

# 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: 44								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mr</b></div> <div>FIRST <b>Zarin</b></div> <div>MI <b>D</b></div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Gracey</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked   <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> Date Processed  Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>PO Box: 763173      Dallas TX 75376-3173</b>										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>( 214 )      620 0853</b>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs</b></div> <div>FIRST <b>Mavis</b></div> <div>MI <b>B</b></div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Knight</b></div> <div>SUFFIX</div> </div>	Receipt #      Amount \$  Date Processed  Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6108 Red Bird Ct      Dallas TX 75232-2732</b>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>( 214 )      333 9575</b>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month      Day      Year  <b>01      06      2023</b> </div> <div>THROUGH</div> <div>           Month      Day      Year  <b>03      27      2023</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month      Day      Year  <b>05      06      2023</b> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Council District 3</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**15** C/OH NAME  
Mr Zarin D Gracey

**16** Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION  
TOTALS**

1. 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)

\$ 41261.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 15183.61

**CONTRIBUTION  
BALANCE**

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

\$ 0.00

**OUTSTANDING  
LOAN TOTALS**

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

\$ 0.00

**18 SIGNATURE** 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.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Zarin D. Gracey, and my date of birth is December 23, 1976.

My address is P.O. Box 763173, Dallas, TX, 75376, United States.  
(street) (city) (state) (zip code) (country)

Executed in United States County, State of TX, on the 6th day of April, 20 23.  
(month) (year)

