# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commiss 00086222	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	Jonathan Dwa	ıyne		Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
	NICKNAME	Gracia		SUFFIX	10/20/2021	
		Gracia				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	119 W. Van Buren				Descipt #	Iamaunt
ADDRESS					Receipt #	Amount
Change of Address	Harlingen, TX 78550				Date Processed	
					Julio I Todocodu	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Sandra				
INAME						
	NICKNAME	LAST		SUFFIX		
		Colwell				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	207 W Saturn Ln	,,		, ,		,
ADDRESS						
(Residence or Business)	South Padre Island, TX 78	507				
	South Faure Island, 17770	331				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(956) 459-6789					
8 REPORT		_	_	_	-	
TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit	<b>.</b>	,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	T⊦	IROUGH	10/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	Of FIGE FIELD (II dily)			State Representa		
				Otato Proprocoma	auvo Biotilot o	
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	H NAME Gracia, Jonathan Dwayne (Mr.)  14 Filer ID 00086222							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a I officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	Represent Texas							
		COMMITTEE ADDRESS						
	SPECIFIC	P.O. Box 140981						
		Dallas, TX 75214						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Barry, Laura						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		P.O. Box 140981						
		Dallas, TX 75214						
16 CONTRIBUTION TOTALS	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 180,525.73				
EXPENDITURE TOTALS		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 125,507.42				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 20,972.58				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 243,600.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Mr. Jona	ıthan Dwayne Gracia					
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
			700	adadada a d				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

		3 of 44
18 FILER NAME Gracia, Jonathan Dwayne (Mr.)	<b>19</b> Filer ID 00086222	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 146,480.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 34,045.73	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 125,507.42	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	\$	

	MONET	ARY POLITICAL CON	S		SCHEDULE A1		
	The Instru	ction Guide explains how to c	complete this form	1.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/44	
2	FILER NAME Gracia, Jona	than Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 09/30/2024	Alvarez & Canales PLLC	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$100.00
Ω	Principal occu	Edinburg, TX 78539 pation / Job title (See Instructions)	lo.	Employer (See Instructions	\		
0	Fillicipal occu	pation / 300 title (3ee instructions)	j	Employer (See instructions	)		
	Date 10/06/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing agg	Austin , TX 78704		Employer (See Instructions			
	Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Raise Your Hand Texas			
	Date Full name of contributor out-of-state PAC (ID#:)  09/30/2024 Barajas, Juan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00		
		McAllen, TX 78503					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 09/30/2024	Full name of contributor on Darrera-Riojas, Enedelia Contributor address; City; State; Zi Weslaco , TX 78596	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 09/30/2024	Full name of contributor out CB Consultants  Contributor address; City; State; Zive Edinburg, TX 78539	ut-of-state PAC (ID#:i			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/44	
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)		3	Filer ID (Ethics Commission 00086222	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/30/2024	Full name of contributor  out-of-state PAC  Carrillo, Roberto			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC Cerda, Juan Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
		Pharr, TX 78577 pation / Job title (See Instructions)	Employer (See Instructions Dr. Juan Everardo Cerc		OD	
	Optometrist  Date Full name of contributor out-of-state PAC (ID#:_ 09/30/2024 Chang, Dennis M (Dr.)  Contributor address; City; State; Zip Code		(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	McAllen, TX 78504 pation / Job title (See Instructions)	Employer (See Instructions Dennis Chang, O.D.	<u> </u> s)		
	Date 10/02/2024	Full name of contributor out-of-state PAC Dominguez, Alez Contributor address; City; State; Zip Code Brownsville, TX 78520	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions ALEX DOMINGUEZ CA		PAIGN	

	MONET	ARY POLITICAL CONTRIBUTIO	)N:	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/44
2	FILER NAME Gracia, Jona	than Dwayne (Mr.)			3	Filer ID (Ethics Commission Filers) 00086222
4	Date 10/23/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$300.00
_	Delicalizado a com	Brownsville, TX 78521		Faralana (On a lantanation		
8	Consulting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	
	Date 10/15/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)		Employer (See Instructions	)	
	·	, ,				
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: Flip Texas Blue Fund PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$4,000.00
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#: Fuentes, Frank  Contributor address; City; State; Zip Code  Austin, TX 78759				Amount of Contribution (\$) \$1,000.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Self	)	
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_Godinez, Brian A (Dr.)  Contributor address; City; State; Zip Code  McAllen, TX 78504				Amount of Contribution (\$) \$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Brian E. Godinez, MD	)	
	, <del></del>					

