CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00086222	ion Filers)	2 Total pages f	iled: 22
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Mr.	Jonathan Dwa	ayne		Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	THOIR WINE	Gracia		331111		
A CANDIDATE /	ADDDECC / DO BOY: ADT	CALLITE # OIT		710 0005	Date Hand-delivered	or Data Bostmarkod
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	oi Date Fostinaikeu
MAILING ADDRESS	119 W. Van Buren				Receipt #	Amount
l <u> </u>						
Change of Address	Harlingen, TX 78550				Date Processed	•
					Date Imaged	
5 0445404	140 (14D0 (14D	FIDOT				
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Sandra				
	NICKNAME	LAST Colwell		SUFFIX		
		Colwell				
6 CAMPAIGN	CTREET ADDRESS (NO DO	DOV DI EACE):	ADT	/ CLUTE #: CITY:	CT	ATE; ZIP CODE
TREASURER	STREET ADDRESS (NO PC 207 W Saturn Ln	BOX PLEASE),	APT	/ SUITE #; CITY;	51	ATE; ZIP CODE
ADDRESS	207 W Salum En					
(Residence or Business)	Courts Dodge Joleand TV 7	2507				
	South Padre Island, TX 78	3597				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(956) 459-6789					
THORE						
8 REPORT TYPE		_	_	_	_	
ITPE	X January 15	30th day before	e election F	Runoff	15th day after ca appointment (off	ampaign treasurer iceholder only)
	July 15	8th day before		Exceeded modified	Final Report (Att	
		_	Ш r	eporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	T⊦	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	1					
		GO 1	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Gracia, Jonathan Dw	ayne (Mr.)	14 Filer ID 00086222	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made withou officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 19,159.24					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 52,371.28					
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 243,600.00					
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t						
		Mr. Joi	nathan Dwayne Gracia	a					
		Signature	of Candidate or Officeho	lder					
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to ce	rtify which, witness my hand and seal of office.							
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 22
_	LER NAM	(Ethics C	Commission Filers)		
		onathan Dwayne (Mr.)	00086222	1	
	HEDUL AME OF	SUI	BTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,100.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	12,059.24
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	52,371.28
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/22	
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)			3	Filer ID (Ethics Commission 00086222	on Filers)
4	Date 10/30/2024	D/30/2024 Borjon , Jose 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$500.00
8		Brownsville , TX 78520 pation / Job title (See Instructions y Advisor	9	Employer (See Instructions Akin Gump	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Esparza, Romeo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00		
	Brownsville, TX 78521 Principal occupation / Job title (See Instructions) Consulting Employer (See Instructions) Self Employed				<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,000.00	
		Brownsville, TX 78523 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 5)		
	Consulting Date Full name of contributor out-of-sta 10/28/2024 Hillhouse, Steve Contributor address; City; State; Zip Cod LA GRANGE, TX 78945		out-of-state PAC (ID#:	Self Employed		Amount of Contribution (\$)	\$1,000.00
	Principal occu Vice Preside	pation / Job title (See Instructions ent		Employer (See Instructions Ginger Petroleum Comp		у	
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Video Game	pation / Job title (See Instructions).	Employer (See Instructions Saber	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/22		
2	FILER NAME Gracia, Jona	athan Dwayne (Mr.)		3	Filer ID (Ethics Commission 00086222	ion Filers)
4	Date 10/28/2024				Amount of Contribution (\$)	\$1,000.00
_		Harlingen, TX 78550	0.5.1.00	L		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	S) 		
	Date Full name of contributor out-of-state PAC (ID#:) 11/15/2024 Merrill, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
		BROWNSVILLE, TX 78520				
	Principal occu Branch Man	upation / Job title (See Instructions) ager	s)			
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Wil, Jeudy Contributor address; City; State; Zip Code Houston, TX 77008)	•	Amount of Contribution (\$)	\$150.00
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Next Level Urgent Care			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/22 3 Filer ID (Ethics Commission Filers) FILER NAME Gracia, Jonathan Dwayne (Mr.) 00086222 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/29/2024 Legacy 44 PAC \$5,000.00 | Digital Ad Buy & 7 Contributor address; City; State; Zip Code Placement Austin, TX 78756 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/31/2024 **Texas Democratic Party** \$7,059.24 | Salaries, Payroll Taxes & Contributor address; City; State; Zip Code Insurance Benefits

Austin, TX 78761

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

(See instructions)

(See instructions)

Employer (FOR NON-JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overhie
Food/Beverage Expense Polling Exper
Gift/Awards/Memorials Expense Printing Expe
Legal Services Salaries/Wag

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: 1/16 Rpt: 7/22	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/06/2024	Acuna, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$809.84	6104 Remington St
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVENDITURE	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
	'	
	Date	Payee name
	11/06/2024	Aguilar, Perla
	Amount (\$)	Payee address; City; State; Zip Code
	\$514.01	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
		Tiola Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/07/2024	All Valley Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,699.03	221 W. Wilson Ave.
	, ,	
		Harlingen, TX 78550
	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
		Design
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 2/16 Rpt: 8/22	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/06/2024	Alonso, Rafael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	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	1
	Date	Payee name
	11/20/2024	Alvarado, Janie
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	745 S Adeline St
		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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Consultant
		Consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	11/01/2024	Cantu, Martin
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	814 N Shore Dr
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Port Isabel, TX 78578
	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
	0 1: 0::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commit	ssion Filers)
	Sch: 3/16 Rpt: 9/22	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	11/14/2024	Carr Marketing,Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,000.00	131 Honeycomb Ct.	
		Encinitas, CA 92024	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Live Calls	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- CAPCHARLATO TO SOTION COO		
	Date	Payee name	
	10/30/2024	Compete Digital Sale	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	1317 Potomac Ave SE	
		Washington, DC 20003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Digital Ad Buy & Ad Placement	
		Digital Au Buy & Au Flacement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Pause name	
	11/06/2024	Payee name De La Torre-Saldana, Hugo	
	Amount (\$) \$156.46	Payee address; City; State; Zip Code 1712 Cortez Dr	
	φ130.40	1712 COREZ DI	
		Alama TV 70540	
		Alamo, TX 78516	
	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		
_			

SCHEDULE F1

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

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

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 10/22		Gracia, Jonathan Dwayne (Mr.)		00086222
4	Date	5	Payee name		
	11/05/2024		Dollar Tree		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$22.19		2109 Lincoln Ave		
			Harlingen, TX 78552		
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
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	ıaht	t Office held
	expenditure to benefit C/O		Sandidate/Oniceriolder Harne Onice Soc	agrit	Cince held
_	Data	_			
	Date 11/05/2024		Payee name Donoratlas		
		┞			
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$300.00		330 7th Ave Suite 1401		
			New York , NY 10001		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Information
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>I</u> ught	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	11/04/2024		Garza, Belinda		
	Amount (\$)	H	Payee address; City; State; Zip Co	ode	
	\$600.00		409 West 8th St		
			Los Fresnos , TX 78566		
	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
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ught	t Office held
	experiencie to beliefft C/Of	''			

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		Filers)
Ļ	Sch: 5/16 Rpt: 11/22	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	11/04/2024	Garza, Eulojio Tirso	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	514 AVENIDA DEL SOL	
		BROWNSVILLE , TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Field Worker	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
_	Data		
	Date 12/05/2024	Payee name Gonzalez, Edward	
_			
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 400 FM 3168 Lot 239	
	φουο.00	400 T W 0100 E0t 200	
		Raymondville, TX 78580	
	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/05/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.70	2440 Pablo Kisel Blvd	
		Brownsville , TX 78526	
	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	
		Сиррис	
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 12/22	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	11/30/2024	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	4520 E 14th St
		Brownsville, TX 78521
8	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 Analysis Charge
		7 thatysis offarge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/04/2024	IBC Bank
L		
	Amount (\$)	
	\$12.50	4520 E 14th St
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wire Transfer Fee
		Wile Hallstoff Ce
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/07/2024	LocaliQ
H	Amount (\$)	Payee address; City; State; Zip Code
	\$762.59	PO Box 631667
	Ψ102.00	1 0 20% 001001
		Cincinnati, OH 45263-1667
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

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	n Filers)
	Sch: 7/16 Rpt: 13/22	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
	12/01/2024	LocaliQ	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,266.67	PO Box 631667	
		Cincinnati, OH 45263-1667	
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.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Ad	
_	Complete ONLY if direct	Condidate Office helder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
_		1	
	Date	Payee name	
	11/01/2024	Lopez, Sofia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,030.00	33168 Whipple Rd Apt 12208	
		Los Fresnos , TX 78566	
	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 Workers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	11/05/2024	Mendoza III, Juan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	400 W 8th St	
	4000.00		
		Los Fresnos, TX 78566	
	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.	
	EXPENDITURE	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	лп 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:		
	Sch: 8/16 Rpt: 14/22	Gracia, Jonathan Dwayne (Mr.) 00086222	
4	Date	5 Payee name	
L	11/20/2024	Obregon, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$525.00	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	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Banner Removal	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorure to berient C/OI		
	Date	Payee name	
	11/12/2024	Obregon, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	123 Azucena Avenue	
		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.	
Check if Austin, TX, officeholder living expense Sign Removal			
		Sign (Cinioval	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·	
\vdash	Date	Payros namo	
	11/06/2024	Payee name Obregon, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$454.31	123 Azucena Avenue	
		Brownsville, TX 78520	
	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	
		συρριίο	
	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 Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict category not listed above)
⊢					
1	Total pages Schedule F1: Sch: 9/16 Rpt: 15/22	2 FILER NAME Gracia, Jonathan Dwayne (Mr.)	3	Filer ID 00086222	(Ethics Commission Filers)
4	Date	5 Payee name			
	11/04/2024	Obregon, Michael			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$400.00	123 Azucena Avenue			
l					
l					
		Brownsville, TX 78520			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF		vel outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		stin, TX	, officeholder living	j expense
l		Field Work	ers		
l					
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experiulture to beliefit C/O	1			
	Date	Payee name			
l	11/04/2024	Obregon, Michael			
L					
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$192.51	123 Azucena Avenue			
l					
l		Prownoville TV 70520			
		Brownsville, TX 78520			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	vel outs	ide of Texas. Com	plete Schedule T.
l	LAFENDITORE	I		, officeholder living	j expense
l		Field Work	ers		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
L					
l	Date	Payee name			
	11/01/2024	Obregon, Michael			
	Amount (\$)	Payee address; City; State; Zip Code			
l	\$1,400.00	123 Azucena Avenue			
l	Ψ1, 400.00	120 / Edderid / Wellde			
1					
		Brownsville, TX 78520			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF	_ '	vel outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		stin, TX	, officeholder living	, expense
l		Field Work			
1		1	-		
\vdash	0 1: 0::::::::::			0	
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eia
	experiulture to beliefit C/O	11			
1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 16/22	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	
	11/01/2024	Obregon, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.55	123 Azucena Avenue	
	1		
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	LA LIBITORE	l — l —	n, TX, officeholder living expense Iges for Field Workers
	l	F000/bevera	ges for Field Workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Date	Davis same	
	10/31/2024	Payee name Obregon, Michael	
	Amount (\$)	1 2 1	
	\$3,000.00	123 Azucena Avenue	
	I	5	
		Brownsville, TX 78520	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	- Taylor Complete Cabadula T
	EXPENDITURE	1 dilling Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	I	Supplies	
	l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	н	
Т	Date	Payee name	
	10/31/2024	Obregon, Michael	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$279.27	123 Azucena Avenue	
	l		
	l	Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
	1	Field Worker	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- experialtare to benefit 3/3.		

