.17	14455 N Hayden Rd		
		•		
		Scottsdale, AZ 85260		
	PURPOSE		h)	Description
	OF	Office Overhead/Rental Expense	~,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Website software expense
L				200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	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 com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/26 Rpt: 15/33	Gracia, Bianca	00086254		
4 Date	5 Payee name			
03/12/2024	GoDaddy.com			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e		
\$32.57	14455 N Hayden Rd			
	Scottsdale, AZ 85260			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	·	Check if Austin, TX, officeholder living expense		
		Website software expense		
		200		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held		
Date	Payee name			
03/29/2024	GoDaddy.com			
Amount (\$)	Payee address; City; State; Zip Cod	e		
\$95.91	14455 N Hayden Rd			
	Scottsdale, AZ 85260			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		website expense		
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held		
expenditure to benefit C/O				
Date	Payee name			
04/01/2024	GoDaddy.com			
Amount (\$)	Payee address; City; State; Zip Cod	e e		
\$102.21	14455 N Hayden Rd	•		
,				
	Scottsdale, AZ 85260			
PURPOSE		h) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	 Description Check if travel outside of Texas. Complete Schedule T. 		
EXPENDITURE	Onice Overneau/Nemai Expense	Check if Austin, TX, officeholder living expense		
		payment of digital expense		
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held		
expenditure to benefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 16/33	Gracia, Bianca	00086254
4	Date	5 Payee name	
	04/08/2024	GoDaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.86	14455 N Hayden Rd	
		Scottsdale, AZ 85260	
8	PURPOSE		
ľ	OF	1 · · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, of	fficeholder living expense
		prior campaign so	ftware expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/O	// I	
	Date	Payee name	
	03/12/2024	Gracia, Bianca	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	of Texas. Complete Schedule T.
	LAI LINDITORE	1 — I —	fficeholder living expense
		Repayment of init	iai ioan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Office field
-	Date		
	Date 06/20/2024	Payee name	
		Gracia, Bianca	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$189.27		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(T
	EXPENDITURE	Louis Repayment Louis Repa	of Texas. Complete Schedule T. fficeholder living expense
		repayment of loan	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H			
l			

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 11/26 Rpt: 17/33	Gracia, Bianca 00086254	
4	Date	5 Payee name	_
l	05/29/2024	Gracia, Bianca	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$574.00		
l			
l		Pasadena, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		repayment of loan	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot	<u>'</u>	
l	Date	Payee name	
l	02/28/2024	Herrera, (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$600.00		
l			
l		Houston, TX	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
l		Check if Austin, TX, officeholder living expense Grassroots director	
		Grassioots director	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
H	Date	Power name	_
l	02/29/2024	Payee name Herrera,	
┝			
l	Amount (\$) \$591.50	Payee address; City; State; Zip Code	
l	Ψ531.50		
l		Houston TV	
┡		Houston, TX	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/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	
l		Grassroots Director	
Г	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
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: 12/26 Rpt: 18/33	Gracia, Bianca 00086254
4	Date	5 Payee name
	04/22/2024	Herrera,
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
		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 Grassroots Director
		Grassioots Director
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	04/08/2024	Herrera, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	rayee address, City, State, Zip Code
	φ1,000.00	
		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
		Payment of previous services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/08/2024	Irigoy,
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		Katy, TX
	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
		sign placement
	Operation ONE VIII	Our didn't (Office helder game)
	Complete <u>ONLY</u> 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel in D
Travel Out
Contract Labor
OTHER (er

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 13/26 Rpt: 19/33	2 FILER NAME Gracia, Bianca		3 Filer ID (Ethics Commission Filers) 00086254
4	Date 02/28/2024	5 Payee name Krell,		
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Coo Katy, TX	de	
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 political sign placement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 03/04/2024	Payee name Krell,		
	Amount (\$) \$50.00	Payee address; City; State; Zip Coo Katy, TX	de	
	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 Sign placement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 02/28/2024	Payee name Modluxe Print & Sale		
	Amount (\$) \$6,500.00	Payee address; City; State; Zip Cod	de	
		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 Printing expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held