	MONEI	ONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	cti	on Guide explains how t	o complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/44			
2	FILER NAME Gracia, Jona	atha	an Dwayne (Mr.)				3	Filer ID (Ethics Commission 00086222	on Filers)		
4	Date 10/06/2024	ļ	Full name of contributor  Grant, Darren  Contributor address; City; State	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	ıpat	Huntsville , TX 77320	9	<u> </u>	Employer (See Instructions	 				
	Professor					Sam Houston St. Univ.					
	Date 10/06/2024	ļ	Full name of contributor HARTUNG, STEPHEN Contributor address; City; State	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$130.00		
	B	L	Deer Park , TX 77536			-	<u></u>				
	Not Employe		tion / Job title (See Instructions)			Employer (See Instructions Not Employed	5)				
	Date 09/30/2024		Full name of contributor  Haddad, Victor S  Contributor address; City; State	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	lnat	McAllen, TX 78501 ion / Job title (See Instructions)			Employer (See Instructions	·/				
	Physician Physician	ipai	don't sob title (see instructions)			Victor Haddad, MD, FAG		FRCS, (C) RVT			
	Date 10/15/2024		Full name of contributor  House Democratic Campaig  Contributor address; City; State  Austin, TX 78703					Amount of Contribution (\$)	\$5,000.00		
	Principal occu	<u>I</u> ipat	ion / Job title (See Instructions)			Employer (See Instructions	<u>l</u> 5)				
	Date 10/08/2024		Full name of contributor Hull, Megan Contributor address; City; State Washington, DC 20009	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00		
	Principal occu	<u>I</u> ipat	tion / Job title (See Instructions)			Employer (See Instructions self	<u>(                                     </u>				

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/44	
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 10/19/2024	Full name of contributor     IBEW VOLUNTARY FUND     Contributor address; City; States			7	Amount of Contribution (\$)	\$2,500.00
		Corpus Christi, TX 78417					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 09/27/2024	Full name of contributor KM International LLC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	3)		
		,			-,		
	Date 09/27/2024	Full name of contributor Kosobud, Terry Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing agg	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Not Employe			Not Employed	>)		
	Date 09/27/2024	Full name of contributor Law Office of Agustin Herr Contributor address; City; Sta				Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor  Law Office of Oscar De La  Contributor address; City; Sta  Harlingen, TX 78550			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL (	ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/44	
2	FILER NAME Gracia, Jona	ıthan Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 10/11/2024	<ul><li>5 Full name of contributor Legacy 44 PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$10,000.00
		Austin, TX 78756					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 09/29/2024	Full name of contributor Martinez, Sergio Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Rancho Viejo, TX 78575 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Not Employe	ed		Not Employed			
	Date 09/27/2024	Full name of contributor Navarro, Luis Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Edinburg, TX 78539					
	Principal occu Optometrist/	pation / Job title (See Instructions Owner	s)	Employer (See Instructions Edinburg Vision Center	5)		
	Date 09/30/2024	Full name of contributor Nolana Eye Care Contributor address; City; S McAllen, TX 78504			•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor Ostos , Robert Contributor address; City; S Brownsville, TX 78521	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,500.00
	Principal occu Consulting	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL (	S		SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/44
2	FILER NAME Gracia, Jona	uthan Dwayne (Mr.)				3	Filer ID (Ethics Commission Filers) 00086222
4	Date 10/18/2024	<ul><li>5 Full name of contributor PEREZ, MARCELINO</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$) \$10,000.00
8	Principal occu	San Benito, TX 78586 pation / Job title (See Instructions	5)	9	Employer (See Instructions	;) 	
	SELF EMPL		5)		SELF	•	
	Date 10/18/2024	Full name of contributor Represent Texas Contributor address; City; S					Amount of Contribution (\$) \$5,000.00
	<u> </u>	Dallas, TX 75214				<u></u>	
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)	
	Date 09/28/2024	Full name of contributor Reyes, Samuel Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$) \$300.00
		Edinburg, TX 78540					
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Law Office of Samuel R	•	es
	Date 09/27/2024	Full name of contributor SMKT Media Group Contributor address; City; S Brownsville, TX 78520			)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)	
	Date 09/30/2024	Full name of contributor Salinas , Ana Liza Contributor address; City; S Edinburg, TX 78541	out-of-state PAC (ID#:_		)		Amount of Contribution (\$) \$100.00
	Principal occu Licensed Ag	pation / Job title (See Instructionsent	5)		Employer (See Instructions New York Life Insurance		Company

