

JONATHAN

GRACIA

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)

2 Total pages filed:

56

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Jonathan D.
Grawa

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JAN 16 2018

5:00pm

RECEIVED

BY: *[Signature]*
Date Hand Delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

932 E. Van Buren
Brownsville, TX 77520

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 504-2211

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Noe D.
Grawa Jr.

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

954 E. Van Buren Brownsville, TX 77520

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 544 2911

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

Month Day Year

07 / 01 / 2017

THROUGH

12 / 31 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

03 / 06 / 2018

Primary

Runoff

ELECTION TYPE

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of The
peace Pct 2, PI. 2

13 OFFICE SOUGHT (if known)

Same

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jonathan Gracia

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 34.74

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100,429.39

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 3,362.28

4. TOTAL POLITICAL EXPENDITURES

\$ 66,214.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

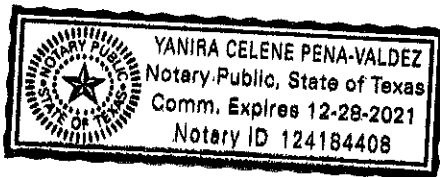
\$ 32,136.55

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ _____

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jonathan Gracia, this the 15th day of January 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Yanira Pena-Valdez
Printed name of officer administering oath

[Signature]
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

19

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

n/a

4 Date

9/28/17

5 Full name of contributor out-of-state PAC (ID#:

John F. Cowen

6 Contributor address; City; State; Zip Code

2320 Calle Escondida
Brownsville, TX, 78521

7 Amount of contribution (\$)

\$ 2,500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Custom brokerage

10 Employer (See Instructions)

Cowen Group

Date

10/10/17

Full name of contributor out-of-state PAC (ID#:

David H. Square

Contributor address; City; State; Zip Code

4200 Las Palmas Cir, APT 515
Brownsville, TX, 78521

Amount of contribution (\$)

\$ 1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Square Law Group

Date

10/10/17

Full name of contributor out-of-state PAC (ID#:

Fred A. Kowalski

Contributor address; City; State; Zip Code

902 E Madison ST
Brownsville, TX, 78520

Amount of contribution (\$)

\$ 250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Fred A. Kowalski

Date

10/11/17

Full name of contributor out-of-state PAC (ID#:

Risoberto Flores

Contributor address; City; State; Zip Code

914 E. Van Buren
Brownsville, TX, 78520

Amount of contribution (\$)

\$ 700⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Rigo Flores

Date

10/11/17

Full name of contributor out-of-state PAC (ID#:

Salvador Garcia

Contributor address; City; State; Zip Code

914 E. Van Buren
Brownsville, TX, 78520

Amount of contribution (\$)

\$ 600⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Salvador Garcia

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers) <i>n/a</i>	
4 Date <i>10/12/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. Luis I. Khit</i>	7 Amount of contribution (\$) <i>\$2,500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>212 Marble Court Mission, TX, 78572</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Chiropractor</i>		10 Employer (See Instructions) <i>Khit chiropractic & wellness center</i>	
Date <i>10/12/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Burk</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20614 Mystic Cove Road Cornelius, N.C. 28031</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bus. Consultant</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>10/13/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Seth M. Colwell</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 2051 South Padre Island, TX, 78597</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>UTRGV</i>	
Date <i>10/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Reyna M. Andrad de Reyes</i>	Amount of contribution (\$) <i>\$2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1274 Norma In Brownsville, TX 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Accountant/Sole Proprietorship</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>10/17/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ismael Hinojosa</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>855 E. Harrison Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Hinojosa law office</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	
4 Date <i>10/17/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Everardo Garcia</i>	7 Amount of contribution (\$) <i>\$ 300⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 400 Olmito, TX, 78575</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Law office of Everardo G.</i>	
Date <i>10/16/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark A. Johnson</i>	Amount of contribution (\$) <i>\$ 2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5898 Brownsville, TX 78523</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Border Properties Inc</i>	
Date <i>10/17/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Francisco J. Orozco Jr</i>	Amount of contribution (\$) <i>\$ 300⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3505 Boca Chica Blvd, STE 100 Brownsville, TX, 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>KANTACK Alecantara law office</i>	
Date <i>10/19/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roberto Galindo</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 Palo Verde Dr. Brownsville, TX, 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner Pawnshop</i>		Employer (See Instructions) <i>Amigo Pawn + Jewelry</i>	
Date <i>10/20/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Luis Navarro</i>	Amount of contribution (\$) <i>\$ 2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2914 Huisache Edinburg, TX, 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Optometry</i>		Employer (See Instructions) <i>Edinburg Vision Center</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/19/17

5 Full name of contributor out-of-state PAC (ID#)

Raynaldo Rodriguez Jr.

6 Contributor address; City; State; Zip Code

*818 Tyler Ave.
Harlingen, TX, 7850*

7 Amount of contribution (\$)

\$ 500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

law office of Raynaldo Rodriguez

Date

10/18/17

Full name of contributor out-of-state PAC (ID#)

Richard Ales

Contributor address; City; State; Zip Code

*6460 Butler RD.
Brownsville, TX 78520*

Amount of contribution (\$)

\$ 750⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner / A/C Company

Employer (See Instructions)

Self employed

Date

10/19/17

Full name of contributor out-of-state PAC (ID#)

Noe D. Garza Jr.

Contributor address; City; State; Zip Code

*854 E. Van Buren ST
Brownsville, TX, 78520*

Amount of contribution (\$)

\$ 250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Garza Law office

Date

10/19/17

Full name of contributor out-of-state PAC (ID#)

Rene Lerma

Contributor address; City; State; Zip Code

*1314 Magnolia CT.
Brownsville, TX, 78520*

Amount of contribution (\$)

\$ 500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Carnival Concessions

Employer (See Instructions)

Self Employed

Date

10/11/17

Full name of contributor out-of-state PAC (ID#)

Joel Gonzalez

Contributor address; City; State; Zip Code

*301 Mexico Blvd Suite 300
Brownsville, TX 78520*

Amount of contribution (\$)

\$ 2,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Consulting CP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/11/17

5 Full name of contributor out-of-state PAC (ID#)

Dale Robertson

6 Contributor address; City; State; Zip Code

21407 fm 800
San benito, TX 78586

7 Amount of contribution (\$)

\$500⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Robertson Law Firm

Date

10/11/17

Full name of contributor out-of-state PAC (ID#)

