# 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	11 4/2/
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Hr. Sonoth  NICKNAME LAST	SUFFIX	DEPARTMENT	SE ONLY ON COUNTY FOR ELECTIONS EGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER	932 E. Van Bu Brownsuille, TX	EXTENSION	BY: Date Hand-delivered or	1 9 2018 ECEVED
PHONE  6 CAMPAIGN TREASURER NAME	(956) 504 - 221  MS/MRS/MR FIRST  M(. NOE  NICKNAME LAST	∑. D.	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI  954 E. Van  AREA CODE PHONE NUMBER  (954) 544 2911	ITE #; CITY: STATE:	ZIP CODE	λ <del>7</del> 852ί
9 REPORT TYPE	July 15 30th day before election		15th day after ca treasurer appoin (Officeholder Oni Final Report (Atta	ntment
10 PERIOD COVERED	Month Day Year	THROUGH 2	Day Year	8
11 ELECTION	ELECTION DATE  Month Day Year Primary  03/06/2018 General	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (If any)  Susting of the Peace  PCT 2, P1. 2	13 OFFICE SOUGHT (If known)  13 OFFICE SOUGHT (If known)  14 JUSTICE OF		بر بھ
	GO TO P	AGE 2		, in the second

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	(	15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUTH CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	OUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	OF SUCH EXPENDIT	URES.	BFORMATION ONLY IF THEY RECEIVE NOTICE		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL I (OTHER	\$ 100 00			
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$ 244.96			
, , ,	4. TOTAL F	POLITICAL EXPENDITURES	\$ 9479.83		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 2 2 +56				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
A SE	YANIRA CELENE PEN. Notary Public, State Comm. Expires 12- Notary ID 12418	of Texas 28-2021			
	والمرافق وا	Signature of Candidate	or Officeholder		
AFFIX NOTARY STAMP	SEALABOVE	\			
Sworn to and subscrib			this the		
day of february	20 <u>18</u> , to	certify which, witness my hand and seal of office.			
Mari 4	de V4	Wanika Pana-Valder	Notar		
Signature of officer adr	ninistering eath	Printer name of officer administering oath T	itle of officer administering oath		

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 9 47 9 . 83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

		AL CONTRIBUTIONS THAN PLEDGES OR I	
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#### SCHEDULE A

The	Instruction Guide explains how to complete to	his form.	1 Total pages S	chedule A:
2 FILER NAME	Jonathan Gra	3 ACCOUNT#	(Ethics Commission Filers)	
2/2/18	5 Full name of contributor out-of-state PAC (ID#  Derrik A. J  6 Contributor address; City; State; Zip Cod  902 E Madison S	7 Amount of contribution (\$)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Brownsuille, TX	78520	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	Dernik A - Warez
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I	(if travel outside	of Texas, complete Schedule T)
		Limployer (See )	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See It	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
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Principal occupat	tion / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupati	on / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	•
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F		to template tins lottic.	
7 4 Date	Jonatha	n Gracia	3 Filer ID (Ethics Commission Filers)
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Anount (5)	7 Payee address; City; State; 2403 Av	zipcode Sust br. suite	
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nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense TraVel In District Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code PO BOX 4953 Brownsuille, 1x Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF transportation Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name \$750 Brownzuilla 7 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** transportation Exp Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Harlingen, Tx 7-9550 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE tatronan Complete ONLY if direct Office held expenditure to benefit C/OH

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Credit Card Payment	The Instruction Guide explains	how to complete this form	Other (enter a category not listed above)
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