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/44
2	FILER NAME Gracia, Jona	than Dwayne (Mr.)			3	Filer ID (Ethics Commission Filers) 00086222
4	Date 10/03/2024	<ul><li>5 Full name of contributor</li><li>Salinas , Joe</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$) \$250.00
8	Principal occur	Austin, TX 78753 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 	
	Not Employe			Not Employed	,,	
	Date 09/30/2024	Full name of contributor Saporito Eye Care Contributor address; City; State		)		Amount of Contribution (\$) \$100.00
		McAllen, TX 78503				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 10/04/2024	Full name of contributor  Save Our Schools PAC  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$) \$30,000.00
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions	 s)	
	Date 10/21/2024	Full name of contributor  Save Our Schools PAC  Contributor address; City; State  Roanoke, TX 76262	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 09/27/2024	Full name of contributor TSEU  Contributor address; City; State  Austin, TX 78745	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CON	NS	SCHEDULE A1		
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/44
2	FILER NAME Gracia, Jona	ıthan Dwayne (Mr.)			3	Filer ID (Ethics Commission Filers) 00086222
4	Date 10/02/2024	<ul> <li>Full name of contributor  ou  ou  Texans for Insurance Reform</li> <li>Contributor address; City; State; Zi</li> </ul>	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$) \$25,000.00
8	Principal occu	Manchaca , TX 78652 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/19/2024		t-of-state PAC (ID#:_ Fischer			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/10/2024	Texas Parent PAC  Contributor address; City; State; Zi	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/01/2024	Toprac, Paul	t-of-state PAC (ID#:_ p Code	)		Amount of Contribution (\$) \$250.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Topcat Productions	)	
	Date 10/02/2024	Full name of contributor ou Torres, Tomas  Contributor address; City; State; Zi  Houston, TX 77027	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$) \$5,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Retired	)	
			,			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/44		
2	FILER NAME Gracia, Jona	uthan Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4			7	Amount of Contribution (\$)	\$100.00		
_	Delicalization	Palmhurst, TX 78573	la la	English (Control to the Control to t			
8	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Dr. Celina Vasquez O.D			
	Date Full name of contributor out-of-state PAC (ID#:)  09/30/2024 Vela, Jose  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Mission, TX 78572 pation / Job title (See Instructions)		Employer (See Instructions	)		
	President	,		Moron Vela Inc Compan			
09/30/2024 Villarreal Cha		Full name of contributor Villarreal Chavez Mireles Ins Contributor address; City; State		)		Amount of Contribution (\$)	\$250.00
		Edinburg, TX 78539					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/03/2024	Full name of contributor  Warner, David  Contributor address; City; State  Austin , TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	)		
	Date 10/06/2024	Full name of contributor  Warner, David  Contributor address; City; State  Austin , TX 78731	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
			•				

FARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/44	
athan Dwayne (Mr.)		3 Filer ID (Ethics Commission Filers) 00086222
Date 10/26/2024  5 Full name of contributor out-of-state PAC (ID#:) Webster, Michael  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00
Houston , TX 77030 upation / Job title (See Instructions)	9 Employer (See Instructions	5)
rofessor	Rice University	
Date Full name of contributor out-of-state PAC (ID#:)  09/30/2024 Zamora, Juan R  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
upation / Job title (See Instructions)	Employer (See Instructions The Law Office of Juan	
	athan Dwayne (Mr.)  5 Full name of contributor  out-of-state PAC (ID#:_Webster, Michael  6 Contributor address; City; State; Zip Code  Houston , TX 77030  upation / Job title (See Instructions) ofessor  Full name of contributor  out-of-state PAC (ID#:_Zamora, Juan R  Contributor address; City; State; Zip Code  McAllen, TX 78504	athan Dwayne (Mr.)  5 Full name of contributor