Rodolfo De La Rosa

Contributor address; City; State; Zip Code

7738 Padre Island Hwy
Brownsville, TX 78521

Amount of contribution (\$)

\$1,250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Owner / RESTAURANT

Employer (See Instructions)

Mariscos de La Rosa

Date

10/11/17

Full name of contributor out-of-state PAC (ID#)

Romeo Esparza

Contributor address; City; State; Zip Code

1335 Military Rd,
Brownsville, TX 78520

Amount of contribution (\$)

\$ 200⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Romeo Esparza Produce

Date

10/19/17

Full name of contributor out-of-state PAC (ID#)

Sergio Gonzalez

Contributor address; City; State; Zip Code

408 Brookshire
Brownsville, TX 78521

Amount of contribution (\$)

\$ 500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Lonestar National Bank

Date

10/19/17

Full name of contributor out-of-state PAC (ID#)

Rosario Casanova

Contributor address; City; State; Zip Code

2604 Bertrand ST.
Houston, TX 77093

Amount of contribution (\$)

\$ 250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self - Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	
4 Date <i>10/23/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jesus R. Canales</i>	7 Amount of contribution (\$) <i>\$ 300⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>845 E. Harrison St. Brownsville, TX, 785520</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Law office of Rick Canales</i>	
Date <i>10/17/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roberto Lee Ostos</i>	Amount of contribution (\$) <i>\$ 400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>250 Creebend Dr. Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Dix Shipping Company</i>	
Date <i>10/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark B. Pratt</i>	Amount of contribution (\$) <i>\$ 200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1202 E. Tyler Ave Harlingen, TX, 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Pratt Insurance Company</i>	
Date <i>10/20/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Luke Fruia</i>	Amount of contribution (\$) <i>\$ 1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1016 Tesoro Rancho Viejo, TX, 78575</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Luke Fruia Motors</i>	
Date <i>10/20/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hugh P. Touchy</i>	Amount of contribution (\$) <i>\$ 150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>233 Creebend Dr. Brownsville, TX, 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Touchy Law Firm P.L.C.</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Lracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/23/17

5 Full name of contributor out-of-state PAC (ID# _____)

Julio Grana

6 Contributor address; City; State; Zip Code

2302 S. Parkwood

Harlingen, TX, 78550

7 Amount of contribution (\$)

\$1,500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Grana-Justo LLC.

Date

10/25/17

Full name of contributor out-of-state PAC (ID# _____)

Noe Ortiz

Contributor address; City; State; Zip Code

117 S. 77 Sunshine strip

Harlingen, TX, 78550

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner / Restaurant

Employer (See Instructions)

Pepe's Mexican Rest.

Date

10/25/17

Full name of contributor out-of-state PAC (ID# _____)

Enrique Solana

Contributor address; City; State; Zip Code

4035 Retana Dr.

Brownsville, TX, 78521

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Enrique Solana

Date

10/25/17

Full name of contributor out-of-state PAC (ID# _____)

Michael Gonzalez

Contributor address; City; State; Zip Code

1000 E. Van Buren St.

Brownsville, TX, 78520

Amount of contribution (\$)

\$300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Michael Gonzalez Law firm

Date

10/23/17

Full name of contributor out-of-state PAC (ID# _____)

Juan T. Mendez III

Contributor address; City; State; Zip Code

611 W. Levee

Brownsville, TX, 78520

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Juan T. Mendez

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/27/17

5 Full name of contributor out-of-state PAC (ID# _____)

Edmund K. Cyganiewicz

6 Contributor address; City; State; Zip Code

1000 E. Madison ST
Brownsville, TX, 78520

7 Amount of contribution (\$)

\$350⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney at Law

10 Employer (See Instructions)

Edmund Cyganiewicz PLLC

Date

10/24/17

Full name of contributor out-of-state PAC (ID# _____)

Robert A. Ostos

Contributor address; City; State; Zip Code

5500 R. L. OSTOS RD
Brownsville, TX, 78521

Amount of contribution (\$)

\$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Dix Mexico Inc.

Date

10/23/17

Full name of contributor out-of-state PAC (ID# _____)

Gregg S. Mcumber

Contributor address; City; State; Zip Code

540 Rancho Perdido
Rancho Viejo, TX, 78575

Amount of contribution (\$)

\$1000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Brian Mcumber & Cortez

Date

10/27/17

Full name of contributor out-of-state PAC (ID# _____)

Jose Luis Ayala

Contributor address; City; State; Zip Code

117 South 77 Sunshine Strip
Houma, TX, 78550

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

Pepper's Restaurant

Date

10/28/17

Full name of contributor out-of-state PAC (ID# _____)

Benjamin Everest Jr.

Contributor address; City; State; Zip Code

974 E. Harrison St.
Brownsville, TX, 78521

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Honorable Benjamin Everest Jr

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/27/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rodolfo de la Rosa</i>	7 Amount of contribution (\$) <i>\$2500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>788 Creekbend Dr. Brownsville, TX, 78521</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Restaurant owner</i>		10 Employer (See Instructions) <i>Manisco's de la Rosa</i>	
Date <i>10/28/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Trey Garza</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>680 E. saint charles STE 600 Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Garza & Elizondo</i>	
Date <i>10/12/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andes Martinez</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 E. Van Buren St Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Benigno Martinez Law offices</i>	
Date <i>10/27/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Juan Turrobiate</i>	Amount of contribution (\$) <i>\$2500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9235 Old State Highway Brownsville, TX, 78521</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Trucker / transportation</i>		Employer (See Instructions) <i>AUTO transportes Frayara</i>	
Date <i>10/28/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jonathan Gracia</i>	Amount of contribution (\$) <i>\$404.54</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>932 E Van Buren St Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Gracia Law Firm</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/27/17

5 Full name of contributor

out-of-state PAC (ID#)

Ramon Garcia

6 Contributor address; City; State; Zip Code

222 W. UNIVERSITY DR.
EDINBURG, TX, 78539

7 Amount of contribution (\$)

\$ 250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney at Law

10 Employer (See Instructions)

Ramon Garcia Law Office PC

Date

10/27/17

Full name of contributor

out-of-state PAC (ID#)

Jonathan Gracia

Contributor address; City; State; Zip Code

932 E. Van Boren ST
Brownsville, TX, 78520

Amount of contribution (\$)

\$ 54.11

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney at Law

Employer (See Instructions)

The Gracia Law Firm

Date

10/27/17

Full name of contributor

out-of-state PAC (ID#)

Mark Hoskins

Contributor address; City; State; Zip Code

2700 BI OSTOS Rd,
Brownsville, TX, 78521

Amount of contribution (\$)

\$ 500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Traffic Manager

Employer (See Instructions)

Gulf Stream Marine

Date

11/2/17

Full name of contributor

out-of-state PAC (ID#)

Dean C. Feurtado

Contributor address; City; State; Zip Code

2825 Seville Blvd
Brownsville, TX, 78526

Amount of contribution (\$)

\$ 500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President / Owner

Employer (See Instructions)

Four Leaf Clover Inc.

