### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this f	orm. 1 Filer ID (Ethics Commission 00086222		2 Total pages file 52	
3 CANDIDATE /	MS / MRS / MR FIRST	I	MI		ISE ONLY
OFFICEHOLDER	Mr. Jonath	an Dwayne			
NAME				Date Received	
				ELECTRONICA	LLY FILED
	NICKNAME LAST		SUFFIX	10/07/2024	
	Gracia				
4 CANDIDATE /				Date Hand-delivered or	Data Postmarkod
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	<i>‡</i> ; CITY;	ZIP CODE	Date Hand-delivered of	Date Postillarkeu
MAILING	119 W. Van Buren			Receipt #	Amount
ADDRESS				Receipt #	Amount
Change of Address	Harlingen, TX 78550				
				Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRST		MI		
TREASURER	Ms. Sandra				
NAME	Sanura				
	NICKNAME LAST		SUFFIX		
	Colwell				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE); APT / S	UITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	207 W Saturn Ln				
ADDRE35					
(Residence or Business)	South Dodro Island, TX 78507				
	South Padre Island, TX 78597				
7 CAMPAIGN	AREA CODE PHONE NUMB	ER EXTENSION			
TREASURER	(956) 459-6789				
PHONE					
8 REPORT					
TYPE	January 15 X 30th d	lay before election 🔲 Run	off	15th day after can	npaign treasurer
				appointment (offic	
	July 15 8th da		eeded modified	Final Report (Atta	ch C/OH-FR)
		repo	orting limit	-	
9 PERIOD	Month Day Year		Month Day	Year	
COVERED	07/01/2024	THROUGH	09/26/2024	1	
10 ELECTION	ELECTION DATE	E	LECTION TYPE		
	Month Day Year	Primary	Runoff	Other	
	11/05/2024				
		X General	Special		
	<u> </u>				
11 OFFICE	OFFICE HELD (if any)	12	OFFICE SOUGHT		
			State Representa	tive District 37	
	1	I			
		GO TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Versio	on V4.1.0.48da51f7

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 51

13 C / OH NAME	Gracia, Jonathan Dw	ayne (Mr.)	14 Filer ID 00086222	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	TSTA				
		COMMITTEE ADDRESS				
	SPECIFIC	8716 North Mopac Expressway				
		Austin, TX 78759-8321				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
		тх				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	<b>\$</b> 46,148.15		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 102,222.16		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 31,005.98		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 243,600.00		
17 AFFIDAVIT	-					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Mr. Jona	athan Dwayne Gracia	ı		
		Signature o	f Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.	_			
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 51
18 FILER NAME Gracia, Jonathan Dwayne (Mr.)	19 Filer ID 00086222	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 37,741.67
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 8,406.48
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 102,222.16
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 TO FILER	RETURNED	\$

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/51	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		athan Dwayne (Mr.)			00086222	· · ·
4	Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7	Amount of Contribution (\$)	
	08/27/2024	Aberly, Naomi				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Boston , MA 02114				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 3)		
	Not Employe		Not Employed	,		
	Date	Full name of contributor out-of-state PAC (ID		Г	Amount of Contribution (\$)	
	09/20/2024	Adams, Russell	/π,			\$250.00
	00,2	Contributor address; City; State; Zip Code		$\left  \right $		<b>*</b>
		Brownsville, TX 78526				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor		Utrgv			
	Date	Full name of contributor out-of-state PAC (ID	)		Amount of Contribution (\$)	
	07/28/2024	Albert, David				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78741				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	Professor		Austin Community Colle	ege		
	Date	Full name of contributor out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	09/24/2024	Aleman, Rick				\$2,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78216-3110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Self Employe		Selrico Services Inc	2)		
				1	Amount of Contribution (¢)	
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID Ameser, Bill	)#:)		Amount of Contribution (\$)	\$250.00
	0512112024			-		Ψ200.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/51	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	- athan Dwayne (Mr.)		00086222	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/25/2024				\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Brownsville, TX 78521			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	,	
Doctor		Dr. Subramaniam Anano	dasivam, MD, Nephrology	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/29/2024				\$1,000.00
	Contributor address; City; State; Zip Code			
	Brownsville, TX 78520			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Medical Doc	ctor	Self employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/17/2024				\$250.00
	Houston, TX 77008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Investment /	Advisor	Cord Investment Manag	jement, LLC	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/03/2024				\$500.00
	Contributor address; City; State; Zip Code			
	Rancho Viejo , TX 78575			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Attorney		Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/20/2024				\$500.00
	Contributor address; City; State; Zip Code			
	Brownsville , TX 78520			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
Senior Polic		Akin Gump		
	,	<u> </u>		
1				

=					1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to co	mplete this fo	orm.	ľ	Total pages Schedule A1: Sch: 3/10 Rpt: 6/51	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Gracia, Jona	athan Dwayne (Mr.)				00086222	
4	Date	5 Full name of contributor out-o	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/27/2024	Brust, Karen					\$500.00
		6 Contributor address; City; State; Zip	Code		1		
<u> </u>		Iowa City, IA 52240	r				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Physician			U if Iowa			
	Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	09/14/2024	Bryant, Suzanne					\$100.00
		Contributor address; City; State; Zip			1		
		A					
┝	Dringing oog	Austin, TX 78703		Employer (Cap Instructions			
	Attorney	<pre>upation / Job title (See Instructions)</pre>		Employer (See Instructions Law Office of Suzanne E		rant	
╞			I		Біу т		
	Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷=00.00
	08/12/2024	Butanda, Fernando (Mr.)					\$500.00
		Contributor address; City; State; Zip	Code				
		Brownsville, TX 78526					
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ເ)		
	Self Employe			None	,		
╞	Date		-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	08/26/2024	Butler, Molly	01-State FAC (107	/		Allount of Contribution (*)	\$100.00
	00/20/202	Contributor address; City; State; Zip					Ψ100.02
			Code				
		Lakewood, CO 80215					
┢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	эd		Not Employed			
F	Date	Full name of contributor out-o	-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	De La Rosa Noriega, Rodolfo	-				\$600.00
		Contributor address; City; State; Zip	Code				
		Brownsville, TX 78521					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Restaurant (	Jwner		Restaurant Owner			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/51
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		athan Dwayne (Mr.)		00086222
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	09/13/2024	Del Castillo, Francisco Javier (Dr.)		\$400.00
		6 Contributor address; City; State; Zip Code		
		Rancho Viejo, TX 78575		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	Doctor		Dr. Francisco Javier del	l Castillo, MD
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/17/2024	Eschenfelder, Paul		\$500.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77379		
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
	Not Employe		Not Employed	5)
╞				Amount of Contribution (\$)
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID#: Espinosa, Lydia	)	\$100.00
	0012312024	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Harlingen , TX 78550		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Not Employe	¢d	Not Employed	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/08/2024	Gonzalez, Julio (Mr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78703	1 _ /0 lasta	
	•	ipation / Job title (See Instructions)	Employer (See Instructions Charm	S)
	Managemen			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/12/2024	Goodwin, Vikki		\$100.00
	Contributor address; City; State; Zip Code			
		Austin, TX 78739		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Real Estate		Goodwin & Goodwin Re	
$\vdash$				