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME

Mr Zarin D Gracey

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,511.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,470.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,183.61
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 23
2 FILER NAME Mr Zarin D Gracey		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Changa Higgins ..... 6 Contributor address; City; State; Zip Code 800 Ross Avenue Dallas , TX 75202	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton Buckner ..... Contributor address; City; State; Zip Code 2010 French Bayou Lane Hendersonville, KY 37075	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Schenkel ..... Contributor address; City; State; Zip Code 614 N Bishop Dallas, TX 75203	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Walne ..... Contributor address; City; State; Zip Code 10020 Caribou Trail Dallas, TX 75238	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daron Pace <hr/> <b>6</b> Contributor address; City; State; Zip Code 923 Greenbriar Ln Duncanville, TX 75137	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Godsey <hr/> Contributor address; City; State; Zip Code 1001 Red Wing Ct. Mansfield , TX 76063	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Edmonds <hr/> Contributor address; City; State; Zip Code 2323 N. Houston St. Dallas, TX 75219	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roscio Rueda <hr/> Contributor address; City; State; Zip Code 2321 Penrose Dr Mesquite, TX 75150	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover Carter III ..... <b>6</b> Contributor address; City; State; Zip Code 200 Crystal Lake Drive Desoto, TX 75115	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaytha Davis ..... Contributor address; City; State; Zip Code 2411 Creekglen Drive Dallas, TX 75227	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive Talley ..... Contributor address; City; State; Zip Code 6133 Prospect Ave Dallas, TX 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia Flye-Lewis ..... Contributor address; City; State; Zip Code 1438 Brook Valley Ln. Dallas, TX 75232	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Poole ..... <b>6</b> Contributor address; City; State; Zip Code 1828 Shady Glen Ln Dallas, TX 75232	<b>7</b> Amount of contribution (\$) 50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank P Wise ..... Contributor address; City; State; Zip Code 2837 Bonnywood Lane Dallas, TX 75233	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Armstrong ..... Contributor address; City; State; Zip Code 1839 Leath Dallas, TX 75212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Seamon ..... Contributor address; City; State; Zip Code 1122 Seminole Dr Tallahassee, FL 32301	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 5 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anga Sanders <hr/> <b>6</b> Contributor address; City; State; Zip Code 3432 Spruce Valley Lane Dallas, TX 75233	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Nunn <hr/> Contributor address; City; State; Zip Code 918 Heather Knoll Dr Desoto, TX 75115	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Donalson <hr/> Contributor address; City; State; Zip Code 1248 Serenade Ln. Dallas, TX 75241	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scottie Smith <hr/> Contributor address; City; State; Zip Code 1702 Martin Luther King Jr Blvd Dallas, TX 75215	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 6 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Brunson <hr/> <b>6</b> Contributor address; City; State; Zip Code 8328 Mountainview Drive Dallas, TX 75249	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Orr <hr/> Contributor address; City; State; Zip Code 7509 Garonne Street Dallas, TX 75231	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Orr <hr/> Contributor address; City; State; Zip Code 7509 Garonne Street Dallas, TX 75231	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bert Leatch <hr/> Contributor address; City; State; Zip Code 1016 Burnet Dr Allen, TX 75002	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 23
2 FILER NAME Mr Zarin D Gracey		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Rawlings ..... 6 Contributor address; City; State; Zip Code 3879 Maple Ave. Dallas, TX 75219	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwendolyn Satterthwaite ..... Contributor address; City; State; Zip Code 4804 Cape Coral Drive Dallas, TX 75287	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Neumann ..... Contributor address; City; State; Zip Code 6318 Turner Way Dallas, TX 75230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Schufford ..... Contributor address; City; State; Zip Code 406 Marquis Ln Marquis , TX 76063	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 8 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamron Barton	<b>7</b> Amount of contribution (\$) 25.00
<b>6</b> Contributor address; City; State; Zip Code 5435 Cherry Glen Ln. Dallas, TX 75232		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren Prothro	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3929 Potomac Ave dallas, TX 75205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Burrell	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1420 PRUDENTIAL DRIVE DALLAS, TX 75235		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Young	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4619 Park Lane Dallas, TX 75220		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie MacLean <hr/> <b>6</b> Contributor address; City; State; Zip Code 3310 Fairmount St. Dallas, TX 75201	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regen Horchow <hr/> Contributor address; City; State; Zip Code 1918 N. Olive Street Dallas, TX 75201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Kraus <hr/> Contributor address; City; State; Zip Code 4906 Shadywood Ln Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Kraus <hr/> Contributor address; City; State; Zip Code 4906 Shadywood Ln Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 23
2 FILER NAME Mr Zarin D Gracey		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara and Peter Wahl 6 Contributor address; City; State; Zip Code 6434 Malcolm Drive Dallas, TX 75214	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deedie Rose Contributor address; City; State; Zip Code 3963 Maple Ave Dallas, TX 75205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott Johnson Contributor address; City; State; Zip Code 30 Pheasant Road Matteson, IL 60443	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Horne Contributor address; City; State; Zip Code 6323 Royaltan Dr. Dallas, TX 75230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
11 of 23

**2** FILER NAME

Mr Zarin D Gracey

**3** Filer ID (Ethics Commission Filers)

**4** Date

03/08/2023

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Addy

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

3805 Normandy Ave

City;

Dallas, TX 75205

State; Zip Code

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

03/08/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lydia Addy

Amount of contribution (\$)

1000.00

Contributor address;

3805 Normandy Ave

City;

Dallas, TX 75205

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

SUzanne McGee

Amount of contribution (\$)

1000.00

Contributor address;

6929 Vassar

City;

Dallas, TX 75205

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Meaders Ozarow

Amount of contribution (\$)

500.00

Contributor address;

5103 W Hanover Ave

City;

Dallas, TX 75209

State; Zip Code

Principal occupation / Job title (See Instructions)

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.

