# JONATHAN GRACIA

SEMI-ANNUAL REPORT JANUARY 18, 2022

## CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST М 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr. Jonathan D NAME Date Received LAST SUFFIX NICKNAME Gracia **CAMERON GOUNTY** APT / SUITE #: STATE: DEPARTMENT OF SLECTIONS & 4 CANDIDATE/ ADDRESS / PO BOX: CITY: ZIP CODE VOTER REGISTRATION **OFFICEHOLDER** 932 E. Van Buren St. Brownsville, TX, 78520 MAILING **ADDRESS** Change of Address AREA .CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-de **OFFICEHOLDER** (956 504-2211 **PHONE** MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Noe Mr. D Date Processed NAME NICKNAME LAST Date Imaged Garza STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER 954 E. Van Buren St. Brownsville, TX, 78520 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE <sub>1</sub> 956 544-2611 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Month COVERED 31 <sup>21</sup> 21 1 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description Special General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
16	5 Filer ID (Ethics Commission Filers)
TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	\$ 2.03
TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* 0.00
uired to be reported by me under Title 15, Election Code.	idate or Officeholder
Please complete either option below:	
NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 02/27/24 NOTARY ID 12612060-5	
	and the second
	day of January,
which, witness my hand and seal of office.	4. A/1
ing oath Printed name of officer administering oath	Title of officer administering oath
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  wear, or affirm, under penalty of perjury, that the accompanying report is true a unired to be reported by me under Title 15, Election Code.  Please complete either option below:  Please complete either option below:  Signature of Cand  Please TEXAS MY COMM. EXP. 02/27/24 NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 02/27/24 NOTARY ID 12612060-5  before me by Jonathan Gracia this the Mich, witness my hand and seal of office.

(2) Unsworn Declaration

My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is \_\_\_\_\_\_\_, (state) (zip code) (street) (city) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ (month)

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

	onathan Gracia	20 Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 COM	ITRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS \$	
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	STRIBUTIONS \$	
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED \$	