			-
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	athan Dwayne (Mr.)		00086222
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/02/2024	Gracia, Jonathan		\$8,000.00
	6 Contributor address; City; State; Zip Code		1
Drincinal occu	Brownsville, TX 78520 upation / Job title (See Instructions)	9 Employer (See Instructions	~\
Attorney		The Gracia Law Firm	\$)
	<u> </u>		1 (4)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/03/2024	Gracia, Robert		\$11,000.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78523		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Consulting		Self Employed	\$)
	<u> </u>		1 (4)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/25/2024	Graham, Joseph		\$500.00
	Contributor address; City; State; Zip Code		
	BAYVIEW, TX 78566		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Not Employe		Not Employed	<i>'</i> ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/02/2024	Howe, David	/	\$100.00
00/02/2024			φ±00.00
	Contributor address; City; State; Zip Code		
	Oakland , CA 94609-1063		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Economist		self	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
07/29/2024			\$250.00
-	Contributor address; City; State; Zip Code		•
	Washington, DC 20009		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Activist		self	
		1	

	The Instru	ction Guide explains how to complete t	his form.	:	1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/51	
2	FILER NAME			:	3 Filer ID (Ethics Commission	on Filers)
	Gracia, Jona	than Dwayne (Mr.)			00086222	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:		7 Amount of Contribution (\$)	
	08/29/2024	Hussain, Khadim (Dr.)				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Brownsville, TX 78520				
8		pation / Job title (See Instructions)	9 Employer (See In			
	Doctor		Dr. Khadim Hu	issain, MD		
	Date		(ID#:	)	Amount of Contribution (\$)	
	09/18/2024	Jackson, Katherine				\$100.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
		pation / Job title (See Instructions)	Employer (See In	nstructions)		
	Not Employe		Not Employed			
	Date		(ID#:	)	Amount of Contribution (\$)	
	08/27/2024	Jeudy, Wil				\$100.00
		Contributor address; City; State; Zip Code				
		Houston , TX 77008				
┝	Bringinal occu	pation / Job title (See Instructions)	Employer (See II	netructions)		
	Physician		Next Level Urg			
╞	-					
	Date		(ID#:	)	Amount of Contribution (\$)	¢250.00
	09/22/2024	Korth-Juricek, Ashley				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78752				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)		
	Investor		AKJ Investmer			
⊨	Date	Full name of contributor out-of-state PAC	(10#	<u>,  </u>	Amount of Contribution (\$)	
	08/21/2024	Lambert, Sawyer	(ID#		Amount of Contribution (\$)	\$100.00
	00/21/2024	Contributor address; City; State; Zip Code				Ψ100.00
		Contributor address, City, State, Zip Code				
		McAllen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)		
	Optometrist		Self Employed			
⊢			1			

	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/51	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Gracia, Jona	athan Dwayne (Mr.)				00086222	
4	Date	5 Full name of contributor out-of-state R	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/14/2024	Pequeno, Juan					\$100.00
	l	6 Contributor address; City; State; Zip Code					
_		Brownsville, TX 78521	r		Ļ		
8		ipation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Self employe			Juan M Pequeno			
	Date		PAC (ID#:	)		Amount of Contribution (\$)	
	09/18/2024						\$100.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Executive	peneri		En Su Casa Caregivers	,		
	Date	Full name of contributor out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	09/09/2024	Ray, Marshall (Mr.)		,			\$1,000.00
		Contributor address; City; State; Zip Code					
		Brownsville, TX 78520					
		ipation / Job title (See Instructions)		Employer (See Instructions	)		
	Self			Self Employed			
	Date	Full name of contributor out-of-state	PAC (ID#:	)		Amount of Contribution (\$)	
	09/04/2024	Ressin, Jeff					\$100.00
		Contributor address; City; State; Zip Code					
		SE VIENNA, VA 22180					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	.)		
	consultant			self	,		
	Date	Full name of contributor out-of-state		)		Amount of Contribution (\$)	
	09/08/2024	Roberts-Miller, Jimmy	TAO (18#	,			\$166.67
	-	Contributor address; City; State; Zip Code					
		Austin, TX 78757					
		ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	be		Not Employed			

	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/51	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Gracia, Jona	athan Dwayne (Mr.)				00086222	
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/24/2024	Robles, Daniel					\$500.00
	I	6 Contributor address; City; State; Zip Code					
	I						
	I						
Ļ		San Benito, TX 78586 upation / Job title (See Instructions)		9 Employer (See Instructions			
°	Attorney			The Robles Law Firm	)		
╞					_	tt-ibution (Φ)	
	Date 08/06/2024		PAC (ID#:_	)		Amount of Contribution (\$)	¢100.00
	08/06/2024						\$100.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	Harlingen , TX 78552					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Sr. Director		ļ	Signify Health			
⊨	Date	Full name of contributor out-of-state P	PAC (ID#:_	)		Amount of Contribution (\$)	
	09/10/2024	Rock, Justin	,			-	\$100.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
		Harlingen , TX 78552			L		
		upation / Job title (See Instructions)	ļ	Employer (See Instructions	)		
	Sr. Director			Signify Health	_		
	Date		PAC (ID#:_	)		Amount of Contribution (\$)	_
	09/15/2024	Schneider, Lisa					\$100.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	Austin, TX 78752					
┝	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	 :)		
	Musician/Tea	, , ,	ļ	Self	,		
⊢	Date	Full name of contributor out-of-state P			_	Amount of Contribution (\$)	
	09/17/2024	Shergold, John (Mr.)	<sup>-</sup> AC (iDπ	/			\$500.00
		Contributor address; City; State; Zip Code					
	I						
	I						
		Rancho Viejo, TX 78575					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	)		
	Attorney		ļ	Hodge & Shergold LLP			

The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/51	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Gracia, Jona	than Dwayne (Mr.)				00086222	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/17/2024	Stevens, Samantha					\$100.00
	6 Contributor address; City; State;	Zip Code				
	Austin, TX 78746					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
Real Estate I	nvestor		Self			
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/20/2024	Stewart, William A					\$100.00
	Contributor address; City; State;					
	Dallas, TX 75219					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Not Employe	d		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/29/2024	Torres, Astrid (Dr.)					\$1,000.00
	Contributor address; City; State;	Zip Code				
	Rancho Viejo, TX 78575					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Doctor			Doctor Torres MD			
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/29/2024	Transcar Express					\$1,000.00
	Contributor address; City; State;					
	Olmito, TX 78578					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/13/2024	WILLIAMS, Wright					\$125.00
	Contributor address; City; State;	Zip Code				
	Houston, TX 77025					
	pation / Job title (See Instructions)		Employer (See Instructions	)		
Clinical Psyc	hologist		Dept of Veterans Affairs			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/10 Rpt: 13/51 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gracia, Jonathan Dwayne (Mr.) 00086222 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 09/13/2024 \$500.00 Zamir, Asim (Dr.) 6 Contributor address; City; State; Zip Code Brownsville, TX 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor Dr. Asim Zamir, MD