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/44			
2 FILER NAME Gracia, Jona	athan Dwayne (Mr.)		3 Filer ID (Ethics Commission Filers) 00086222		
4					
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 10/26/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$3,617.16   Text SMS, Email Data,		
	7 Contributor address; City; State; Zip Code		Email Platform & Contract Labor		
	Edinburg, TX 78539	1	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-			
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution		
10/24/2024	Legacy 44 PAC		contribution (\$) description \$30,000.00 Digital Ad Production, Buy		
	Contributor address; City; State; Zip Code		& Services		
	Austin, TX 78756		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description		
10/08/2024			\$428.57 I GOTV Rides		
	Contributor address; City; State; Zip Code				
	Dallas, TX 75214		Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / 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 contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to com	Ŭ	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-	3 Filer ID (Ethics Commission Filers)
_	Sch: 1/29 Rpt: 16/44	Gracia, Jonathan Dwayne (Mr.)		00086222
4	Date	5 Payee name		
	10/07/2024	7-Eleven		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip Cod	de	
	\$48.44	100W Expressway 83		
		La Feria, TX 78580		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Drinks for the Field Worker
Ļ				26 111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	10/09/2024	Act Blue N Cameron County Dem		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$150.00	207 S Commerce Street		
		Harlingen, TX 78550		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Event
				LVent
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	JIIL	Office field
_	D :			
	Date	Payee name		
	10/11/2024	Act Blue N Cameron County Dem		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$50.00	207 S Commerce Street		
		Harlingen, TX 78550		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Membership
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		g. 11	Office Held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services  The Instruction Guide explains	Salaries/Wages/Contra s how to complete thi		OTHER (enter a	category not listed above)
1 Total pages Schedule F1: 2 FILEF	NAME		3	Filer ID	(Ethics Commission Filers)
·	a, Jonathan Dwayne (Mr.)			00086222	
4 Date 5 Payer	e name				
09/27/2024 Acun	a, Marco				
6 Amount (\$) 7 Payee	e address; City; State	e; Zip Code			
\$653.66 6104	Remington St				
	a, TX 78537				
	Ory (See Categories listed at the top of this so			:d4.T	lete Cabadula T
EXPENDITURE Salar	ies/Wages/Contract Labor			ide of Texas. Comp , officeholder living	
		-	d Worker	,	
9 Complete ONLY if direct Candid expenditure to benefit C/OH	ate/Officeholder name	Office sought		Office he	ld
Date Payee	e name				
10/04/2024 Acun	a, Marco				
Amount (\$) Payee	e address; City; State	e; Zip Code			
\$506.48 6104	Remington St				
	•				
Donn	a, TX 78537				
I OE I	Ory (See Categories listed at the top of this so				
EXPENDITURE Salar	ies/Wages/Contract Labor			ide of Texas. Comp , officeholder living	
			d Worker	, omcender hving	схропос
Complete <u>ONLY</u> if direct Candid expenditure to benefit C/OH	ate/Officeholder name	Office sought		Office he	ld
Date Paves	e name				
' ' '	a, Marco				
	•	e; Zip Code			
	Remington St	e, Zip Code			
\$522.32	Tremington St				
Donn	a, TX 78537				
PURPOSE (a) Categ	Ory (See Categories listed at the top of this so				
OF Salar	ies/Wages/Contract Labor			ide of Texas. Comp	
			check if Austin, TX	, officeholder living	expense
		Field	u worker		
Complete ONLY if direct Candid	ate/Officeholder name	Office sought		Office he	Id
expenditure to benefit C/OH	ato/Onlocholder Hattle	Onice sought		Office He	iu