SCHEDULE F1

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

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

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

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

imbursement
stal Expense
track Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1: Sch: 14/26 Rpt: 20/33	2 FILER NAME Gracia, Bianca		3 Filer ID (Ethics Commission Filers) 00086254
4	Date 03/25/2024	5 Payee name Modluxe Print & Sale		00000234
6	Amount (\$) \$627.00	7 Payee address; City; State; Zip Coo	de	
		тх		
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 payment of prior advertisement expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou(ght	Office held
	Date 03/01/2024	Payee name Mora,		
	Amount (\$) \$50.00	Payee address; City; State; Zip Cod	de	
		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 political sign setup
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 03/04/2024	Payee name Mora,		
	Amount (\$) \$50.00	Payee address; City; State; Zip Cod	de	
		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 Sign placement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	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	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: 15/26 Rpt: 21/33	Gracia, Bianca 00086254
4	Date	5 Payee name
	03/11/2024	Morales,
6	Amount (\$) \$400.00	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 Political sign placement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Office Depot
	Amount (\$) \$73.61	Payee address; City; State; Zip Code 3931 Fairway Plaza Dr
		Pasadena, TX 77505
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tools and supplies for signs.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Outdoorsy
	Amount (\$) \$641.32	Payee address; City; State; Zip Code 1300 Guadalupe Street
L		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RV rental fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 22/33	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/27/2024	Outdoorsy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$320.65	
		Houston, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Rv rental
		RV TETILAI
_	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Outdoorsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$901.69	
		Austin, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Rv rental expense
		TV Territal experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Outdoorsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.26	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		RV rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 17/26 Rpt: 23/33	Gracia, Bi	anca ———————————————————————————————————					00086254	
4	Date	5 Payee nam							
	03/08/2024	Outdoorsy							
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip C	ode				
	\$300.00								
		TX							
8	PURPOSE OF		(See Categories listed at the top		(b)	Description		d4.T O	elete Calcadula T
	EXPENDITURE	Transporta Expense	ation Equipment And	Related		므		de of Texas. Comp officeholder living	
		Едропос				RV rental exp			•
9	Complete ONLY if direct		fficeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee nam	е						
	02/26/2024	Panda Ex	press						
	Amount (\$)	Payee addr	ress; City;	State; Zip C	ode				
	\$63.65	5230 Fairr	mont, Pkwy						
		Pasadena	, TX 77505						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	erage Expense			_		de of Texas. Comp	
						Dinner expen		officeholder living	елрепъе
						o. opon		-	
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	H							
H	Date	Payee nam	e						
	04/22/2024	Pinedo,							
	Amount (\$)	Payee addr	ress; City;	State; Zip C	ode				
	\$500.00		-	•					
		TX							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	l	Vages/Contract Labor	*		Check if travel		de of Texas. Comp	
	LAFLINDITORE							officeholder living	expense
						Digital and m	eal	a	
	Complete ONLY if direct	Candidata/O	fficeholder name	Office so	liapt			Office he	ald
	Complete ONLY if direct expenditure to benefit C/OH		meenoluel Haille	Onice S0	ugill			Onice ne	au

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 24/33	Gracia, Bianca 00086254
4	Date	5 Payee name
	02/26/2024	Pizza Hut
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.86	6845 Spencer Hwy
		Pasadena, TX 77505
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch expense
		Lunch expense
_	Compulate ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2024	Raising Canes
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.71	8055 Spencer Hwy
		Deer Park, TX 77536
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal expense
		med expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
	5 .	
	Date	Payee name
	03/07/2024	Ramos,
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		Katy, TX
	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
		sign and ad placement
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experioliture to beriefit C/Of	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 19/26 Rpt: 25/33	Gracia, Bianca	00086254			
4 Date	5 Payee name	•			
02/28/2024	Rodriguez,				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$200.00					
	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 Assistant			
		Campaign / toolstant			
9 Complete ONLY if direct	Candidate/Officeholder name Office :	L Sought Office held			
expenditure to benefit C/C		·			
Date	Payee name				
03/06/2024	Rodriguez,				
Amount (\$)	Payee address; City; State; Zip	Code			
\$200.00					
	Hidalgo, TX				
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 Assistant			
		Campaign Assistant			
Complete ONLY if direct	Candidate/Officeholder name Office :	Sought Office held			
expenditure to benefit C/OH					
Date	Payee name				
02/26/2024	Rumble Up				
Amount (\$)	Payee address; City; State; Zip	Code			
\$100.00					
	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.			
_/		Check if Austin, TX, officeholder living expense			
		texting			
Complete ONLY if direct	Candidate/Officeholder name Office :	Sought Office held			
expenditure to benefit C/C		500 1010			