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 1/1 Rpt:				
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)				
	athan Dwayne (Mr.)	00086222					
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)		9 In-kind contribution			
09/25/2024	Cambio Texas		contribution (\$)	description Text SMS &			
	7 Contributor address; City; State; Zip Code			Salary/Wages/Contract Labor			
	Edinburg, TX 78539		Check if travel ou	utside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		structions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (	See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's spouse (if any) (F	OR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution			
08/31/2024		/	contribution (\$)	-			
	Contributor address; City; State; Zip Code			Salaries, Payroll Taxes & Insurance Benefits			
			1	insurance benefits			
			1				
	Austin, TX 78761			utside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-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 contributo	r's spouse (if anv) (F	OR JUDICIAL)			
				,			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimburs Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 1/37 Rpt: 15/51	racia, Jonathan Dwayne (Mr.)		00086222						
4	Date 08/09/2024	ayee name cuna, Marco								
6	Amount (\$) \$316.00	ayee address; City; State 104 Remington St onna, TX 78537	e; Zip Code							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so alaries/Wages/Contract Labor	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	08/16/2024	cuna, Marco								
	Amount (\$)	ayee address; City; State	; Zip Code							
	\$360.00	104 Remington St onna, TX 78537								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so alaries/Wages/Contract Labor	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	08/23/2024	cuna, Marco								
	Amount (\$) \$796.15	ayee address; City; State 104 Remington St	e; Zip Code							
		onna, TX 78537								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so alaries/Wages/Contract Labor	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Inmittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · ·		•		3	Filer ID (Ethics Commission Filers)				
-	Sch: 2/37 Rpt: 16/51	-	Gracia, Jonathan Dwayne (Mr.)					00086222				
4	Date	5	Payee name									
	08/30/2024		Acuna, Marco									
6	Amount (\$)		<b>,</b>	e; Zip Co	de							
	\$662.02		6104 Remington St									
			Donna, TX 78537									
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor	should		<u> </u>	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE		-				, TX,	, officeholder living expense				
						Field Worker						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held				
	Date		Payee name									
	09/06/2024		Acuna, Marco									
	Amount (\$)			e; Zip Co	nde							
	\$486.06		6104 Remington St	c, zip co	uc							
	ψ400.00		0104 Kennington St									
			Donna, TX 78537									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	chedule)	(b)			ide of Texas. Complete Schedule T.				
						Field Worker	, TX,	, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held				
-	Date		Payoo pamo									
	09/13/2024		Payee name Acuna, Marco									
	Amount (\$)			e; Zip Co	de							
	\$592.79		6104 Remington St									
			Donna, TX 78537									
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense				
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht			Office held				
	expenditure to benefit C/OI				an							
-												

			EXPENDITURE CATE	GORIE	S FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	O Pi Pi Si	Office Over Polling Exp Printing Exp Galaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
L.	Sch: 3/37 Rpt: 17/51	2	Gracia, Jonathan Dwayne (Mr.)				3	00086222	
4	Date 08/09/2024		Payee name Aguilar, Perla						
6	Amount (\$)	7	Payee address; City; St	tate: Z	Zip Coc	e			
	\$450.00		409 El Gato rd						
			Alamo, TX 78516						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedu	ıle)	b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Comp	
						Field Worker		, officeholder living	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offi	ce soug	ht		Office he	ld
	Date		Payee name						
	08/16/2024		Aguilar, Perla						
	Amount (\$)		Payee address; City; St	tate; Z	Zip Coo	е			
	\$450.00		409 El Gato rd						
			Alamo, TX 78516						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedu	ıle)	b) Description Check if travel	outs	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE		Salaries, Wages, Contract Labor			Check if Austin	ı, TX	, officeholder living	expense
						Field Worker			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ce soug	ht		Office he	ld
_	Date		Payee name						
	08/23/2024		Aguilar, Perla						
_	Amount (\$)		-	tato: 7	Zip Coo	0			
	\$450.00		409 El Gato rd	laie, z		e			
	φ+30.00								
			Alamo, TX 78516						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedu	ıle)	b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Comp	
								, officeholder living	expense
						Filed Worker			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	ht		Office he	Id
	,								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	oense P ials Expense P	oan Repayment/ fffice Overhead/F olling Expense rinting Expense alaries/Wages/C w to complete	Rental Expense contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 4/37 Rpt: 18/51	Gracia, Jonathan Dwayn	e (Mr.)			00086222				
4	Date 08/23/2024	Payee name Aguilar, Perla								
6	Amount (\$) \$671.99	Payee address; City; 109 El Gato rd Alamo, TX 78516	State; Z	Zip Code						
8	PURPOSE OF EXPENDITURE	Category (See Categories listed Salaries/Wages/Contract			_	outside of Texas. Com TX, officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Offi	ce sought		Office he	eld			
	Date	ayee name								
	08/30/2024	Aguilar, Perla								
	Amount (\$) \$510.00	Payee address; City; 109 El Gato rd Alamo, TX 78516	State; Z	Zip Code						
	PURPOSE OF EXPENDITURE	Category (See Categories listed Salaries/Wages/Contract				outside of Texas. Com TX, officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Offi	ce sought		Office he	eld			
	Date	Payee name								
	08/30/2024	Aguilar, Perla								
	Amount (\$) \$607.33	Payee address; City; 109 El Gato rd	State; 2	Zip Code						
		Alamo, TX 78516		i						
	PURPOSE OF EXPENDITURE	Category (See Categories listed Salaries/Wages/Contract				outside of Texas. Com TX, officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Offi	ce sought		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense     Event Expense     Loan Repayment/Reinbut       Accounting/Banking     Fees     Office Overhead/Rental E       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract       Credit Card Payment     The Instruction Guide explains how to complete this factors							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 5/37 Rpt: 19/51		Gracia, Jonathan Dwayne (Mr.)					00086222				
4	Date	5	Payee name									
	09/19/2024		Alamo Mailing Company									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$8,217.19		13114 Lookout Run									
			San Antonio, TX 78233									
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description						
	OF EXPENDITURE		Printing Expense		,	Check if trave	l outs	side of Texas. Complete Schedule T.				
	EXPENDITORE						n, TX	K, officeholder living expense				
						Mail Out						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	Jht		Office held				
	Date		Payee name									
	09/12/2024		Alamo Mailing Company									
	Amount (\$)		Payee address; City;	State:	Zip Co	de						
	\$1,445.87		12716 O'Connor Rd	,								
	¢1,110.01											
			San Antonio, TX 78233									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Printing Expense	this sche	edule)	(b) Description	l outs	side of Texas. Complete Schedule T.				
						Check if Austi Mailer	n, TX	K, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Jht		Office held				
	Date		Payee name									
	07/24/2024		All Valley Media LLC									
	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Co	10						
	\$6,819.73		221 W. Wilson Ave.	otato,	2.0 000							
	40,013.75											
			Harlingen, TX 78550									
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense				n, TX	side of Texas. Complete Schedule T. K, officeholder living expense				
L		Ľ	Condidate/Officebolder reme			•h+		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jrit		Office held				
	,											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By - Candidate/Officeholder/Political Committee     Gift/Awards/Memorials Expense     Printing Expense       Credit Card Payment     The Instruction Guide explains how to complete this form.							Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/37 Rpt: 20/51		Gracia, Jonathan Dwayne (Mr.)					00086222		
4	Date	5	Payee name							
	08/20/2024		All Valley Media LLC							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$7,881.04		221 W. Wilson Ave.							
			Harlingen, TX 78550							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Advertising Expense					de of Texas. Compl officeholder living e		
						Graphic Desi				
						Chapine 2001	gn		ould	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l ught			Office hel	d	
	Date		Payee name							
	09/20/2024		All Valley Media LLC							
	Amount (\$)		-	e; Zip Co	ode					
	\$8,588.48		221 W. Wilson Ave.	о, <u>-</u> пр оч	ouo					
	\$0,000.40									
			Harlingen, TX 78550							
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Advertising Expense					de of Texas. Compl officeholder living e		
						Graphic Desi				
							9			
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ught			Office hel	d	
	expenditure to benefit C/OI	H								
	Date		Payee name					-		
	07/19/2024		Allegra							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$52.43		1801 S 77 Sunshine Strip #B6							
			Harlingen, TX 78550		_					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description	_			
	OF EXPENDITURE		Printing Expense					de of Texas. Compl		
	-					Door Hanger		officeholder living e	expense	
						Door Hanger	ა			
_	Complete ONIL V if direct	Ľ	andidate/Officebolder name	Office ce				Office hel	d	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	JUIL			Unice nel	u	