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/29 Rpt: 18/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/18/2024	Acuna, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$545.73	6104 Remington St
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/04/2024	Aguilar, Perla
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	409 El Gato Rd
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Field Worker
		TICIO WORKEI
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/11/2024	Aguilar, Perla
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.00	409 El Gato Rd
		Alamo, TX 78516
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Field Worker
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		
l		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/29 Rpt: 19/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/18/2024	Aguilar, Perla
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$474.07	409 El Gato Rd
		Alamo, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Field Worker
		Tield Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/16/2024	All Valley Media LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$3,296.90	221 W. Wilson Ave.
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social Media
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	All Valley Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$15,000.00	221 W. Wilson Ave.
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media & Google Ads
		Social Media & Google Ads
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/29 Rpt: 20/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/27/2024	Alonso, Rafael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	997 Siera River Dr
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if 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/OI	<del>-</del>
	Date	Payee name
	10/04/2024	Alonso, Rafael
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.36	997 Siera River Dr
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2024	Alonso, Rafael
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.91	997 Siera River Dr
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field Worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/29 Rpt: 21/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/18/2024	Alonso, Rafael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.00	997 Siera River Dr
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Field Worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date	Payee name
	10/25/2024	Alonso, Rafael
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.00	997 Siera River Dr
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Alvarado, Janie
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	745 S Adeline St
	Ψ100.00	140 07 deline of
		Raymondville, TX 78580
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Field Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/29 Rpt: 22/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/25/2024	Alvarado, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	745 S Adeline St
		Raymondville, TX 78580
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Polling Workers
		Toming Workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/25/2024	Alvarado, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	745 Adeline
		Raymondville, TX 78580
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Polling Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	10/03/2024	BizEgo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,266.52	222 Frontage Rd Ste. 111
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sign Printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)	
-	Total pages Cabadala Ed	· · · · · · · · · · · · · · · · · · ·	2 Filer ID (Ethios Commission File 1)	
1	Total pages Schedule F1: Sch: 8/29 Rpt: 23/44	Gracia, Jonathan Dwayne (Mr.)	3 Filer ID (Ethics Commission Filers) 00086222	
4	Date	5 Payee name		
	10/10/2024	Border Press Inc		
6	Amount (\$) \$4,271.55	7 Payee address; City; State; Zip Code 620 E Price Rd		
	DUDDOOF	Brownsville, TX 78521		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Timing Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	10/11/2024	Border Press Inc		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,271.55	620 E Price Rd		
		Brownsville, TX 78521		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Tilliang Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Mailer	, i.v., cinconsider inting expenses	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name		
	10/17/2024	Border Press Inc		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,271.55	620 E Price Rd		
		Brownsville, TX 78521		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Tilling Expense	outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin Mailer	, TX, officeholder living expense	
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 9/29 Rpt: 24/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/27/2024	Campano, Adriana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$484.12	1341 Seminole Valley Dr.
		Alamo, TX 78516
8	PURPOSE	
٠	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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/O	<b>1</b>
	Date	Payee name
	10/04/2024	Campano, Adriana
	Amount (\$)	Payee address; City; State; Zip Code
	\$344.27	1341 Seminole Valley Dr.
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		Field Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/18/2024	Campano, Adriana
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.51	1341 Seminole Valley Dr.
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Field Worker
		FIGIU WOLKEL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/29 Rpt: 25/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	09/27/2024	De La Torre-Saldana, Hugo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	1712 Cortez Dr
		Alamo, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Field Worker
		Tiold Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	De La Torre-Saldana, Hugo
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	1712 Cortez Dr
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Field Worker
		Tida Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	De La Torre-Saldana, Hugo
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.69	1712 Cortez Dr
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Field Worker
		Field Worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 11/29 Rpt: 26/44	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	10/08/2024	De Saro Rodriguez, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30,000.00	800 North Main, Ste. 300B	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Commercial	
		Commercial	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			
	Date	Payee name	
	10/04/2024	Delgado, Krystal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	7672 Business 77	
		Lyford, TX 78569	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Field Worker	
		Tiola Worker	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	10/07/2024	Donoratlas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	330 7th Ave Suite 1401	
		New York , NY 10001	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Consulting	
		Consulting	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		
	•		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/29 Rpt: 27/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/04/2024	Gonzalez, Edward
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	400 FM 3168 Lot 239
		Raymondville, TX 78580
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consultant
		Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	•	
	Date	Payee name
	10/08/2024	Gonzalez, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	400 FM 3168 Lot 239
		Raymondville, TX 78580
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consultant
		Consultant
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Gonzalez, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	400 FM 3168 Lot 239
		Raymondville, TX 78580
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Conculting
		Consulting
_	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Offic Polli ense Prin Sala	e Overheating Expensions Expensions Expensions Expensions (Figure 1997). The contractions of the contracti	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			The Instruction Guide	e explains now	o compi	ete this form.	_		
1	Total pages Schedule F1: Sch: 13/29 Rpt: 28/44		E nathan Dwayne (Mr.	.)			3	Filer ID 00086222	(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>						
	10/01/2024	Guerrero, N							
6	Amount (\$) \$500.00	7 Payee addre 2784 Tulipa Brownsville		State; Zip	Code				
8	PURPOSE OF EXPENDITURE	(a) Category (S	See Categories listed at the to ages/Contract Labo		(b)		, TX	de of Texas. Comp	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office he	eld
	Date	Payee name	<del></del>						
	10/04/2024		nn and Suites Austir			Capitol - Hilton			
	Amount (\$)	Payee addre		State; Zip	Code				
	\$535.86	1701 Lavad	78701		L				
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (s Travel Out	See Categories listed at the to Of District	p of this schedule)	(b)	ш		de of Texas. Comp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office he	eld
	Date 09/30/2024	Payee name IBC Bank	;						
	Amount (\$) \$43.76	Payee addre 4520 E 14t	h St	State; Zip	Code				
		Brownsville	e, TX 78521						
	PURPOSE OF EXPENDITURE	(a) Category (S Accounting	see Categories listed at the to I/Banking	op of this schedule)	(b)		, TX	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office he	eld