Date

11/2/17

Full name of contributor

out-of-state PAC (ID#)

Dianne Kevin Isbell

Contributor address; City; State; Zip Code

1041 Resaca Vlg.
Brownsville, TX, 78521

Amount of contribution (\$)

\$ 300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Board Member

Employer (See Instructions)

hooked 4 riter (non-profit)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/27/17

5 Full name of contributor out-of-state PAC (ID# _____)

Linebarger Grogan Blair & Sampson

6 Contributor address; City; State; Zip Code

P.O. Box 17428

Austin, Texas, 78760

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Tax City's

10 Employer (See Instructions)

Linebarger, Grogan Blair & Sampson

Date

11/03/17

Full name of contributor out-of-state PAC (ID# _____)

Eddie Licio III

Contributor address; City; State; Zip Code

P.O. Box 2106

San Benito, TX, 78586

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney at law

Employer (See Instructions)

Law office of Eddie Licio

Date

11/09/17

Full name of contributor out-of-state PAC (ID# _____)

Jonathan Gracia

Contributor address; City; State; Zip Code

932 E. Van Kuren

Brownsville, TX, 78520

Amount of contribution (\$)

\$34.74⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Gracia Law Firm

Date

11/16/17

Full name of contributor out-of-state PAC (ID# _____)

Raymond Wrecker Service

Contributor address; City; State; Zip Code

2591 Old Post

Brownsville, TX, 78520

Amount of contribution (\$)

\$150⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Raymond's Wrecker Service

Date

11/16/17

Full name of contributor out-of-state PAC (ID# _____)

Edwin Fulghum III

Contributor address; City; State; Zip Code

5707 Mystic Bend

Brownsville, TX, 78526

Amount of contribution (\$)

\$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Sierra Title Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/16/17

Jonathan Gracia
Erin Elizabeth Gomez
Contributor address; City; State; Zip Code
127 Shoreline Dr
Brownsville, TX, 78521

\$500⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Attorney

Law office of Ernesto Gomez

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/16/17

Leonardo Rinones
Contributor address; City; State; Zip Code
854 E. Van Buren
Brownsville, TX, 78520

\$500⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Rinones Law office of Leonardo

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27/17

Hector Bustos
Contributor address; City; State; Zip Code
P.O. Box 2228
Edinburg, TX, 78540

\$500⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Law office of Hector Bustos

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/7/17

John Patriarca
Contributor address; City; State; Zip Code
15 Calle Anauca
Brownsville, TX, 78520

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

N/A

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/11/17

Ricardo Portillo
Contributor address; City; State; Zip Code
700 Yoca Ave.
McAllen, TX, 78504

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Portillo's Jewelry

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/11/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Willis</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1534 E 6TH ST STE 201 Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>David Willis P.C.</i>	
Date <i>12/11/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andres Duran</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5673 Buckeye Ct Brownsville, TX, 78526</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Account Manager</i>		Employer (See Instructions) <i>Quidel</i>	
Date <i>12/11/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gordon Moore</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2215 Post rd #2026 Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lobbyists</i>		Employer (See Instructions) <i>GBM Strategies LLC</i>	
Date <i>12/22/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Merrill</i>	Amount of contribution (\$) <i>\$350.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20 wild horse valley Dr. Brownsville, TX 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>financial advisor</i>		Employer (See Instructions) <i>Wellstarso</i>	
Date <i>12/22/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Alaniz</i>	Amount of contribution (\$) <i>\$2700</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4552 New Mexico way Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Alaniz Electric</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/4/18

5 Full name of contributor out-of-state PAC (ID#:

Rene Cardenas

6 Contributor address; City; State; Zip Code

1500 N Expressway
Brownsville, TX, 78521

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Director

10 Employer (See Instructions)

Cardenas Corporate

Date

1/3/18

Full name of contributor out-of-state PAC (ID#:

Edgar de la Garza

Contributor address; City; State; Zip Code

408 Santa Ana Ave
Rancho Vigo, TX, 78575

Amount of contribution (\$)

\$400⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Sun Valley Realtors

Date

1/3/18

Full name of contributor out-of-state PAC (ID#:

Glynn Castro

Contributor address; City; State; Zip Code

120 Andover
Victoria, TX, 77901

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Wells Fargo

Date

1/3/18

Full name of contributor out-of-state PAC (ID#:

Gerardo Garcia

Contributor address; City; State; Zip Code

5599 Rawhide Dr.
Brownsville, TX, 78521

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

US Gov. Agent

Employer (See Instructions)

U.S. Government

Date

1/3/18

Full name of contributor out-of-state PAC (ID#:

Carlos Taboada

Contributor address; City; State; Zip Code

3380 E. Ruben Torres Blvd 202
Brownsville, TX, 78526

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Carlos Taboada Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/5/19

5 Full name of contributor out-of-state PAC (ID# _____)

Beto Sierra

6 Contributor address; City; State; Zip Code

1135 Old Oak
Brownsville, TX, 78520

7 Amount of contribution (\$)

\$500

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Project Manager

10 Employer (See Instructions)

Keppel Ampels LLC

Date

1/5/18

Full name of contributor out-of-state PAC (ID# _____)

Ray Cisneros

Contributor address; City; State; Zip Code

950 E. Van Buren ST,
Brownsville, TX 78520

Amount of contribution (\$)

\$150

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Reynaldo Cisneros

Date

1/5/18

Full name of contributor out-of-state PAC (ID# _____)

Conrad Bowden

Contributor address; City; State; Zip Code

520 E levee Brownsville
Texas, 78520

Amount of contribution (\$)

\$500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

US Lawyers DB

Date

1/5/18

Full name of contributor out-of-state PAC (ID# _____)

Guz Garza

Contributor address; City; State; Zip Code

680 E Saint Charles ST SEEBOD
Brownsville, TX 78520

Amount of contribution (\$)