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 26/33	Gracia, Bianca		00086254
4	Date	5 Payee name		·
	02/28/2024	Rumble Up		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
l	\$420.00			
l				
l		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Ē	Check if Austin, TX, officeholder living expense
l			U	exting service
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI		H	Office field
⊨	<u> </u>			
l	Date	Payee name		
	02/28/2024	Rumble Up		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
l	\$10.00			
l				
L		TX		
l	PURPOSE OF	2 (()))	b) [Description
l	EXPENDITURE	Advertising Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			t	exting
				-
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	03/05/2024	Rumble Up		
Г	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$227.00			
l				
l		TX		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE		Ĺ	Check if Austin, TX, officeholder living expense
			Ţ	exting expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name	ht	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ıll	Office held
\vdash				

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	ı - I Cor	nmittee	Legal Services				/ages	e /Contract Labor ete this form.		Travel Ou OTHER (strict category not listed above)
_	Tatal name C	_	EU ED MAN		Galde 6	-Apiuiii3 I		ріс		<u> </u>	Fil. 15		(Ethios Commission Eth.)
_	Total pages Schedule F1:									3			(Ethics Commission Filers)
	Sch: 21/26 Rpt: 27/33		Gracia, Bia	nca ————						<u> </u>	00086	254	
4	Date	5	Payee name										
	03/05/2024		Rumble Up										
6	Amount (\$)	7	Payee addre	ss; City		State;	Zip Co	de					
	\$100.00		-	,		·	-						
			Machinator	, DC									
Ļ		_	Washingtor										
8	PURPOSE OF	(a)	Category (S		sted at the top	of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense					Check if travel of Check if Austin				plete Schedule T.
									text advertise			ci iiviiiy	y experies
_	Complete ONLY if direct	<u></u>	Candidata /O#:	coholder =	ımo		Office com	ab+			0"	ice he	old.
9	expenditure to benefit C/O		Candidate/Offi	cenolaer na	une	O	Office sou	ynı			Oπ	ice ne	eiu
	Date		Payee name										
	03/05/2024		Rumble Up										
	Amount (\$)		Payee addre	ss; City	,	State;	Zip Co	de					
	\$303.00												
			Washington	DC.									
	DUDDOGE	<u>, , , , , , , , , , , , , , , , , , , </u>						<i>(</i>)- `					
	PURPOSE OF	(a)	Category (S		sted at the top	of this sche	edule)	(a)	Description	outo:	do of Toylo	c Com	inloto Schodulo T
	EXPENDITURE		Advertising	Expense					Check if travel of Check if Austin				plete Schedule T. g expense
									text advertise				γ - μ
											-		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder na	ıme		Office sou	aht			Off	ice he	əlq
	expenditure to benefit C/O		Jananaatt/0111	SOLIDIUGI IIC		J	, moc sou	Aiir			Oli	.00 110	Jiu
_													
	Date		Payee name										
L	02/27/2024	L	Schlotzskys	S									
	Amount (\$)		Payee addre	ss; City	;	State;	Zip Co	de					
	\$30.29												
			La Porte, T	X									
	PURPOSE	(a)			atad state :	of their	aduls)	(h)	Description				
	OF	۱۳۶	Category (Solo) Food/Bever			of this sche	eaule)	(3)		outsi	de of Texa	s. Com	plete Schedule T.
	EXPENDITURE		i oou/bevel	age Expe	136				Check if Austin				•
									lunch expens	e			
	Complete ONLY if direct		Candidate/Offi	ceholder na	ıme	0	Office sou	ght			Off	ice he	eld
	expenditure to benefit C/OI							-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/26 Rpt: 28/33 Gracia, Bianca 00086254 4 Date Payee name

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations 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: 23/26 Rpt: 29/33	Gracia, Bianca 00086254
4	Date	5 Payee name
	03/04/2024	Twitter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.77	Market Square, 1355 Market St
		suite 900
		San Francisco, CA 94103
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 social media ad
		Social media ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2024	Twitter
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.40	
		San Francisco, CA
	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 payment of incurred expense
		payment of incurred expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/04/2024	Twitter
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.50	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		payment of incurred expense
_	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 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: 24/26 Rpt: 30/33	Gracia, Bianca 00086254	
4	Date	5 Payee name	
	02/26/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.14	1515 3rd St	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense transportation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Data	Davida manua	_
	Date 04/04/2024	Payee name Uber	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.15		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense	
		Expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
H	Date	Payee name	=
	04/17/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$6.92	. ayou and only, Only, Only, Dip oods	
	Ψ0.32		
		TX	
	DUDDOST		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		travel expense	
l		1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/Oh		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Gard i dyment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/26 Rpt: 31/33	Gracia, Bianca		00086254
4	Date	5 Payee name		•
	04/17/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$6.93			
l				
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense
				Travel expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
"	expenditure to benefit C/OI		gni	Office field
⊨	Date			
	Date	Payee name		
L	04/18/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$15.57			
L		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		transportation expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	04/18/2024	Uber		
H	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$16.08	,,,,,,,		
	,			
		TX		
L	PURPOSE		(h)) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				transportation expense
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	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
Credit Card Payment