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/29 Rpt: 29/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/02/2024	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.50	4520 E 14th St
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wire Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2024	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	4520 E 14th St
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Wire Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>
	Data	
	Date 10/10/2024	Payee name IBC Bank
	Amount (\$) \$12.50	Payee address; City; State; Zip Code 4520 E 14th St
	Ψ12.30	4320 E 14til 3t
		Brownsville, TX 78521
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Wire Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit G/OI	·

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/29 Rpt: 30/44	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	•
	10/10/2024	IBC Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	4520 E 14th St	
		Brownsville, TX 78521	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		Wire Fe	ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_	Date		
	Date	Payee name	
	10/11/2024	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.50	4520 E 14th St	
		Brownsville, TX 78521	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	/ Accounting/Banking	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Wire Fe	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/15/2024	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.50	4520 E 14th St	
		Brownsville, TX 78521	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Accounting/Banking	if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		if Austin, TX, officeholder living expense
		Wire Fe	::
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/29 Rpt: 31/44	2 FILER NAME Gracia, Jonathan Dwayne (Mr.)  3 Filer ID (Ethics Commission Filers) 00086222
4	Date 10/15/2024	5 Payee name IBC Bank
6	Amount (\$) \$12.50	7 Payee address; City; State; Zip Code 4520 E 14th St
		Brownsville, TX 78521
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wire Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/21/2024	Payee name IBC Bank
	Amount (\$) \$12.50	Payee address; City; State; Zip Code 4520 E 14th St
		Brownsville, TX 78521
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wire Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/21/2024	Payee name IBC Bank
	Amount (\$) \$12.50	Payee address; City; State; Zip Code 4520 E 14th St
		Brownsville, TX 78521
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wire Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
Ŀ			[
1	Total pages Schedule F1: Sch: 17/29 Rpt: 32/44	Gracia, Jonathan Dwayne (Mr.)	3 Filer ID (Ethics Commission Filers) 00086222
┝	Data		
4	Date	5 Payee name	
l	10/25/2024	Mata, Maria Luisa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$250.00	P.O. Box 33	
l	,		
l			
		Raymondville , TX 78580	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		outside of Texas. Complete Schedule T.
l	EXPENDITURE		, TX, officeholder living expense
l		Polling Work	er
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
ľ	expenditure to benefit C/O		Office held
L			
	Date	Payee name	
	09/27/2024	McAllen Country Club	
H	Amount (\$)	Payee address; City; State; Zip Code	
	, ,	1	
	\$940.69	615 Wichita Ave.	
		McAllen, TX 78503	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	, TX, officeholder living expense
		Venue Exper	nse
L	One and the ONE Wife disease	Oscalidate (Office helden negre	Office In alla
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit eyes	•	
	Date	Payee name	
	09/27/2024	Obregon, Michael	
H	Amount (\$)		
	` '		
	\$75.00	123 Azucena Avenue	
		Brownsville, TX 78520	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/ Wages/Contract Eabor	, TX, officeholder living expense
l		Field Worker	
1		I loid Worker	
$\vdash$			
ĺ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
ĺ			
ı			