\$60

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Garza + Glizondo LLP

Date

1/5/18

Full name of contributor out-of-state PAC (ID# _____)

Carlos Monarrez

Contributor address; City; State; Zip Code

914 E Van Buren ST,
Brownsville, TX, 78520

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Valdez + Monarrez Law

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/5/18	Greg E. Blomerg 6 Contributor address; City; State; Zip Code 100 Fairview Ave Fairfield, CT 06824	\$300 ⁰⁰	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Investment Banker		10 Employer (See Instructions) Self - Employed	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/18	Luz Martinez Contributor address; City; State; Zip Code 909 South James St STE 6 Weslaco, TX 78596	\$300 ⁰⁰	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) R6V smiles Dental	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/18	Ruben Herrera Contributor address; City; State; Zip Code 37 W Elizabeth ST Brownsville, TX, 78520	\$400 ⁰⁰	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Herrera Ruben Law Offices	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/11/18	Oscar Longoria JR Contributor address; City; State; Zip Code P.O. Box 4224 Mission, TX 78573	\$1,000 ⁰⁰	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law office of Oscar Longoria	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/18/17	Jonathan Gracia Contributor address; City; State; Zip Code 932 E Van Buren ST Brownsville, TX, 78520	20,000 ⁰⁰	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Gracia Law Firm	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/11/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Robert Gracia</i>	7 Amount of contribution (\$) <i>\$10,000^{FD}</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1408 Teraso Rancho Viejo,</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions) <i>Retired</i>	
Date <i>11/1/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jonathan Gracia</i>	Amount of contribution (\$) <i>\$486^{OD}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>902 E Van Buren ST Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Gracia Law Firm</i>	
Date <i>1/1/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jonathan Gracia</i>	Amount of contribution (\$) <i>\$780^{OD}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>937 E Van Buren ST. Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>The Gracia Law Firm</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>William Burk</i>	Amount of contribution (\$) <i>\$1000^{OD}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20614 Mystic Cove Road Cornelius, N.C. 28031</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bus. Consultant</i>		Employer (See Instructions) <i>Self employed</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jose Villalobos</i>	Amount of contribution (\$) <i>\$100^{OD}</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1018 Avenida de Estrellas Rancho Viejo, TX 78575</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Doctor</i>		Employer (See Instructions) <i>Self Employes</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <i>Jonathan Gracia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/15/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Emerso Arvello</i>	7 Amount of contribution (\$) <i>\$1350⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1036 W. Fronton ST Brownsville, TX, 78539</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>law offices of Ramon G.</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Juan Manuel Martinez</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>544 E Jackson ST Brownsville, TX, 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bondsman</i>		Employer (See Instructions) <i>Valley International Bail Bonds</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Samuel Reyes</i>	Amount of contribution (\$) <i>\$400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 4267 Edinburg, TX, 78540</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions) <i>law office of Samuel R.</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Edna Dinsdale</i>	Amount of contribution (\$) <i>\$60⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>847 E. Harrison ST Brownsville, TX 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of Edna Dinsdale</i>	
Date <i>1/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Manisa Gomez</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5962 Green wood Brownsville, TX 78526</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Housewife</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jonathan Gracia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/15/18

5 Full name of contributor out-of-state PAC (ID# _____)

Robert Gracia

6 Contributor address; City; State; Zip Code

*1408 Tesoro
Rancho Viejo, TX 78575*

7 Amount of contribution (\$)

\$4000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

1/15/18

Full name of contributor out-of-state PAC (ID# _____)

Jean + Eliamar Castro

Contributor address; City; State; Zip Code

*504 Escandon Ave,
Rancho Viejo, TX 78575*

Amount of contribution (\$)

\$750⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Plant Manager

Employer (See Instructions)

Good Craft Inc.

Date

1/15/18

Full name of contributor out-of-state PAC (ID# _____)

Jonathan Gracia

Contributor address; City; State; Zip Code

*932 E. Van Buren St
Brownsville, TX, 78520*

Amount of contribution (\$)

\$5,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Gracia Law Firm

Date

1/15/18

Full name of contributor out-of-state PAC (ID# _____)

Rusty Brechot

Contributor address; City; State; Zip Code

*709 Escandon Ave
Rancho Viejo, TX 78575*

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Lone Star National Bank

Date

1/16/18

Full name of contributor out-of-state PAC (ID# _____)

Michael Castillo

Contributor address; City; State; Zip Code

*3813 Villanova St.
Houston, TX, 77005*

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

SELF - Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 35	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---	--------------	---------------------------------------

4 Date 06/28/17	5 Payee name In All Valley Media
---------------------------	--

6 Amount (\$) \$ 155.00	7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Haukeville, TX, 78552
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for signs
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8/07/17	Payee name In All Valley Media
------------------------	--

Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 1405 S. Palm Court Drive Haukeville, TX, 78552
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stationary
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8/10/17	Payee name Robert Garcia
------------------------	------------------------------------

Amount (\$) \$ 200	Payee address; City; State; Zip Code P.O. Box 4953 Brownsville, TX 78523
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) transportation Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas /supplies
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/5/17</i>		5 Payee name <i>Deluxe</i>			
6 Amount (\$) <i>46.65</i>		7 Payee address; City; State; Zip Code <i>3680 Victoria Street North Shoreview, MN 55126-2966</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing checks expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Services.</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/31/17</i>		Payee name <i>IBC Bank</i>			
Amount (\$) <i>18.85</i>		Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX 78526</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Analysis charge</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/24/17</i>		Payee name <i>Gabino Vasquez</i>			
Amount (\$) <i>1000⁰⁰</i>		Payee address; City; State; Zip Code <i>1711 Laura Ln Brownsville, TX, 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Signage / Expense Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Placing Signage.</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: Jonathan Gracia		3 Filer ID (Ethics Commission Filers)	
4 Date: 9/11/17		5 Payee name: All Valley Media LLC			
6 Amount (\$): \$ 275 ⁰⁰		7 Payee address; City; State; Zip Code: 221 W. Wilson AVE, Harlingen, TX 78550			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): photography expense		(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing services.		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 9/13/17		Payee name: IBC Bank			
Amount (\$): \$ 5.00		Payee address; City; State; Zip Code: 1600 FM 802, Brownsville, TX 78526			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Accounting / Banking		Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return Mail Fee		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 9/19/17		Payee name: Brownsville Event Center			
Amount (\$): \$ 2380 ⁰⁰		Payee address; City; State; Zip Code: 1 Event CTR, Brownsville, TX, 78526			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): event expense		Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Center		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>9/25/17</i>	5 Payee name <i>Viva Media Group</i>
--------------------------	---