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 23
2 FILER NAME Mr Zarin D Gracey		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roslyn Dawson Thompson ..... 6 Contributor address; City; State; Zip Code 2 Abbotsford Ct Dallas, TX 75225	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Anderson ..... Contributor address; City; State; Zip Code 10923 Apple Creek Dr Dallas, TX 75243	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marguerite Hoffman ..... Contributor address; City; State; Zip Code 9963 Rockbrook Dr. Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Perot ..... Contributor address; City; State; Zip Code 3000 Turtle Creek Blvd Dallas, TX 75219	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Tim Byrne <hr/> <b>6</b> Contributor address; City; State; Zip Code 3720 Miramar Ave Dallas, TX 75205	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vonceil Hill <hr/> Contributor address; City; State; Zip Code 1627 Alcapulco Dr Dallas, TX 75232	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black American Futures PAC <hr/> Contributor address; City; State; Zip Code 2647 White Oak Dr. Decatur, GA 30032	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Simmons <hr/> Contributor address; City; State; Zip Code 9750 Hollow Way Rd Dallas, TX 75220	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry Jordan <hr/> <b>6</b> Contributor address; City; State; Zip Code 1627 Boca Chica Dr Dallas, TX 75232	<b>7</b> Amount of contribution (\$) 300.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Neumann <hr/> Contributor address; City; State; Zip Code 6318 Turner Way Dallas, TX 75230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Billingsley <hr/> Contributor address; City; State; Zip Code 1722 Routh Street Dallas, TX 75201	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Williams <hr/> Contributor address; City; State; Zip Code 5119 Seneca Drive Dallas, TX 75209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 15 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay Lidji	<b>7</b> Amount of contribution (\$) 100.00
<b>6</b> Contributor address; City; State; Zip Code 9024 Broken Arrow Lane Dallas, TX 75209		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Levy	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5839 Desco Drive Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Karol	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5370 Meaders Lane Dallas, TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Rachofsky	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 5370 Meaders Lane Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Rachofsky <hr/> <b>6</b> Contributor address; City; State; Zip Code 5370 Meaders Lane Dallas, TX 75225	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meghan Looney <hr/> Contributor address; City; State; Zip Code 5370 Meaders Lane Dallas, TX 75225	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlee Kleinert <hr/> Contributor address; City; State; Zip Code 5909 Steuben Court Dallas, TX 75248	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Kleinert <hr/> Contributor address; City; State; Zip Code 5909 Steuben Court Dallas, TX 75248	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 17 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Kleinert <hr/> <b>6</b> Contributor address; City; State; Zip Code 5909 Steuben Court Dallas, TX 75248	<b>7</b> Amount of contribution (\$) 500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Malveaux <hr/> Contributor address; City; State; Zip Code 6138 Desco Dr Dallas, TX 75225	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Kirk <hr/> Contributor address; City; State; Zip Code 6342 Mercedes Ave. DALLAS, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucilo Pena <hr/> Contributor address; City; State; Zip Code 1717 Arts Plaza Dallas, TX 75201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 18 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Glendenning <hr/> <b>6</b> Contributor address; City; State; Zip Code 3401 Lee Parkway Dallas, TX 75219	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowri Natarajan <hr/> Contributor address; City; State; Zip Code 3557 Marquette st Dallas, TX 75225	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamela Lee <hr/> Contributor address; City; State; Zip Code 409 Running Bear Ct Euless, TX 76039	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Lewis <hr/> Contributor address; City; State; Zip Code 4348 Rickover Dr Dallas, TX 75244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 19 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Casey McManemin <hr/> <b>6</b> Contributor address; City; State; Zip Code 5145 Yolanda Ln Dallas, TX 75229	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Rose <hr/> Contributor address; City; State; Zip Code 4808 Meadowood Rd Dallas, TX 75220	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Bruder <hr/> Contributor address; City; State; Zip Code 5506 Wenonah Dr Dallas, TX 75209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Lopez <hr/> Contributor address; City; State; Zip Code 4326 Meadowdale Ln Dallas, TX 75229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 20 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milledge Hart <hr/> <b>6</b> Contributor address; City; State; Zip Code 3811 Tuttle Creek Blvd Dallas, TX 75219	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cris Jordan <hr/> Contributor address; City; State; Zip Code 4843 Junius St Dallas, TX 75246	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cylena Morris-Smith <hr/> Contributor address; City; State; Zip Code 2662 Bonnywood Lane Dallas, TX 75233	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Bowman <hr/> Contributor address; City; State; Zip Code 6637 Northaven Road Dallas, TX 75230	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 21 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett Boone <hr/> <b>6</b> Contributor address; City; State; Zip Code 4809 Cole