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 18/29 Rpt: 33/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
l	10/04/2024	Obregon, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$150.00	123 Azucena Avenue
l		
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Field Worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
l	Date	Payee name
	10/03/2024	Obregon, Michael
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	123 Azucena Avenue
		Brownsville, TX 78520
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Shirts
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 10/10/2024	Payee name Obregon, Michael
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	123 Azucena Avenue
l		B
L		Brownsville, TX 78520
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Sign Placement
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
一		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt: 34/44	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	
	10/21/2024	Obregon, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	123 Azucena Avenue	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Sign Placement
_	0 1: 0.11.7.7.1.		05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	10/22/2024	Obregon, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$411.18	123 Azucena Avenue	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		 	Check if Austin, TX, officeholder living expense Field Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/23/2024	Obregon, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.65	123 Azucena Avenue	
	Ψ102.00	120 / 2ddella / Wellae	
		Brownsville, TX 78520	
	DUDDOOF		
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<del>1</del>	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 35/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/24/2024	Obregon, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$304.15	123 Azucena Avenue
l		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Field Worker
l		Tiold Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
l	10/25/2024	Obregon, Michael
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	123 Azucena Avenue
	Ψ100.00	120 / Zdocha / Worldo
l		Brownsville, TX 78520
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Field Worker
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	experience to borionic Grou	
	Date	Payee name
L	10/04/2024	Olivarez, Arturo
l	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	5317 Remington Dr.
		Harlingen , TX 78552
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consultant
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/29 Rpt: 36/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/17/2024	Olivarez, Arturo
6	Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code 5317 Remington Dr.
		Harlingen , TX 78552
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Consultant
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/08/2024	Peerly.Com
	Amount (\$) \$359.82	Payee address; City; State; Zip Code 2232 Dell Range Blvd
		Cheyenne, WY 82009
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Texting Services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/14/2024	Pena, Emilio
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 7310 Westville Dr.
		San Antonio, TX 78227
	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  Calls/Texts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 22/29 Rpt: 37/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/14/2024	Pena, Emilio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	7310 Westville Dr.
		San Antonio, TX 78227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Calls/Texts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/25/2024	Pena, Irma
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	4380 Boca Chica Apt. 513
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Banking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/25/2024	Public Research Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	135 Paseo Del Prado, STE 62
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Texting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

### SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift//
Candidate/Officeholder/Political Committee Legal

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 23/29 Rpt: 38/44	Gracia, Jonathan Dwayne (Mr.) 00086222								
4	Date	5 Payee name								
	10/25/2024	Ramos, Maria Del Carmen								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$250.00	968 E Rodeo								
		Raymondville, TX 78580								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.								
	LAPENDITORE	Check if Austin, TX, officeholder living expense								
		Polling Worker								
_										
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/18/2024	Rosenbaum, Lucino								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,500.00	3620 S Dakota Ave								
		Brownsville, TX 78520								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
	LAPENDITORE	Check if Austin, TX, officeholder living expense								
Consultant										
	Condidate/Office holds									
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/09/2024	SMKT Media Group								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$150.00	2027 E Price Rd								
		Brownsville, TX 78521								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense								
Pod Cast Recording										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 24/29 Rpt: 39/44	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
l	09/27/2024	Saenz, Mario
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	51 Calgary Ct
l		
l		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Consultant
l		Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
l	10/23/2024	Saenz, Mario
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	51 Calgary Ct
l	Ψ300.00	31 Galgary Ct
l		Brownsville, TX 78526
L	DUDDOCE	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Consultant
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit Gree	
l	Date	Payee name
L	09/27/2024	Sandoval, Leonardo
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$270.00	3823 Vasco St
l		
L		Edinburg, TX 78539
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Field Worker
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 25/29 Rpt: 40/44	Gracia, Jonathan Dwayne (Mr.) 00086222						
4	Date	5 Payee name						
	10/04/2024	Sandoval, Leonardo						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$330.00	3823 Vasco St						
		Edinburg, TX 78539						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, efficiented or living average.						
l		Check if Austin, TX, officeholder living expense Field Worker						
l								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
l	10/11/2024	Sandoval, Leonardo						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$315.00	3823 Vasco St						
l		Edinburg, TX 78539						
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE  Salaries/Wages/Contract Labor  Solution  Salaries/Wages/Contract Labor  Solution  Solution								
l	LXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Field Worker						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
H	Date	Payee name						
	10/18/2024	Sandoval, Leonardo						
┝	Amount (\$)	Payee address; City; State; Zip Code						
l	\$492.59	3823 Vasco St						
	¥ 15 2.55							
l		Edinburg, TX 78539						
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Field Worker						
$\vdash$	Complete ONII V if direct	Candidate/Officeholder name Office sought						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Griff (Aug Payment)
Credit Card Payment