6 Amount (\$) <i>\$10,000</i>	7 Payee address; City; State; Zip Code <i>143 N. ST STE E. Brownsville, TX 78521</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Event Planning</i>
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>9/25/17</i>	Payee name <i>Robert Gracia</i>
------------------------	------------------------------------

Amount (\$) <i>\$ 250⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O BOX 4953 Brownsville, TX, 78523</i>
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Gas</i>
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>9/25/17</i>	Payee name <i>In All Valley Media</i>
------------------------	--

Amount (\$) <i>\$155⁰⁰</i>	Payee address; City; State; Zip Code <i>221 W. Wilson Ave Houlihan, TX, 78550</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ads and advertising</i>
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>9/30/17</i>	5 Payee name <i>IBC Bank</i>
--------------------------	---------------------------------

6 Amount (\$) <i>\$ 5.00</i>	7 Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX, 78526</i>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Analysis / return mail fee</i>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>9/30/17</i>	Payee name <i>IBC Bank</i>
------------------------	-------------------------------

Amount (\$) <i>\$19.75</i>	Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX, 78526.</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Analysis charge</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>9/13/17</i>	Payee name <i>IBC</i>
------------------------	--------------------------

Amount (\$) <i>\$ 5.00</i>	Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX, 78526</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Return mail fee</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)												
4 Date <i>10/5/17</i>	5 Payee name <i>All Valley Media LLC</i>													
6 Amount (\$) <i>\$ 335.00</i>	7 Payee address; City; State; Zip Code <i>221 W. Wilson AVE Harlingen, TX 78550</i>													
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Services</i>												
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held									
Candidate / Officeholder name	Office sought	Office held												
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date <i>10/10/17</i></td> <td style="width:80%;">Payee name <i>All Valley Media LLC</i></td> </tr> <tr> <td>Amount (\$) <i>\$526.97</i></td> <td>Payee address; City; State; Zip Code <i>221 W. Wilson AVE Harlingen, TX, 78550</i></td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i></td> <td>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expense</i></td> </tr> <tr> <td colspan="2"> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> </td> </tr> </table>			Date <i>10/10/17</i>	Payee name <i>All Valley Media LLC</i>	Amount (\$) <i>\$526.97</i>	Payee address; City; State; Zip Code <i>221 W. Wilson AVE Harlingen, TX, 78550</i>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expense</i>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Date <i>10/10/17</i>	Payee name <i>All Valley Media LLC</i>													
Amount (\$) <i>\$526.97</i>	Payee address; City; State; Zip Code <i>221 W. Wilson AVE Harlingen, TX, 78550</i>													
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expense</i>												
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held									
Candidate / Officeholder name	Office sought	Office held												
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date <i>10/10/17</i></td> <td style="width:80%;">Payee name <i>M5 designs</i></td> </tr> <tr> <td>Amount (\$) <i>\$4000.00</i></td> <td>Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Harlingen, TX, 78552.</i></td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i></td> <td>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expenses</i></td> </tr> <tr> <td colspan="2"> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> </td> </tr> </table>			Date <i>10/10/17</i>	Payee name <i>M5 designs</i>	Amount (\$) <i>\$4000.00</i>	Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Harlingen, TX, 78552.</i>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expenses</i>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Date <i>10/10/17</i>	Payee name <i>M5 designs</i>													
Amount (\$) <i>\$4000.00</i>	Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Harlingen, TX, 78552.</i>													
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Expenses</i>												
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held									
Candidate / Officeholder name	Office sought	Office held												

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/12/17</i>	5 Payee name <i>MS Designs</i>	
6 Amount (\$) <i>\$ 3155.33</i>	7 Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Huntington, TX, 78552</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Services</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/13/17</i>	Payee name <i>Viva Media Group</i>	
Amount (\$) <i>\$ 2500⁰⁰</i>	Payee address; City; State; Zip Code <i>143 North St Ste E. Brownsville, TX, 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Event Organizer</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/18/17</i>	Payee name <i>Erabino Vasquez</i>	
Amount (\$) <i>\$ 200⁰⁰</i>	Payee address; City; State; Zip Code <i>1711 Laura Ln Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>placing signage</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidates/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: **Sonathan Gracia** 3 Filer ID (Ethics Commission Filers)

4 Date: **10/24/17** 5 Payee name: **SonicPrint CD FL**

6 Amount (\$): **\$ 618.48** 7 Payee address; City; State; Zip Code: **5018 Tampa West Blvd. Tampa, FL, 33634**

8 PURPOSE OF EXPENDITURE: **Printing/Expense Advertising**
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
mailer

9 Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: Office sought: Office held:

Date: **10/25/17** Payee name: **All Valley Media LLC**

Amount (\$): **\$ 650.00** Payee address; City; State; Zip Code: **221 W. Wilson Ave. Harlingen, TX, 78550**

PURPOSE OF EXPENDITURE: **Printing/Expense Advertising**
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Website, reuamp

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: Office sought: Office held:

Date: **10/27/17** Payee name: **Dollar tree**

Amount (\$): **\$ 5.41** Payee address; City; State; Zip Code: **1104 E Elizabeth St, Brownsville, TX 78520**

PURPOSE OF EXPENDITURE: **Event Expense**
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Decor for event

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/17</i>	5 Payee name <i>Wal-Mart</i>	
6 Amount (\$) <i>\$ 25.92</i>	7 Payee address; City; State; Zip Code <i>2721 Boca Chica Blvd Brownsville, TX, 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>stationary</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>10/27/17</i>	Payee name <i>Party City</i>	
Amount (\$) <i>\$ 42.48</i>	Payee address; City; State; Zip Code <i>3000 Pablo Hiesel Blvd, Brownsville, TX. 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Decor for event</i>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>10/23/17</i>	Payee name <i>Dollar tree</i>	
Amount (\$) <i>\$ 60.62</i>	Payee address; City; State; Zip Code <i>1104 E Elizabeth ST, Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Decor for event</i>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>10/26/17</i>	5 Payee name <i>Viviana Martinez</i>
---------------------------	---