			EXPENDITURE	CATEGO	RIES FOF	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	<b>2</b> F				-	3	Filer ID	(Ethics Commission Filers)
	Sch: 7/37 Rpt: 21/51		racia, Jonathan Dwayne (N	lr.)				00086222	
4	Date 08/12/2024		ayee name Ilegra						
6	Amount (\$) \$373.47	1	ayee address; City; 801 S 77 Sunshine Strip #B arlingen, TX 78550		Zip Co	de			
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the rinting Expense	top of this sch	edule)		n, TX,	ide of Texas. Comp , officeholder living ards	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date	Р	ayee name						
	08/28/2024	A	llegra						
	Amount (\$) \$202.21	1	ayee address; City; 801 S 77 Sunshine Strip #B arlingen, TX 78550		Zip Co	de			
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the rinting Expense	top of this sch	edule)			ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date	Р	ayee name						
	08/16/2024	A	lonso, Rafael						
	Amount (\$) \$180.00		ayee address; City; 97 Siera River Dr	State;	Zip Co	de			
			rownsville, TX 78520						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the alaries/Wages/Contract Lab		edule)		n, TX,	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	(	Office sou	ght		Office he	ld

			EXPENDITURE CATEGO	ORIES FO	R BC	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain:	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
-	Sch: 8/37 Rpt: 22/51		Gracia, Jonathan Dwayne (Mr.)				5	00086222	
4	Date 08/23/2024	5	Payee name Alonso, Rafael						
6	Amount (\$)	7		e; Zip Co	odo				
ľ	\$345.00	ľ	997 Siera River Dr	ς, Ζιρ στ	Juc				
	\$5.00								
			Brownsville, TX 78520						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor						nplete Schedule T.
						Field Worker		officeholder living	g expense
_	Operation ONIL V if diverse			0.45				0#100	-1-1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office h	eid
	Date		Payee name						
	08/30/2024		Alonso, Rafael						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$332.57		997 Siera River Dr						
			Brownsville, TX 78520						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,					nplete Schedule T.
	EXPENDITORE							officeholder living	g expense
						Field Worker			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/OI								
	Date		Payee name						
	09/06/2024		Alonso, Rafael						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$351.45		997 Siera River Dr						
			Brownsville, TX 78520						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF		Salaries/Wages/Contract Labor	,			outsi	de of Texas. Corr	nplete Schedule T.
	EXPENDITURE		5			Check if Austin	, TX,	officeholder living	g expense
						Field Worker			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/OI	Η							