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 26/29 Rpt: 41/44	Gracia, Jonathan Dwayne (Mr.) 00086222							
4	Date	5 Payee name							
	09/27/2024	Sandoval, Luis							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$570.21	3823 Vasco St							
		Edinburg, TX 78539							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
		Check if Austin, TX, officeholder living expense  Field Worker							
		Field Worker							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
Ľ	expenditure to benefit C/OI								
	Date	Payee name							
	10/04/2024	Sandoval, Luis							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$578.90 3823 Vasco St								
		Edinburg, TX 78539							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Field Worker							
		TICIO WORKET							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	10/11/2024	Sandoval, Luis							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$474.19	3823 Vasco St							
		Edinburg, TX 78539							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Field Worker							
		I ICIG VVOINCI							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
$\vdash$									
ı									

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 27/29 Rpt: 42/44	Gracia, Jonathan Dwayne (Mr.) 00086222		
4	Date	5 Payee name		
	10/18/2024	Sandoval, Luis		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$560.00	3823 Vasco St		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Field Worker		
		FIELD WORKER		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
_	<u> </u>			
	Date	Payee name		
	10/22/2024	Starbucks		
	Amount (\$)	Payee address; City; State; Zip Code		
	1816 W Tyler Ave			
		Harlingen , TX 78552		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
Check if Austin, TX, officeholder living expense  Meals for Field Workers				
		mode for riola verticie		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
$\vdash$	Data	David and the second se		
	Date	Payee name		
	09/27/2024	Taco Palenque		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$72.26	4227 N Expressway 77		
		Brownsville , TX 78520		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense		
		Meals		
_	Operation ONE VIII II	On didn't 10 ff a balden name		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	p = 1 2 25 3/01			
L				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 28/29 Rpt: 43/44	Gracia, Jonathan Dwayne (Mr.) 00086222								
4	Date	5 Payee name								
	10/10/2024	Texas Democratic Party HTTPS								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$5,000.00	PO Box 15707								
		Austin, TX 78761								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	Fees Check if travel outside of Texas. Complete Schedule T.									
		Check if Austin, TX, officeholder living expense  Membership Fees								
		monitoring i eee								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	10/09/2024	USPS								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$5,933.31	1535 E Los Ebanos Blvd								
	, , , , , , ,									
		Brownsville, TX 78520								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Postage for Mailer								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Ol									
	Date	Davisa nama								
	10/10/2024	Payee name USPS								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$5,933.31	1535 E Los Ebanos Blvd								
	40,000.01	1000 E 200 Esanto Biva								
		Brownsville, TX 78520								
	PURPOSE									
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Postage for Mailer								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services								
<u> </u>						te tilis loilli.						
1	Total pages Schedule F1:	: 2 FILER NAME						Filer ID	(Ethics Commission Filers)			
	Sch: 29/29 Rpt: 44/44		Gracia, Jonathan Dwayne (Mr.)						00086222			
4	Date	5	Payee name									
	10/17/2024		USPS									
6	Amount (\$)	_	Payee addres	ss; City;	Ctoto	Zip Cod	40					
١		ľ			State,	Zip Cut	ue					
	\$5,933.31		1535 E LOS	Ebanos Blvd								
			Brownsville,	TX 78520								
8	PURPOSE	(a)	Category (se	e Categories listed at t	no ton of this scho	idulo)	(b)	Description				
	OF	<b> </b> `´	Printing Exp		ie top of this scrie	duie)	` '		outsio	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		· ····································	01100				Check if Austin,	TX,	officeholder livin	ng expense	
								Postage for M	/lail	er		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice soug	ght			Office h	neld	
	expenditure to benefit C/OI	Н					,					
⊨	Data	_										
	Date		Payee name									
	10/11/2024		Zavala , Dia	mantina								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$1,000.00		941 E Gem	Ave								
			Raymondvil	e, TX 78580								
_	DUDDOCE	(0)					(h)	5				
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b) Description					
EXPENDITURE			Salaries/Wages/Contract Labor				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
							Field Worker					
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	coholdor namo		ffice soug	nht.			Office h	nold	
	expenditure to benefit C/OI		Januluale/Onic	ceriolaer riame	U	ince soug	JIII			Office	leiu	
	· 											
l												