Ave. Dallas, TX 75205	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Boone <hr/> Contributor address; City; State; Zip Code 4809 Cole Ave. Dallas, TX 75205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren Prothro <hr/> Contributor address; City; State; Zip Code 3929 Potomac Avenue Dallas, TX 75205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetris Sampson <hr/> Contributor address; City; State; Zip Code P.O. Box 763834 Dallas, TX 75376	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 22 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irby Foster ..... <b>6</b> Contributor address; City; State; Zip Code 2811 Bonnywood lane Dallas, TX 75233	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tynesia Boyea-Robinson ..... Contributor address; City; State; Zip Code 3710 Lindenleaf Court Winston-Salem, NC 27106	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Keyes ..... Contributor address; City; State; Zip Code 3839 McKinney Avenue Dallas, TX 75204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Neumann ..... Contributor address; City; State; Zip Code 6318 Turner Way Dallas, TX 75230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 23 of 23
<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Hodge Terri Hodge <hr/> <b>6</b> Contributor address; City; State; Zip Code 7106 Abrams Rd Dallas, TX 75231-5722	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>						<b>1</b> Total pages Schedule A2: 1 of 1	
<b>2 FILER NAME</b> Mr Zarin D Gracey						<b>3</b> Filer ID (Ethics Commission Filers)  720.00	
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>						\$	
<b>5 Date</b> 02/01/2023		<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Brandon Johnson ..... <b>7 Contributor address;</b> City;                  State;      Zip Code 1236 Clifftop Lane                  Dallas, TX 75208				<b>8 Amount of Contribution \$</b> 750.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <b>9 In-kind contribution description</b> Walk Cards	
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>						<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>						<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>						<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>							
<b>Date</b>		<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>Contributor address;</b> City;                  State;      Zip Code				<b>Amount of Contribution \$</b>   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <b>In-kind contribution description</b>	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>						<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>						<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>						<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>							
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 1 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/12/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 12.55	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/12/2023	Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/14/2023	Payee name Oscars Mobile Tire	
Amount (\$) 140.00	Payee address; City; State; Zip Code 1933 SE 14th St Grand Prairie, TX 75051	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Flat Tire
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 2 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/14/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 49.30	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description  Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/15/2023	Candidate / Officeholder name Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Donation Collection
	<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		
Date 02/16/2023	Candidate / Officeholder name Payee name Nationbuilder	
Amount (\$) 0.79	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Donation Collection
	<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/16/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 5.20	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/16/2023	Payee name Nationbuilder	
Amount (\$) 7.65	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/16/2023	Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 4 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/20/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 12.55	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/20/2023	Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/20/2023	Payee name Nationbuilder	
Amount (\$) 2.75	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 5 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/22/2023	<b>5</b> Payee name Vana Hammond	
<b>6</b> Amount (\$) 700.00	<b>7</b> Payee address; City; State; Zip Code 12 Potters House Way Dallas, TX 75236	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Reimbursement Campaign Kickoff
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2023	Payee name Nationbuilder	
Amount (\$) 12.55	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/24/2023	Payee name Brandon Johnson	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 6 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/26/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 5.20	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/26/2023	Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/27/2023	Payee name Delisha Huff	
Amount (\$) 300.00	Payee address; City; State; Zip Code 119 Palm Oak Dr Dallas, TX 75217	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Social Media Strategy
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 7 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 12.55	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/28/2023	Payee name Nationbuilder	
Amount (\$) 1.53	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 02/28/2023	Payee name Nationbuilder	
Amount (\$) 1.53	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 8 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2023	<b>5</b> Payee name Elite News	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 3155 S. Lancaster Rd Dallas, TX 75216	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertising
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Nationbuilder	
Amount (\$) 49.30	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 03/03/2023	Payee name Brandon Johnson	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 9 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/03/2023	<b>5</b> Payee name Sederrick Raphael	
<b>6</b> Amount (\$) 700.00	<b>7</b> Payee address; City; State; Zip Code 1409 S. Lamar Dallas, TX 75215	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign Photos
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/05/2023	Payee name Nationbuilder	
Amount (\$) 10.40	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 03/06/2023	Payee name Nationbuilder	
Amount (\$) 5.20	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 10 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/08/2023	<b>5</b> Payee name Elite News	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 3155 S. Lancaster Rd Dallas, TX 75216	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Advertising
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/2023	Payee name Walter Higgins	
Amount (\$) 500.00	Payee address; City; State; Zip Code 800 Ross Ave. Dallas, TX 75202	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Materials
	<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 03/08/2023	Payee name Nationbuilder	
Amount (\$) 236.68	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 11 of 17		<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/09/2023		<b>5</b> Payee name Nationbuilder			
<b>6</b> Amount (\$) 173.00		<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Donation Collection		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/10/2023		Payee name Brandon Johnson			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Manager		
	<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 03/13/2023		Payee name Nationbuilder			
Amount (\$) 135.95		Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Donation Collection		
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 12 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/15/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 5.20	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/16/2023	Payee name Nationbuilder	
Amount (\$) 24.80	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 03/17/2023	Payee name Betty Griffin	
Amount (\$) 1417.00	Payee address; City; State; Zip Code 7310 Marvin D Love Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Street Team
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 13 of 17	2 FILER NAME Mr Zarin D Gracey	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2023	5 Payee name Brandon Johnson	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Manager
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/19/2023	Payee name Nationbuilder	
Amount (\$) 54.80	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 03/20/2023	Payee name Brandon Johnson	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 14 of 17	2 FILER NAME Mr Zarin D Gracey	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Payee name Jackie Robinson	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 305 Regency Pkwy Mansfield, TX 76063	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign Assistant
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20/2023	Payee name Brandon Johnson	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<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 03/20/2023	Payee name Nationbuilder	
Amount (\$) 431.15	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 15 of 17	<b>2</b> FILER NAME Mr Zarin D Gracey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/21/2023	<b>5</b> Payee name Nationbuilder	
<b>6</b> Amount (\$) 31.53	<b>7</b> Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donation Collection
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/2023	Payee name Nationbuilder	
Amount (\$) 147.60	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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 03/23/2023	Payee name Nationbuilder	
Amount (\$) 25.10	Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 16 of 17		<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/24/2023		<b>5</b> Payee name Betty Griffin			
<b>6</b> Amount (\$) 1228.00		<b>7</b> Payee address; City; State; Zip Code 7310 Marvin D Love Dallas, TX 75237			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Street Team		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/24/2023		Payee name Brandon Johnson			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1236 Clifftop Lane Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Manager		
	<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 03/26/2023		Payee name Nationbuilder			
Amount (\$) 12.55		Payee address; City; State; Zip Code 750 W. 7th St. Los Angeles, CA 90017			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Donation Collection		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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.**

<b>1</b> Total pages Schedule F1: 17 of 17		<b>2</b> FILER NAME Mr Zarin D Gracey		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/27/2023		<b>5</b> Payee name Nationbuilder			
<b>6</b> Amount (\$) 5.20		<b>7</b> Payee address; 750 W. 7th St.                      Los Angeles, CA 90017 City;                      State;                      Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees		<b>(b)</b> Description  Donation Collection	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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			
<b>PURPOSE OF EXPENDITURE</b>		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			
<b>PURPOSE OF EXPENDITURE</b>		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			
<b>PURPOSE OF EXPENDITURE</b>		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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					