			EXPENDITURE CATEGORIE	ES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 9/37 Rpt: 23/51		Gracia, Jonathan Dwayne (Mr.)				00086222
4	Date 09/13/2024		Payee name Alonso, Rafael				
6				Zin Coo			
6	Amount (\$) \$185.12		Payee address; City; State; 3 997 Siera River Dr Brownsville, TX 78520	Zip Coc	le		
8	PURPOSE				(b) Description		
ŏ	OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	lule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held
	Date		Payee name				
	09/06/2024		Alvarez, Isaiah				
	Amount (\$)		Payee address; City; State;	Zip Coc	le		
	\$160.00		3012 W Kenwood St Edinburg, TX 78541				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	lule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held
	Date		Payee name				
	07/15/2024		BizEgo				
	Amount (\$)		Payee address; City; State;	Zip Coc	le		
	\$3,875.36		222 Frontage Rd Ste. 111				
			Brownsville, TX 78521				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Printing Expense	lule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	fice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tegal Services The Instruction Guide expl	ains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2				·······	3	Filer ID (Ethics Commission Filers)	
•	Sch: 10/37 Rpt: 24/51	-	Gracia, Jonathan Dwayne (Mr.)					00086222	
4	Date	5	Payee name						
	08/12/2024		BizEgo						
6	Amount (\$)	7	Payee address; City; S	state;	Zip Co	de			
	\$3,060.77		222 Frontage Rd Ste. 111						
			Brownsville, TX 78521						
8	PURPOSE	(a)	Category (See Categories listed at the top of th	ic cob	odulo)	(b) Description			
-	OF		Printing Expense	IS SUIR	euule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5					, officeholder living expense	
						Printing Sign	S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	08/23/2024		Campano, Adriana						
	Amount (\$)		Payee address; City; S	state;	Zip Co	de			
	\$490.00		1341 Seminole Valley Dr.						
			2						
			Alamo, TX 78516						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is sch	edule)	(b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense	
						Field Worker			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	C	Office sou	ght		Office held	
	expenditure to benefit C/OF	H				-			
	Date		Payee name						
	08/30/2024		Campano, Adriana						
-	Amount (\$)	-	-	state:	Zip Co	de			
	\$636.83		1341 Seminole Valley Dr.						
			· · · · · · · · · · · · · · · · · · ·						
			Alamo, TX 78516						
	PURPOSE	(a)	Category (See Categories listed at the top of th	is sch	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.	
						Field Worker		, officeholder living expense	
-	Complete ONLY if direct		Candidate/Officeholder name		Office sou	aht		Office held	
	expenditure to benefit C/OF			C		gin			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide 6		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list			
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Com	nission Filers)		
-	Sch: 11/37 Rpt: 25/51	2	Gracia, Jonathan Dwayne (Mr.)					00086222			
4	Date	5	Payee name								
	09/06/2024		Campano, Adriana								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de					
	\$485.75		1341 Seminole Valley Dr.								
			Alamo, TX 78516								
8	PURPOSE	<u> </u>				(b) Description					
ľ	OF	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor		iedule)	(b) Description	outs	ide of Texas. Complete Schedule T			
	EXPENDITURE		Salaries/ Wages/Contract Labor					, officeholder living expense			
						Field Worker					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght		Office held			
	Date		Payee name								
	09/13/2024		Campano, Adriana								
_	Amount (\$)	┝	Payee address; City;	State	; Zip Co	de					
	\$375.36		1341 Seminole Valley Dr.	Olulo,	, 20 00						
	ψ375.50		1341 Seminole Valley Dr.								
			Alamo, TX 78516								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor		nedule)		I, TX	ide of Texas. Complete Schedule T , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	(	Office sou	ght		Office held			
	Date		Payee name								
	08/09/2024		Carrion, Santiago								
-	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$450.00		409 El Gato Rd	State,	, zip co	ue					
	φ450.00		409 El Galo Ru								
			Alamo, TX 78526								
	PURPOSE	(a)	Category (See Categories listed at the top		nedule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor				і, TX	ide of Texas. Complete Schedule T , officeholder living expense			
-	Complete ONLY if direct	Ļ	andidate/Officeholder name	r	Office sou	aht		Office held			
	expenditure to benefit C/OI			C	51100 30U	gin					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rein Fees Office Overhead/Reint Food/Beverage Expense Folling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to complete thi	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 12/37 Rpt: 26/51	racia, Jonathan Dwayne (Mr.)	00086222								
4	Date 08/16/2024	ayee name arrion, Santiago									
6 Amount (\$) \$450.00 \$450.00 Alamo, TX 78526 7 Payee address; City; State; Zip Code Alamo, TX 78526											
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Field Worker       Field Worker											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sought	Office held								
	Date	ayee name									
	08/30/2024	havez, Cesar									
	Amount (\$) \$240.00	ayee address; City; State; Zip Code 327 Andres Dr Iamo, TX 78516									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (b) Desc alaries/Wages/Contract Labor	cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense d Worker								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held								
	Date	ayee name									
	08/01/2024	ity of Rio Hondo									
	Amount (\$) \$250.00	ayee address; City; State; Zip Code 21 N Arroyo Blvd									
		io Hondo, TX 78583									
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ry fee for Event								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	-		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILF		•		•	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 13/37 Rpt: 27/51		cia, Jonathan Dwayr	e (Mr.)			ľ	00086222	()		
4	Date	5 Paye	e name								
	08/23/2024	De l	a Torre-Saldana, Hi	ugo							
6	Amount (\$)	7 Paye	e address; City;	State	; Zip Coo	le					
	\$150.32	1712	2 Cortez Dr								
	Alamo, TX 78516										
8	PURPOSE										
°	OF		gory (See Categories listed ries/Wages/Contrac		nedule)	(b) Description Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	Said	iles/wayes/contrac					, officeholder living			
						Field Worker					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	9 (	Office sou	ht		Office he	eld		
	Date	Paye	e name								
	08/30/2024	De l	a Torre-Saldana, Hi	lgo							
	Amount (\$)	Paye	e address; City;	State	; Zip Coo	le					
	\$206.83	171	2 Cortez Dr		•						
		Alar	10, TX 78516								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Field Worker</li> </ul> </li> </ul>									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candi	date/Officeholder name	e (	) Office soug	ht		Office he	eld		
	Date	Pave	e name								
	09/06/2024		.a Torre-Saldana, Hi	lĝo							
	Amount (\$)		e address; City;	-	; Zip Coo						
	\$129.26		2 Cortez Dr	State	, zip cot						
	φ123.20	111									
		Alar	10, TX 78516								
	PURPOSE OF		gory (See Categories listed ries/Wages/Contrac		nedule)	(b) Description	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	Jaid	and an and a stand and a st				ı, TX	, officeholder living			
	Complete ONLY if direct		date/Officeholder name	e (	Office soug	ht		Office he	eld		
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/37 Rpt: 28/51		Gracia, Jonathan Dwayne (Mr.)				00086222				
4	Date	5	Payee name								
	09/13/2024		De La Torre-Saldana, Hugo								
6 Amount (\$) 7 Payee address; City; State; Zip Code											
	\$88.65		1712 Cortez Dr								
			Alamo, TX 78516								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.				
							officeholder living expense				
					Field Worker						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office held				
	Date		Payee name								
	09/06/2024		Delgado, Krystal								
-	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$60.00		7672 Business 77	, 1							
	+00100										
			Lyford, TX 78569								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ight		Office held				
	Date		Payee name								
	09/13/2024		Delgado, Krystal								
	Amount (\$)			; Zip Co	de .						
	\$75.00		7672 Business 77	, zip co	Jue						
	φ/ 5.00										
			Lyford, TX 78569								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor			, TX,	de of Texas. Complete Schedule T. officeholder living expense				
-	Complete ONL V if direct	Ľ	Candidate/Officeholder name	Office cou	l laht		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	iyi it		Onice neid				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Innittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	head/Ren ense oense ages/Cont			Travel in District Travel Out of Dist	quipment & Related Expense
_		-		explains	now to col	npiete tr				(
1	Total pages Schedule F1: Sch: 15/37 Rpt: 29/51	2	FILER NAME Gracia, Jonathan Dwayne (Mr	.)					Filer ID 00086222	(Ethics Commission Filers)
4	Date	5	Payee name				•			
	07/08/2024		Donoratlas							
6	6 Amount (\$) \$300.00 7 Payee address; City; State; Zip Code 330 7th Ave Suite 1401 New York, NY 10001									
8	PURPOSE	(0)				(b) D.				
o	OF EXPENDITURE	(a)	Category (See Categories listed at the to Consulting Expense	op of this sch	iedule)				de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	lht			Office he	łd
	Date		Payee name							
	08/05/2024		Donoratlas							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$300.00		330 7th Ave Suite 1401 New York, NY 10001							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Consulting Expense	op of this sch	nedule)			TX,	le of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Iht			Office he	ld
	Date		Payee name							
	09/05/2024		Donoratlas							
	Amount (\$) \$300.00		Payee address; City; 330 7th Ave Suite 1401	State;	; Zip Co	le				
			New York , NY 10001							
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Consulting Expense       Check if Austin, TX, officeholder living expense         (c) Consultation       Consultation									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(	Office sou	lht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 16/37 Rpt: 30/51	Gracia, Jonathan Dwayne (Mr.)	00086222								
4	Date 08/13/2024	Payee name Dulceria Pinkis									
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$29.38       2265 Central Blvd         Brownsville, TX 78520										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Supplies for Event											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/03/2024	Gonzalez, Edward									
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 400 FM 3168 Lot 239									
	PURPOSE	Raymondville, TX 78580         Category       (See Categories listed at the top of this schedule)         (b)       Description	2								
	OF	Consulting Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/06/2024	Gross, Deyonce									
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 3012 W Kenwood St									
		Edinburg, TX 78541									
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	fice Overh Illing Expe inting Expe Iaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 17/37 Rpt: 31/51		Gracia, Jonathan Dwayne (Mr.)				00086222			
4	Date	5	Payee name							
	08/19/2024		Guerrero, Marcie							
6	Amount (\$)	7	Payee address; City; State; Zi	ip Cod	e					
	\$650.00		2784 Tulipan St							
			Drownoville TV 70521							
			Brownsville, TX 78521							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	e) (I	b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.			