6 Amount (\$) <i>\$ 399.65</i>	7 Payee address; City; State; Zip Code <i>1740 Central Blvd Apt 5 Brownsville, TX, 78520</i>
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>table and chairs</i>
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>12/30/17</i>	Payee name <i>Jonathan Gracia</i>
-------------------------	--------------------------------------

Amount (\$) <i>\$ 750.00</i>	Payee address; City; State; Zip Code <i>932 E. Van Buren ST Brownsville, TX, 78520</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Award expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Price for Winner</i>
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>10/30/17</i>	Payee name <i>Viva Media Group</i>
-------------------------	---------------------------------------

Amount (\$) <i>\$ 2500.00</i>	Payee address; City; State; Zip Code <i>143 N. ST STE E. Brownsville, TX, 78521</i>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>mailer ad.</i>
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/31/17</i>		5 Payee name <i>leslie Espinoza</i>			
6 Amount (\$) <i>\$ 390.00</i>		7 Payee address; City; State; Zip Code <i>2210 Jeffrey Av. Brownsville, TX 78521</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Waitress / Hostess</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/28/17</i>		Payee name <i>Alexis Edith Gonzalez</i>			
Amount (\$) <i>\$ 1000.00</i>		Payee address; City; State; Zip Code <i>932 E. Van Bomer ST Brownsville, TX, 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Award Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Prize winner</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/31/17</i>		Payee name <i>Robert Gracia</i>			
Amount (\$) <i>\$200</i>		Payee address; City; State; Zip Code <i>P.O Box 4953 Brownsville, TX 78523</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>transportation Exp.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Gas / supplies</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/31/17</i>		5 Payee name <i>IBC Bank</i>			
6 Amount (\$) <i>\$ 24.90</i>		7 Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX 78526</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Analysis charge</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/1/17</i>		Payee name <i>Los chinitos Brownsville</i>			
Amount (\$) <i>\$ 190.70</i>		Payee address; City; State; Zip Code <i>1215 E Elizabeth ST Brownsville, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Decor's material</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/1/17</i>		Payee name <i>Eriselda Floral</i>			
Amount (\$) <i>\$ 198.80</i>		Payee address; City; State; Zip Code <i>1229 E Lence ST Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>material for decor</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jonathan Gracia	3 Filer ID (Ethics Commission Filers)
-----------------------------------	--	--

4 Date 4/1/17	5 Payee name Discount Tire
-------------------------	--------------------------------------

6 Amount (\$) \$234.28	7 Payee address; City; State; Zip Code 3200 N. Expressway 83 Brownsville, TX, 78520
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation equip.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tires for Car.
---	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/31/17	Payee name Gabina Vasquez
------------------	------------------------------

Amount (\$) \$300 ⁰⁰	Payee address; City; State; Zip Code 1711 Laura Ln Brownsville, TX, 78520
------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign installation
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/6/17	Payee name Michaels Stores
-----------------	-------------------------------

Amount (\$) \$9.18	Payee address; City; State; Zip Code 571 E Morriso Rd Brownsville, TX 78526
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decor for event
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 Jonathan Gracia	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 11/6/17	5 Payee name Wal-Mart
--------------------------	---------------------------------

6 Amount (\$) \$ 17.20	7 Payee address; City; State; Zip Code 2205 E. Ruben Torres Sr Blvd Brownsville, TX, 78520
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for event
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/6/17	Payee name Michael Stores
------------------------	-------------------------------------

Amount (\$) \$ 38.89	Payee address; City; State; Zip Code 571 E. Morrison Rd Brownsville, TX 78520
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for event
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/06/17	Payee name Walmart
-------------------------	------------------------------

Amount (\$) \$ 47.40	Payee address; City; State; Zip Code 2205 E. Ruben Torres Sr Blvd Brownsville, TX, 78520
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for event
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/6/17</i>		5 Payee name <i>Staples</i>			
6 Amount (\$) <i>\$ 103.91</i>		7 Payee address; City; State; Zip Code <i>2436 Pablo Kisel Blvd. Brownsville, TX, 78526</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>fees (office expenses)</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>material supplies</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/6/17</i>		Payee name <i>Los chinitos</i>			
Amount (\$) <i>\$ 150.76</i>		Payee address; City; State; Zip Code <i>1215 E. Elizabeth ST Brownsville, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>material for decor</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/6/17</i>		Payee name <i>the Home Depot</i>			
Amount (\$) <i>\$ 152.76</i>		Payee address; City; State; Zip Code <i>4551 Padre Island Hwy, Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>material for signs</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/17</i>	5 Payee name <i>Michelle Lopez</i>	
6 Amount (\$) <i>\$2,000</i>	7 Payee address; City; State; Zip Code <i>14 Camaguey Av. Brownsville, TX 78526</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Interviewer for event</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/8/17</i>	Payee name <i>Dollar Tree</i>	
Amount (\$) <i>\$32.48</i>	Payee address; City; State; Zip Code <i>1104 E Elizabeth Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Supplies for event</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/9/17</i>	Payee name <i>The Home Depot</i>	
Amount (\$) <i>\$7.72</i>	Payee address; City; State; Zip Code <i>4551 Padre Island Hwy, Brownsville, TX, 78580</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Material for signase</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/20/17</i>		5 Payee name <i>Viva Media Group</i>			
6 Amount (\$) <i>\$383.29</i>		7 Payee address; City; State; Zip Code <i>143 North ST STE E. Brownsville, TX, 79521</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ads and advertising</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/9/17</i>		Payee name <i>Sonic Print</i>			
Amount (\$) <i>\$99.86</i>		Payee address; City; State; Zip Code <i>5018 Tampa West Blvd Tampa, FL 33634</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Services</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/10/17</i>		Payee name <i>Academy Sports</i>			
Amount (\$) <i>\$57.94</i>		Payee address; City; State; Zip Code <i>4305 old highway 77, Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Advertising Shirts</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>11/10/17</i>	5 Payee name <i>Academy Sports</i>
---------------------------	---------------------------------------

6 Amount (\$) <i>\$129.84</i>	7 Payee address; City; State; Zip Code <i>4305 old highway 77 Brownsville, TX, 78520</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Advertising Shirts</i>
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>11/13/17</i>	Payee name <i>Rental World Central</i>
-------------------------	---

Amount (\$) <i>\$123.41</i>	Payee address; City; State; Zip Code <i>2134 Central Blvd Brownsville, TX, 78520</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>chairs and tables</i>
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>11/13/17</i>	Payee name <i>The Home Depot</i>
-------------------------	-------------------------------------