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

l	Credit Gard Layment	The Instruction Guide explains how to co	omplete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/26 Rpt: 32/33	Gracia, Bianca			00086254	
4	Date	5 Payee name				
	03/08/2024	YACU Media				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
l	\$450.00					
		TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi		
l	EXPENDITORE			Check if Austin, TX,	, officeholder living	expense
l			S	ocial media		
L			<u> </u>			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught		Office he	eld
L						
l	Date	Payee name				
l	03/08/2024	YACU Media				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
l	\$50.00					
l						
		тх				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE			Check if Austin, TX,	, officeholder living	expense
			S	ocial media		
dash	2		<u> </u>			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught		Office he	eld
┕						
l						
l						
l						
l						
l						
l						
l						

The Instruction Guide explains how to complete this form: Complete only if "Report Type" on page 1 is marked "Final Report" ** Page 33 of 33 1 CrOH NAME Gracia, Bianca 3 SIGNATURE 14 On the oppet of further political contributions or political expenditures in connection with my cendidacy. Lunderstand that designating a contributions or make any campaign resource appointment, labo understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign because appointment on file. Blanca Gracia Signature of Candidate / Officeholder 4 FILER WHO IS NOT AN OFFICEHOLDER **Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS Check only one: 1 do not have unexpended contributions or unexpended interest or income earned from political contributions. Lunderstand that I may not unexpended understand that i must file an annual report of unexpended contributions and proper of unexpended contributions and proper of unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and proper of unexpended contributions and proper of unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not contributions to personal use. I also understand that I must file an annual report of unexpended contributions and proper of unexpended contributions or personal use. I also understand that I must file an annual report of unexpended contributions and proper of unexpended interest or income earned on political contributions or personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from political contributions. 1 I do not retain assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must d			FORM C/OH - FR						
Signature of Candidate / Officeholder 1 do not expect any further political contributions or political expenditures in connection with my candidacy. Lunderstand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept amy campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Blanca Gracia			' ** Page 33 of 33						
Ido not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report serminates my campaign reasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign reasurer appointment on file. Bianca Gracia Signature of Candidate / Officeholder	1	C/OH NAME	2 Filer ID (Ethics Commission Filers)						
Ido not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign reasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Bianca Gracia Signature of Candidate / Officeholder		Gracia, Bianca	00086254						
as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Bianca Gracia	3	SIGNATURE							
Signature of Candidate / Officeholder		as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any							
Signature of Candidate / Officeholder			Bianca Gracia						
** Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate		Signatur							
** Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate	_								
A CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended political contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions and that I may not retain unexpended contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate 5 OFFICEHOLDER ** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions, or as	4								
Check only one: X Ido not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and unexpended political contributions and unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one:		** Complete A & B below only if you are not an officenoider **							
I do not have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and unexpended political contributions and unexpended political contributions and unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one:		A CAMPAIGN FUNDS							
I do not have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and unexpended political contributions and unexpended political contributions and unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one:									
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended political contributions to personal use. I also understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS									
convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may dispose of unexpended political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. B ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate 5 OFFICEHOLDER ** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions, interest or other income from political contributions.		X I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.						
Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate 5 OFFICEHOLDER ** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance							
I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate		B ASSETS							
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia		Check only one:							
convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. Bianca Gracia Signature of Candidate **Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		X I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.						
Signature of Candidate **Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		convert assets purchased with political contributions or interest or other income from understand that I must dispose of assets purchased with political contributions in acc	political contributions to personal use. I also						
Signature of Candidate **Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.									
The section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			Bianca Gracia						
** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			Signature of Candidate						
** Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	_								
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	5								
also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		Complete this section only if you are all officeriolder							
Signature of Officeholder		also aware that I will be required to file reports of unexpended contributions if, after fi retain political contributions, interest or other income from political contributions, or a	iling the last required report as an officeholder, I						
Signature of Officeholder									
Signature of Officeholder									
		S	ignature of Officeholder						