					Field Worker		officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held			
	Date		D							
			Payee name							
	09/09/2024		Guerrero, Marcie							
	Amount (\$)		Payee address; City; State; Zip	ip Cod	e					
	\$500.00		2784 Tulipan St							
			Brownsville, TX 78521							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (I	b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,	Check if travel	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		-			, TX,	officeholder living expense			
					Field Worker					
	Complete ONLY if direct		Candidate/Officeholder name Office	e sougl	nt		Office held			
	expenditure to benefit C/OI	H								
-	Date		Payee name							
	07/31/2024		IBC Bank							
-		-		in Ord						
	Amount (\$)		Payee address; City; State; Zip	ip Coa	9					
	\$27.70		4520 E 14th St							
			Brownsville, TX 78521							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (I	b) Description					
	OF		Accounting/Banking	-, -		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense			
					Analysis Cha	rge				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office	e sough	nt		Office held			
	expenditure to benefit C/OI			5						
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Gift/Award Legal Serv	rage Expense s/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related E	
4	Tatal pages Caledula F1.	0 -				mpic			Filer ID	(Ethias Commiss	ion Filoro)
1	Total pages Schedule F1: Sch: 18/37 Rpt: 32/51		iler name Fracia, Jonathan D	wayne (Mr.)					Filer ID 00086222	(Ethics Commiss	ion Filers)
4	Date	<b>5</b> P	ayee name					•			
	08/31/2024	IE	3C Bank								
6	Amount (\$) \$50.72		ayee address;       C 520 E 14th St	City; Si	tate; Zip Co	ode					
		В	rownsville, TX 78	521							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Analysis Charge											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name	Office sou	ught			Office he	eld	
	Date	Р	ayee name								
	09/12/2024		ocaliQ								
_	Amount (\$)			City; Si	tate; Zip Co	nde					
	\$3,376.59		O Box 631667	ity, Si	iaie, zip co	Jue					
		С	incinnati, OH 452	63-1667							
	PURPOSE OF EXPENDITURE		ategory <sub>(See Categori</sub> dvertising Expens		s schedule)	(b)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder	name	Office sou	ught			Office he	eld	
	Date	Р	ayee name								
	08/09/2024		lartinez, Abigail								
	Amount (\$) \$30.00		ayee address; C 82 E. Main St	City; Si	tate; Zip Co	ode					
		S	ebastian, TX 7859	)4							
	PURPOSE OF EXPENDITURE		ategory <sub>(See Categori</sub> alaries/Wages/Co		s schedule)	(b)		, TX,	de of Texas. Com officeholder living	plete Schedule T. I expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder	name	Office sou	ught			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District							quipment & Related Expense		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 19/37 Rpt: 33/51		athan Dwayne (M	r.)				00086222			
4	Date 08/23/2024	Payee name Martinez, At	bigail								
6	Amount (\$) \$60.00	Payee addres 182 E. Main Sebastian, 1	St	State;	Zip Co	le					
8	PURPOSE OF EXPENDITURE		e Categories listed at the ges/Contract Lab		edule)		n, TX,	de of Texas. Comp officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office sou	ht		Office he	ld		
	Date	Payee name									
	08/30/2024	Martinez, At	bigail								
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le					
	\$315.00	182 E. Main Sebastian, T									
	PURPOSE OF EXPENDITURE		e Categories listed at the ges/Contract Lab		edule)		ı, TX,	de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office sou	ht		Office he	ld		
	Date	Payee name									
	09/13/2024	Martinez, Ab	bigail								
	Amount (\$) \$246.36	Payee addres 182 E. Main		State;	; Zip Co	le					
		Sebastian, T									
	PURPOSE OF EXPENDITURE		e Categories listed at the ges/Contract Lab		edule)		n, TX,	de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Dffice sou	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 20/37 Rpt: 34/51	Gracia, Jonathan Dwayne (Mr.)	00086222								
4	Date 09/06/2024	Payee name Mora, Mariano									
6	Amount (\$) \$120.00	Payee address; City; State; Zip Code 1607 Cristobal Dr Edinburg, TX 78542									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/15/2024	Obregon, Michael									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,500.00	123 Azucena Avenue Brownsville, TX 78520									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense irts and Banners								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/02/2024	Obregon, Michael									
	Amount (\$) \$400.00	Payee address;City;State;Zip Code123 Azucena Avenue									
		Brownsville, TX 78520									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hittee Legal Services The Instruction Guide explain	Office Overhea Polling Expense Printing Expense Salaries/Wages	se s/Contract Labor	Travel in District Travel Out of Distri	ipment & Related Expense					
1	Total pages Schedule F1:	· · ·			B Filer ID	(Ethics Commission Filers)					
1	Sch: 21/37 Rpt: 35/51	Gracia, Jonathan Dwayne (Mr.)		3	00086222						
4	Date 08/06/2024	ayee name Dbregon, Michael									
6	Amount (\$)	Payee address; City; Stat	e; Zip Code								
-	\$240.00 123 Azucena Avenue Brownsville, TX 78520										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held	ł					
	Date	Payee name									
	08/16/2024	Dbregon, Michael									
	Amount (\$)	Payee address; City; Stat	e; Zip Code								
	\$175.00	23 Azucena Avenue Brownsville, TX 78520									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	chedule) (b)		utside of Texas. Comple IX, officeholder living e nt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sought		Office held	ł					
	Date	ayee name									
	08/29/2024	Dbregon, Michael									
	Amount (\$)	Payee address; City; Stat	e; Zip Code								
	\$175.00	23 Azucena Avenue									
		Brownsville, TX 78520									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Calaries/Wages/Contract Labor	chedule) (b)		utside of Texas. Comple FX, officeholder living e						
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held	1					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·							(Ethics Commission Filers)		
	Sch: 22/37 Rpt: 36/51		, Jonathan Dwayne (Mr	·.)				00086222			
4	Date	Payee r	name				<u> </u>				
	08/29/2024	Obrego	on, Michael								
6	Amount (\$)	Payee a		State;	Zip Cod	e					
	\$465.00	123 Az	ucena Avenue								
		Browns	sville, TX 78520								
8	PURPOSE	a) Catego	Υ (See Categories listed at the t	op of this scheo	dule)	b) Description					
	OF EXPENDITURE		g Expense						nplete Schedule T.		
								, officeholder living	g expense		
						Campaign Sl	m	5			
_		Candidat			#:	<b>L</b> .1		Office h			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidat	e/Officeholder name	U	ffice soug	nı		Office h	eia		
	Date	Payee r	name								
	08/30/2024	Obrego	on, Michael								
	Amount (\$)	Payee a	address; City;	State;	Zip Cod	e					
	\$695.00	123 Az	ucena Avenue		•						
		Browns	sville, TX 78520								
	PURPOSE OF	a) Catego	$\gamma$ (See Categories listed at the t	op of this sched	dule)	b) Description					
	EXPENDITURE	Printing	g Expense					ide of Texas. Corr , officeholder living	nplete Schedule T.		
						Banners	1, 1 A	, onicendider hving	y expense		
						Baimoro					
	Complete ONLY if direct	Candidat	e/Officeholder name	Of	ffice soug	ht		Office h	eld		
	expenditure to benefit C/OI	Culturation		0.				0			
-	Date	Payee r	ame								
	08/27/2024	-	z, Arturo								
_				Stato:	Zip Cod	0					
	Amount (\$) \$1,750.00		address; City; Remington Dr	Sidle,	Zip Cou	e					
	φ1,750.00	5517 F									
		Harling	ion TX 78552								
Harlingen, TX 78552											
	PURPOSE OF		(See Categories listed at the te	op of this scheo	dule)	b) Description Check if travel	outs	ide of Texas. Com	nplete Schedule T.		
	EXPENDITURE	Consu	ting Expense					, officeholder living			
						Campaign C					
	Complete ONLY if direct	Candidat	e/Officeholder name	Of	ffice soug	ht		Office h	eld		
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 23/37 Rpt: 37/51		Gracia, Jonathan Dwayne (M	r.)				00086222			
4	Date 09/06/2024	5	Payee name Olivarez, Arturo								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	ode					
	\$1,750.00		5317 Remington Dr.								
			Harlingen , TX 78552								
8	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	(elube)	(b) Description					
	OF		Consulting Expense		icuuic)		el outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		5 1					, officeholder living expense			
			Campaign Consultant								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(	Office sou	ght		Office held			
	Date		Payee name								
	07/08/2024		Peerly.Com								
	Amount (\$)	-	Payee address; City;	State	; Zip Co	ode					
	\$359.82		2232 Dell Range Blvd	Olulo,	, בוף כס						
	ψ <b>3</b> 53.02										
		<u> </u>	Cheyenne, WY 82009								
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
						Texting Se	ustin, TX, officeholder living expense				
						i oxtang ee	100	0			
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	laht		Office held			
	expenditure to benefit C/Oł			(	Jince Sou	igin		Once heid			
		_									
	Date		Payee name								
	08/08/2024		Peerly.Com								
	Amount (\$)		Payee address; City;	State	; Zip Co	ode					
	\$359.82		2232 Dell Range Blvd								
			Cheyenne, WY 82009								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
							stin, TX	, officeholder living expense			
						Texting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ight		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)	
	Sch: 24/37 Rpt: 38/51		Gracia, Jonathan Dwayne (Mr.	)					00086222	
4	Date 09/09/2024		Payee name Peerly.Com							
6	Amount (\$) \$359.82		Payee address; City; 2232 Dell Range Blvd Cheyenne, WY 82009	State	; Zip Coo	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Advertising Expense	p of this sch	nedule)		_		de of Texas. Complete Schedule T. officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	09/06/2024		Pena, Emilio							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$3,890.00		7310 Westville Dr. San Antonio, TX 78227							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Salaries/Wages/Contract Labo		nedule)			TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	09/06/2024		Pena, Emilio							
	Amount (\$) \$2,140.14		Payee address; City; 7310 Westville Dr	State	; Zip Coo	de				
			San Antonio, TX 78227		i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Salaries/Wages/Contract Labo		nedule)			TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	L ( F S	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ymei head ense bens ages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)		
	Sch: 25/37 Rpt: 39/51		Gracia, Jonathan Dwayne (Mr.)						00086222		
4	Date 08/02/2024		Payee name Pena, Irma								
6	Amount (\$) \$576.00		Payee address; City; St 4380 Boca Chica Apt. 513	ate;	Zip Coo	le					
			Brownsville, TX 78521								
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s sched	lule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	lht			Office held		
	Date		Payee name								
	08/09/2024		Pena, Irma								
	Amount (\$) \$288.00		Payee address; City; St 4380 Boca Chica Apt. 513	ate;	Zip Coc	le					
			Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	sched	lule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	lht			Office held		
	Date		Payee name								
	08/16/2024		Pena, Irma								
	Amount (\$) \$132.00		Payee address; City; St 4380 Boca Chica Apt. 513	ate;	Zip Coc	le					
			Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	sched	lule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht			Office held		