Amount (\$) <i>\$9.45</i>	Payee address; City; State; Zip Code <i>4551 Padre Island Hwy Brownsville, TX 78526</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>material for signs</i>
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jonathan Gracia	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 Date 11/13/17	5 Payee name All Valley Media
--------------------	----------------------------------

6 Amount (\$) \$950 ⁰⁰	7 Payee address; City; State; Zip Code 221. w. Wilson Ave Houston, TX, 78550
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ads and advertising
------------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/13/17	Payee name Lana Internet
------------------	-----------------------------

Amount (\$) \$1300	Payee address; City; State; Zip Code 2603 Augusta Dr suite 850 Houston, TX 77053
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website maintenance
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/14/17	Payee name In World Candy Store
------------------	------------------------------------

Amount (\$) \$16.51	Payee address; City; State; Zip Code 2205 Central Blvd Brownsville, TX 78520
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense snacks for event
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jonathan Gracia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/14/17</i>		5 Payee name <i>Mccoys 89</i>			
6 Amount (\$) <i>\$ 319.05</i>		7 Payee address; City; State; Zip Code <i>200 W Expressway 83, Mission, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signage material</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/15/17</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>\$ 25.29</i>		Payee address; City; State; Zip Code <i>2205 E. Ruben Toyne Sr Blvd Brownsville, TX, 78526</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Supplies for event</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/14/17</i>		Payee name <i>Feldmans</i>			
Amount (\$) <i>\$ 80.29</i>		Payee address; City; State; Zip Code <i>754 Boca chica Blvd Brownsville, TX, 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Beverage Expense</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Garcia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/17</i>	5 Payee name <i>Jesse Garcia</i>	
6 Amount (\$) <i>\$ 300⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1138 Calle Pluton Brownsville, TX, 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>DJ for event</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/14/17</i>	Payee name <i>Rio Valley Stick</i>	
Amount (\$) <i>\$ 60.⁰⁰</i>	Payee address; City; State; Zip Code <i>247 N. Expressway Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing on shirts</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/15/17</i>	Payee name <i>Brownsville Event Center</i>	
Amount (\$) <i>\$ 180⁰⁰</i>	Payee address; City; State; Zip Code <i>1 Event Ctr Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Screens for salon</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/16/17</i>	5 Payee name <i>Feldmans</i>	
6 Amount (\$) <i>\$ 340.38</i>	7 Payee address; City; State; Zip Code <i>754 Boca chica Blvd Brownsville, TX, 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Drinks for event</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/16/17</i>	Payee name <i>Debra Peña</i>	
Amount (\$) <i>\$ 61.01</i>	Payee address; City; State; Zip Code <i>715 continental cr. apt 1 Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Reimbursement for supplies</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/16/17</i>	Payee name <i>María De Leon</i>	
Amount (\$) <i>\$ 500⁰⁰</i>	Payee address; City; State; Zip Code <i>3032 Resaca Dr. Brownsville, TX, 78526</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Advertising</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		FILER NAME Jonathan Gracia		3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/17		5 Payee name Sunoco			
6 Amount (\$) \$ 45.23		7 Payee address; City; State; Zip Code 2400 E University Blvd Brownsville, TX, 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food supplies for event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/17		Payee name Walmart 4112			
Amount (\$) \$240.69		Payee address; City; State; Zip Code 2205 E. Ruben Torres Brownsville, TX, 78526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Center.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decoration for event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/17		Payee name Feldmans			
Amount (\$) \$ 256.52		Payee address; City; State; Zip Code 754 Boca chica Blvd. Brownsville, TX, 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks for event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/17</i>	5 Payee name <i>Best buy</i>	
6 Amount (\$) <i>\$455.71</i>	7 Payee address; City; State; Zip Code <i>2701 Pablo Kisel Blvd Brownsville, TX, 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>System for event</i>
	Candidate / Officeholder name <i>Office sought</i> <i>Office held</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11/17/17</i>	Payee name <i>Sams club</i>	
Amount (\$) <i>\$247.23</i>	Payee address; City; State; Zip Code <i>3570 W. Aiton Gloor Ave. Blvd Brownsville, TX, 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Food</i>
	Candidate / Officeholder name <i>Office sought</i> <i>Office held</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11/20/17</i>	Payee name <i>HEB Brownsville</i>	
Amount (\$) <i>22.00</i>	Payee address; City; State; Zip Code <i>2155 Paudes Line, Rd Brownsville, TX, 78520.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Food</i>
	Candidate / Officeholder name <i>Office sought</i> <i>Office held</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/17</i>	5 Payee name <i>U-haul</i>	
6 Amount (\$) <i>\$92.45</i>	7 Payee address; City; State; Zip Code <i>2400 Boca Chica Blvd Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation equip</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Rental to transport equip.</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/21/17</i>	Payee name <i>In All Valley Media</i>	
Amount (\$) <i>\$439.00</i>	Payee address; City; State; Zip Code <i>221 W. Wilson Ave. Houlihan, TX, 78550</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisis Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ads and advertising</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/22/17</i>	Payee name <i>Carlos Catering Services</i>	
Amount (\$) <i>\$362.00</i>	Payee address; City; State; Zip Code <i>1675 Tulane Ave, Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Catering Service</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Garcia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>11/22/17</i>	5 Payee name <i>M5 designs.</i>
---------------------------	------------------------------------

6 Amount (\$) <i>\$1554.47</i>	7 Payee address; City; State; Zip Code <i>1405 S Palm Court Drive Houston, TX, 78552</i>
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising/expense signage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signage Printing</i>
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>8/28/17</i>	Payee name <i>Eric Garza Campaign</i>
------------------------	--

Amount (\$) <i>\$1800</i>	Payee address; City; State; Zip Code <i>2374 La Feria rd, Brownsville, TX 78520</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Contributions for Campaign</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/2/17</i>	Payee name <i>Enrique Espinoza</i>
------------------------	---------------------------------------