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 17/22	Gracia, Jonathan Dwayne (Mr.) 00086222
4	Date	5 Payee name
	10/28/2024	Obregon, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	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
		Supplies for Field Workers
		Cappines for Flora Workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/08/2024	Olivarez, Arturo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	5317 Remington Dr.
		Harlingen , TX 78552
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Consultant
		Consultant
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	11/06/2024	Olivarez, Arturo
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.79	5317 Remington Dr.
		Harlingen , TX 78552
	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
		Supplies
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Consulting Expense Contributions/ Donations Made By - Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/16 Rpt: 18/22 00086222 Gracia, Jonathan Dwayne (Mr.) 4 Date Payee name 11/01/2024 Olivarez, Arturo 6 Amount (\$) Payee address; State; Zip Code \$1,750.00 5317 Remington Dr. Harlingen, TX 78552 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Pena, Irma Amount (\$) Payee address; City; State; Zip Code \$120.00 4380 Boca Chica Apt. 513 Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone Bank Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2024 Pena, Irma Amount (\$) Payee address; City: State; Zip Code \$690.00 4380 Boca Chica Apt. 513 Brownsville, TX 78521 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone Bank Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1: Sch: 13/16 Rpt: 19/22	FILER NAME Gracia, Jonathan Dwayne (Mr.)	3 Filer ID (Ethics Commission Filers) 00086222
4	Date 10/30/2024	5 Payee name Sam's Club	
6	Amount (\$) \$1,980.93	7 Payee address; City; State; Zip Code 3570 W Alton Gloor Blvd	
8	PURPOSE OF EXPENDITURE	Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/06/2024	Payee name Sandoval, Leonardo Payee address; City; State; Zip Code	
	Amount (\$) \$360.00	Payee address; City; State; Zip Code 3823 Vasco St Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description 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
	Date 11/06/2024	Payee name Sandoval, Luis	
	Amount (\$) \$635.00	Payee address; City; State; Zip Code 3823 Vasco St	
		Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description 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

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			Legal Services	us Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed at	oove)
Credit Card Payment				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 14/16 Rpt: 20/22		Gracia, Jona	athan Dwayne	(Mr.)					00086222		
4	Date	5	Payee name					·				
	11/08/2024		Smoke Texa	as BBQ & Wat	ering Hole							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$208.00		1600 W Har	rison Ste A								
			Harlingen, T	X 78550								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Exper	rse				=			nplete Schedule T.	
								Food and Bey		officeholder living	g expense	
								1 000 and De	VCI	ages		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		zarialaato, o me	onolder name	·	511100 00a	9			Omoo n	oid	
_	Date	Г	Payee name									
	11/07/2024		•	as BBQ & Wat	erina Hole							
	Amount (\$)	L	Payee addres			; Zip Co	do					
	\$2,885.63		1600 W Har		State	, Ζίρ Co	ue					
	Ψ2,000.00		1000 11 1141	113011 310 71								
			Harlingen, T	Y 78550								
	DUDDOCE	(0)					(b)	5				
	PURPOSE OF	(a)		e Categories listed a	t the top of this sch	nedule)	(D)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense											
	Food and Beverages											
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	experialture to beliefit C/Oi											
	Date		Payee name									
	11/12/2024		Switchboard	l Public Benef	it Corp							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$4,360.75		PO Box 334	85								
			Washington	, DC 20033								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Polling Expe	ense							nplete Schedule T.	
								Switchboard I		officeholder living	g expense	
								- THE INCHIO		ugig		
-	Complete ONLY if direct	L(Candidate/Offic	ceholder name	(Office sou	aht			Office h	eld	
	expenditure to benefit C/OI				`	30 000	<i></i> .			200 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 15/16 Rpt: 21/22	Gracia, Jonathan Dwayne (Mr.) 00086222				
4	Date	5 Payee name				
	11/12/2024	Switchboard Public Benefit Corp				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,076.16	PO Box 33485				
		Washington, DC 20033				
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.				
	LAFLINDITORL	Check if Austin, TX, officeholder living expense				
		Switchboard Messaging,				
_						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	10/30/2024	Switchboard Public Benefit Corp				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,773.39	PO Box 33485				
		Washington, DC 20033				
	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, 1X, officenoider living expense				
		Switchboard Messaging,				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	12/03/2024	Villarreal, Jaime				
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1100 Congress Ave 1E.9				
	Ψ2,300.00	1100 Congress Ave 1L.9				
		Auctin TV 70701				
		Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Attorney				
	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 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)
	Sch: 16/16 Rpt: 22/22	Gracia, Jonathan Dwayne (Mr.)	00086222
4	Date	5 Payee name	•
	11/01/2024	Ybarra, Nelda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	32684 HWY 100	
		Los Fresnos, TX 78566	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	l outside of Texas. Complete Schedule T.
	LAI LINDITORE	, —	n, TX, officeholder living expense
		Field Worker	I
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
\vdash	Date		
	11/01/2024	Payee name Zamora, Janie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,520.00	201 Old Stadium Dr	
		Port Isabel, TX 78578	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Field worker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	PH .	
	Date	Payee name	
	11/01/2024	Zavala , Diamantina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	941 E Gem Ave	
		Raymondville, TX 78580	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Field Worker	r
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held