			EX	PENDITURE CA	FEGORI	IES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw nmittee Legal S	Expense everage Expense ards/Memorials Expense Services	e	Office Over Polling Exp Printing Exp Salaries/Wa	nead/Re ense ense iges/Co	eeimbursement ental Expense intract Labor this form		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & F trict	Related Expense
_		1_		nstruction Guide ex	piains n	OW to con	piere		_			
1	Total pages Schedule F1: Sch: 26/37 Rpt: 40/51	2	FILER NAME Gracia, Jonathar	ı Dwayne (Mr.)						Filer ID 00086222	(Ethics Co	ommission Filers)
4	Date	5	Payee name					I				
	08/23/2024		Pena, Irma									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	е					
	\$276.00		4380 Boca Chica	a Apt. 513								
			Brownsville, TX 7	78521								
8	PURPOSE OF	(a)	Category (See Cate		this sched	dule)	<b>b)</b> De	escription				
	EXPENDITURE		Salaries/Wages/	Contract Labor				4		le of Texas. Com		le T.
							P	hone Bank	17,1	officeholder living		
								none Bank				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	Of	ffice soug	ht			Office he	eld	
	Date		Payee name									
	08/09/2024		Pena, Juanita									
	Amount (\$)		Payee address;	City;	State:	Zip Cod	е					
	\$288.00		4380 Boca Chica		,							
	+200.00		2000 2000 01100									
			Brownsville, TX 7	78520								
	PURPOSE OF EXPENDITURE	(a)	Category (See Cate Salaries/Wages/		this schec	dule)		4		le of Texas. Com officeholder living		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholo	der name	Of	ffice soug	ht			Office he	eld	
	Date		Payee name									
	08/23/2024		Pena, Juanita									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	е					
	\$276.00		4380 Boca Chica	-		·						
			Brownsville, TX 7	78520								
	PURPOSE	(a)	Category (See Cate	gories listed at the top of	this sched	dule)	<b>b)</b> De	escription				
	OF EXPENDITURE		Salaries/Wages/	Contract Labor			L Fi	-		le of Texas. Com officeholder living		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officehol	der name	Of	ffice soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overheal/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 27/37 Rpt: 41/51	Gracia, Jonathan Dwayne (Mr.)	00086222								
4	Date 08/14/2024	Payee name Prestige Printing									
6	Amount (\$) \$4,836.61	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216									
8	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Door Hangers</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/09/2024	Prestige Printing									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,306.58	8 Burwood Ln San Antonio, TX 78216									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/09/2024	Pritichett, Anthony									
	Amount (\$) \$45.00	Payee address;City;State;Zip Code2218 Bell St Apt 12									
		Harlingen, TX 78550									
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
-	Sch: 28/37 Rpt: 42/51	Gracia, Jonathan Dwayne (Mr.)	00086222							
4	Date 08/09/2024	5 Payee name Pritichett, Elsa								
6	Amount (\$) \$60.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>2218 Bell St Apt 12</li> <li>Harlingen, TX 78550</li> </ul>								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/18/2024	Professional Campaign Services								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$5,000.00	5 Turin Court San Antonio, TX 78257								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S <b>ES</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/27/2024	Public Research Group								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,502.87	135 Paseo Del Prado, STE 62								
		Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/M	rhead/ pense pense (ages/0	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 29/37 Rpt: 43/51		Gracia, Jonathan Dwayne (Mr.)				-	00086222			
4	Date 08/29/2024	5	Payee name								
			Rancho Viejo Country Club								
6	Amount (\$)	7		; Zip Co	de						
	\$3,156.46		1 Rancho Viejo Dr.								
			Rancho Viejo, TX 78575								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Event Expense		Į			de of Texas. Complete Schedule T.			
					l		TX,	officeholder living expense			
					I	Event					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			
	expenditure to benefit C/OI										
	Date		Payee name								
	07/24/2024		Rancho Viejo Country Club								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$268.12		1 Rancho Viejo Dr.								
			Rancho Viejo, TX 78575								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Event Expense		ļ			de of Texas. Complete Schedule T. officeholder living expense			
					L	Deposit for Ve					
	Complete ONLY if direct		Candidate/Officeholder name	Dffice sou	aht			Office held			
	expenditure to benefit C/OI	Н			5						
	Date		Payee name								
	07/10/2024		Rodriguez, Ramiro								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$900.00		123 Azucena Avenue								
			Brownsville, TX 78520								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Printing Expense		ļ			de of Texas. Complete Schedule T. officeholder living expense			
					L	Political Signs					
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	aht			Office held			
	expenditure to benefit C/Oł										
-											