Amount (\$) <i>\$100⁰⁰</i>	Payee address; City; State; Zip Code <i>2205 Mirasol Ave. Brownsville, TX, 78520</i>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>waiter / hostess</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">Jonathan Gracia</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">11/13/17</p>	5 Payee name <p style="font-size: 1.2em;">Robert Gracia</p>	
6 Amount (\$) <p style="font-size: 1.2em;">\$ 225.24</p>	7 Payee address; City; State; Zip Code <p style="font-size: 1.2em;">P. O Box 4953 Brownsville, TX 78523</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.2em;">transportation equipment related expenses</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="font-size: 1.2em;">Gas. Expense</p>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <p style="font-size: 1.2em;">11/13/17</p>	Payee name <p style="font-size: 1.2em;">Jonathan Gracia</p>	
Amount (\$) <p style="font-size: 1.2em;">\$ 2395.08</p>	Payee address; City; State; Zip Code <p style="font-size: 1.2em;">982 E Van Buren ST Brownsville, TX, 78520</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.2em;">Fees</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="font-size: 1.2em;">Campaign loan payment</p>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <p style="font-size: 1.2em;">11/16/17</p>	Payee name <p style="font-size: 1.2em;">Santiago Quintero "SQ"</p>	
Amount (\$) <p style="font-size: 1.2em;">\$ 757.75</p>	Payee address; City; State; Zip Code <p style="font-size: 1.2em;">2205 Mirasol Ave P Brownsville, TX 78520.</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.2em;">Printing Expense</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="font-size: 1.2em;">T-shirts Printing</p>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jonathan Graier	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 11/16/17	5 Payee name Yanira Valdez
---------------------------	--------------------------------------

6 Amount (\$) \$1000⁰⁰	7 Payee address; City; State; Zip Code 1414 Russell Dr Brownsville, TX 78520
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense petty cash
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/22/17	Payee name Alfonso Peña
-------------------------	-----------------------------------

Amount (\$) \$2000	Payee address; City; State; Zip Code 715 Continental Cr. Brownsville, TX, 78520
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/27/17	Payee name Advertising Harden
-------------------------	---

Amount (\$) \$716.49	Payee address; City; State; Zip Code 240 West Saint Charles St. Brownsville, TX, 78520
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caps printing
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jonathan Graia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/29/17</i>		5 Payee name <i>Dicks Sporting</i>			
6 Amount (\$) <i>\$ 270.57</i>		7 Payee address; City; State; Zip Code <i>2370 N. Expressway Bldg, F Brownsville, TX, 78521</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>t-shirts</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>11/29/17</i>		Payee name <i>In All Valley Media</i>			
Amount (\$) <i>\$ 516.97</i>		Payee address; City; State; Zip Code <i>221. W. Wilson Ave. Haulerger, TX, 78550</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ads and advertisements</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>11/29/30</i>		Payee name <i>Robert Graia</i>			
Amount (\$) <i>\$ 300</i>		Payee address; City; State; Zip Code <i>P. O Box 4953 Brownsville, TX 78523</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement for supplies Transportation</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Gas / Tie downs</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/17</i>	5 Payee name <i>IBC Bank</i>	
6 Amount (\$) <i>\$39.90</i>	7 Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX 77826</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Analysis charge</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/4/17</i>	Payee name <i>Viviana Martinez</i>	
Amount (\$) <i>\$140.00</i>	Payee address; City; State; Zip Code <i>1746 Central Blvd APT 5 Brownsville, TX 77820</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>GOLF taxi, tables</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/4/17</i>	Payee name <i>Jonathan Gracia</i>	
Amount (\$) <i>\$1010.00</i>	Payee address; City; State; Zip Code <i>932 E Van Buren Brownsville, TX 77821</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Application Exp.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jonathan Garcia	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 Date 12/4/17	5 Payee name Rosie Paredes
-------------------	-------------------------------

6 Amount (\$) \$ 2619.46	7 Payee address; City; State; Zip Code 1643 Pride E, Price Rd Brownsville, TX 78521
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering / Food
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/6/17	Payee name Gabino Vasquez
-----------------	------------------------------

Amount (\$) \$ 275 ⁰⁰	Payee address; City; State; Zip Code 1711 Laura Ln Brownsville, TX, 78520
-------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage placement
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/7/17	Payee name Cameron County Democratic Party
-----------------	---

Amount (\$) \$ 250 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 4647 Brownsville, TX 78523
-------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Jonathan Garcia</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/18/17</i>		5 Payee name <i>Snake River Farms</i>			
6 Amount (\$) <i>\$252.00</i>		7 Payee address; City; State; Zip Code <i>1555 W Shoreline Dr. Ste 320 Boise, ID, 83702</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Gift Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Awards / Price</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/19/17</i>		Payee name <i>Lava Internet</i>			
Amount (\$) <i>\$1300.00</i>		Payee address; City; State; Zip Code <i>2603 Augusta Dr suite 850 Houston, TX, 77057</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Credicard pmt/ Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website maintenance</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/22/17</i>		Payee name <i>HEB</i>			
Amount (\$) <i>\$412.14</i>		Payee address; City; State; Zip Code <i>2155 Paredes Lane rd Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Supplies</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>12/22/17</i>	5 Payee name <i>In All Valley Media</i>
---------------------------	--

6 Amount (\$) <i>\$460.91</i>	7 Payee address; City; State; Zip Code <i>221 W. Wilson Ave Haskell, TX 78550</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>ads and advertising</i>
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>12/31/17</i>	Payee name <i>IBC Bank</i>
-------------------------	-------------------------------

Amount (\$) <i>\$21.80</i>	Payee address; City; State; Zip Code <i>1600 FM 802 Brownsville, TX, 78526</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>analysis charge</i>
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>12/31/17</i>	Payee name <i>Robert Gracia</i>
-------------------------	------------------------------------

Amount (\$) <i>\$237.62</i>	Payee address; City; State; Zip Code <i>P.O Box 4953 Brownsville, TX 78523</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for supplies</i>
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/8/18</i>	5 Payee name <i>MS designs</i>	
6 Amount (\$) <i>\$779⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Houlihan, TX, 78552</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signage Printing</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>1/9/18</i>	Payee name <i>Sonic Print</i>	
Amount (\$) <i>\$749⁰⁰</i>	Payee address; City; State; Zip Code <i>5018 Tampa West Blvd Tampa, FL 33634</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>mailer. Postage</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>1/10/18</i>	Payee name <i>Charro Days Inc</i>	
Amount (\$) <i>\$200⁰⁰</i>	Payee address; City; State; Zip Code <i>E Elizabeth St Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Charro Event</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jonathan Gracia</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>1/10/18</i>	5 Payee name <i>Sonic Print</i>
--------------------------	------------------------------------

6 Amount (\$) <i>\$755.66</i>	7 Payee address; City; State; Zip Code <i>5018 Tampa West Blvd Tampa, FL 33634</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>mailer postage</i>
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED