

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085740		2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Cody J.	MI	
	NICKNAME		LAST Grace	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 9492  Tyler, TX 75711		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/08/2025			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms.		FIRST Crystal	MI
		NICKNAME		LAST Bryce	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 120 S Broadway, #108  Tyler, TX 75702			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 317-2743			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 01/01/2025    06/30/2025			
10 ELECTION		ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 6	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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<b>13 C / OH NAME</b>	Grace, Cody J. (Mr.)	<b>14 Filer ID</b>	(Ethics Commission Filers) 00085740
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	247.34
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	247.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

### 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Cody J. Grace

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal 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**

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<b>18 FILER NAME</b> Grace, Cody J. (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00085740
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 247.34
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,190.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt: 4/5	<b>2</b> FILER NAME Grace, Cody J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085740
<b>4</b> Date 06/01/2025	<b>5</b> Payee name Legacy Theater Booster Club	
<b>6</b> Amount (\$)  200.00	<b>7</b> Payee Address; City; State; Zip 4500 Red Raider Dr  Tyler, TX 75703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) donation
Date 06/01/2025	Payee name Next Steps Community Services	
Amount (\$)  390.00	Payee Address; City; State; Zip 305 S Broadway  Tyler, TX 75702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) Donation and Ticket for event
Date 03/06/2025	Payee name Path	
Amount (\$)  200.00	Payee Address; City; State; Zip 402 W Front  Tyler, TX 75702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) Donation
Date 05/01/2025	Payee name Therapet	
Amount (\$)  100.00	Payee Address; City; State; Zip 225 E Amherst  Tyler, TX 75701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) Donation

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 5/5	2 FILER NAME Grace, Cody J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085740
4 Date 05/01/2025	5 Payee name Tyler Area Gays	
6 Amount (\$) 300.00	7 Payee Address; City; State; Zip 5621 Old Bullard Road #279 Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Sponsorship of space