			E	XPENDITURE C	ATEGOR	RIES FOR	BOX 8	(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/ Gift/A nmittee Legal	Expense Beverage Expense wards/Memorials Expe Services Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	head/Rent ense oense ages/Contr			Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & F trict	Related Expense
1	Total pages Schedule F1:	2							2	Filer ID	(Ethics C	ommission Filers)
T	Sch: 30/37 Rpt: 44/51	I	Gracia, Jonatha	n Dwayne (Mr.	)					00086222	(Ethics Ct	
4	Date	5	Payee name						•			
	07/19/2024		Saenz, Mario									
6	Amount (\$) \$500.00		Payee address; 51 Calgary Ct Brownsville, TX	City; 78526	State;	; Zip Coo	le					
8	PURPOSE	(a)	Category (See Cat	egories listed at the to	p of this sch	edule)	(b) Des	cription				
	OF EXPENDITURE		Consulting Expe					Check if travel o	, TX,	de of Texas. Comp officeholder living ultant		le T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date		Payee name									
	08/27/2024		Saenz, Mario									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le					
	\$750.00		51 Calgary Ct Brownsville, TX	78526								
	PURPOSE OF EXPENDITURE		Category <sub>(See Cat</sub> Consulting Expe		p of this sch	edule)				le of Texas. Comp officeholder living		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	
	Date		Payee name									
	09/23/2024		Sam's Club									
	Amount (\$) \$57.76		Payee address; 3570 W Alton G	City; loor Blvd	State;	Zip Coo	le					
			Brownsville , TX	78520								
	PURPOSE OF EXPENDITURE		Category <sub>(See Cat</sub> Event Expense	egories listed at the top	p of this sch	edule)				le of Texas. Compofficeholder living		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeho	lder name	C	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       ommittee     Legal Services       Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 31/37 Rpt: 45/51	Gracia, Jonathan Dwayne (Mr.)	00086222							
4	Date 08/09/2024	Payee name Sandoval, Banely								
6	Amount (\$) \$504.39	Payee address; City; State; Zip Code 3823 Vasco St Edinburg, TX 78539								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/16/2024	Sandoval, Banely								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$390.00	3823 Vasco St Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/23/2024	Sandoval, Banely								
	Amount (\$) \$60.00	Payee address;City;State;Zip Code3823 Vasco St								
		Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           y -         Gift/Awards/Memorials Expense         Printing Expense         Ti					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER N	IAME	-		-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 32/37 Rpt: 46/51		Jonathan Dwayne (N	lr.)				00086222	× ,	
4	Date	Payee n	ame							
	08/09/2024	Sandov	val, Leonardo							
6	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	le				
	\$450.00	3823 V	asco St							
		Edinbu	rg, TX 78539							
8	PURPOSE	) Categor	y (See Categories listed at the	top of this sch	odulo)	(b) Description				
	OF		s/Wages/Contract Lab		euule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE			-		Check if Austir	ı, TX	, officeholder living	) expense	
						Field Worker				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	e/Officeholder name	C	Office sou	ht		Office he	eld	
	Date	Payee n	ame							
	08/16/2024		al, Leonardo							
	Amount (\$)	Payee a	ddress; City;	State:	Zip Co	le				
	\$390.00	-	asco St	otato,	2.0 000					
	\$550.00	5025 V								
		Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete So</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Filed Worker</li> </ul> </li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate	e/Officeholder name	C	Dffice soug	ht		Office he	eld	
	Date	Payee n	ame							
	08/23/2024	-	all, Leonardo							
	Amount (\$)	Payee a	ddress; City;	State <sup>.</sup>	Zip Co	le				
	\$510.00		asco St	otato,	2.0 000					
	\$010.00	0020 1								
		Edinbu	rg, TX 78539							
	PURPOSE OF		Y (See Categories listed at the		edule)	(b) Description				
	EXPENDITURE	Salarie	s/Wages/Contract Lab	oor				ide of Texas. Com , officeholder living		
	Complete ONLY if direct	Candidate	e/Officeholder name	C	Office soug	ht		Office he	eld	
	expenditure to benefit C/Oł							2		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       committee     Legal Services       Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · ·	3 Filer ID (Ethics Commission Filers)							
-	Sch: 33/37 Rpt: 47/51	Gracia, Jonathan Dwayne (Mr.)	00086222							
4	Date 09/06/2024	Payee name Sandoval, Leonardo								
6	Amount (\$) \$210.00	Payee address;       City;       State;       Zip Code         3823 Vasco St       Edinburg, TX 78539       Edinburg, TX 78539								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/08/2024	Sandoval, Luis								
	Amount (\$) \$490.00	Payee address; City; State; Zip Code 3823 Vasco St Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)       (b) Description         Salaries/Wages/Contract Labor       Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/16/2024	Sandoval, Luis								
	Amount (\$) \$450.00	Payee address;City;State;Zip Code3823 Vasco St								
		Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	erhead pense (pense /ages/	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_	Tatal warman Oak adula E4		· · · · · · · · · · · · · · · · · · ·							
1	Total pages Schedule F1: Sch: 34/37 Rpt: 48/51		Gracia, Jonathan Dwayne (Mr	.)				3	Filer ID 00086222	(Ethics Commission Filers)
4	Date	5	Payee name							
	08/23/2024		Sandoval, Luis							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$696.55		3823 Vasco St							
			Edinburg, TX 78539							
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	adula)	(b)	Description			
	OF		Salaries/Wages/Contract Labo		icuaic)			outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITURE		Ū.				Check if Austin	, TX,	officeholder living	expense
							Field Worker			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght			Office he	ld
	Date		Payee name							
	08/30/2024		Sandoval, Luis							
	Amount (\$)	⊢	Payee address; City;	State	; Zip Co	de				
	\$470.57		3823 Vasco St		· •					
			Edinburg, TX 78539							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Salaries/Wages/Contract Labo		nedule)			, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	(	Office sou	ght			Office he	ld
	Date		Payee name							
	09/06/2024		Sandoval, Luis							
_	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$480.72		3823 Vasco St	otato	, <u> </u>					
	+									
			Edinburg, TX 78539							
	PURPOSE OF	(a)	Category (See Categories listed at the to		nedule)	(b)	Description	Outei	de of Texas. Comp	alete Schedule T
	EXPENDITURE		Salaries/Wages/Contract Labo	or				, TX,	officeholder living	
-	Complete ONLY if direct	(	Candidate/Officeholder name	(	Office sou	ght			Office he	ld
	expenditure to benefit C/OI									
-										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mittee Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cabadula F1	2		explains	1000 10 001	inpic		2	Filer ID (Ethics Commission Filere)
1	Total pages Schedule F1: Sch: 35/37 Rpt: 49/51		FILER NAME Gracia, Jonathan Dwayne (Mr.	)				3	Filer ID       (Ethics Commission Filers)         00086222       00086222
4	Date	5	Payee name					•	
	09/13/2024		Sandoval, Luis						
6	Amount (\$) \$330.00		7 Payee address; City; State; Zip Code 3823 Vasco St Edinburg, TX 78539						
_	DUDDOCE	<u> </u>	-			<u>(h)</u>			
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Field Worker</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght			Office held
	Date		Payee name						
	08/07/2024		Staples						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$56.16		2436 Pablo Kisel Blvd Brownsville, TX 78526						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	p of this sch	nedule)	(b)		, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense ent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	08/22/2024		Texas Lobby Guide						
	Amount (\$) \$54.13		Payee address; City; P.O. Box 461753	State	; Zip Coo	de			
			San Antonio, TX 78246						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Consulting Expense	p of this sch	nedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Dffice sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gitt/Awards/Memorials Expense Printing Expens	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 36/37 Rpt: 50/51	Gracia, Jonathan Dwayne (Mr.)	00086222					
4	Date 09/06/2024	Payee name Frevino Salinas, Fernanda						
6	Amount (\$) \$139.99	Payee address; City; State; Zip Code 1607 Cristobal Dr Edinburg, TX 78542						
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 Field Worker						
9	Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Office held     Office held							
	Date 07/22/2024	Payee name JSPS						
	Amount (\$) \$292.00	Payee address; City; State; Zip Code L535 E Los Ebanos Blvd Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date Payee name							
	08/07/2024	Valmart Super Center						
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$264.47     2721 Boca Chica Blvd							
Brownsville, TX 78520								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Event					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/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: 37/37 Rpt: 51/51	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	08/15/2024	Walmart Super Center
_		
0	Amount (\$)	7 Payee address; City; State; Zip Code 2721 Boca Chica Blvd
	\$67.40	
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Event
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held