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:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI M	OFFICE USE ONLY
NAME	NICKNAME	Parra	Codina	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			CITY; STATE; ZIP CODE	04-01-21P03:45 RCVD
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (2/0)	PHONE NUMBER 322 - 120	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Tustin	MI	Receipt # Amount \$
INAINE	NICKNAME	Tullins	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI Rungh Rider 1	UITE#; CITY; Dr. San Antonio	STATE; ZIP CODE 78239
(Residence or Business)	<u> </u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 469-4448	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	_	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O Q	Day Year / 2021	Month	Day Year / 31 / 2021
11 ELECTION	Month Day	Year Primary	Runoff Runoff Special ELECTION TYPE Other Description	SAISO District 7
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know)	us District 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
2	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
	0	COMMITTEE CAMPAIGN TRE	:ASURER ADDRESS	
		GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Tasmin M Parra Codina 16 File	er ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 18			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,560.22			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 16			
	4. TOTAL POLITICAL EXPENDITURES	\$ 592.09			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,077.9/			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and includes all information			
rec	quired to be reported by me under Title 15, Election Code.	1/			
		K-			
	Signature of Candidate	or Officeholder			
		4.			
	Please complete either option below:				
r lease complete ettiler option below.					
(1) Affidavit					
NOTARY STAMP/SEA	L				
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 administer	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name is ASN My address is 250	11N M PARRA CODINH and my date of birth is 9 OS W. SUMMIT, SA, TX, (state)	78228 USA.			
Executed in BEXAV	(city) (state) County, State of , on the day of (month)	(zip code) (country) , 20 (year)			
	Signature of Candidate/Offi	ceholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME Yasmin M. Parra Codina 20 Filer ID (Ethics Com					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	★ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2670.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2670.00 \$ 14890.22				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5-92.09				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

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	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	Yulmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2/	5 Full name of contributor out-of-state PAC AURILIO Montinayor 6 Contributor address; City; 2234 W. Mistlike San Astr		7 Amount of contribution (\$)
	ipation / Job title (See Instructions) in Consultant	9 Employer (See Instruction I I) RA	ions)
Date 3/5/21	Full name of contributor		Amount of contribution (\$)
3/5/21	Contributor address; City; 10 615 Archdale Mr. Avstin		25.00
Principal occupation / Job title (See Instructions) Employer (See Instruct RAICES		Employer (See Instructi	ions)
Date	Full name of contributor 🗆 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/5/21	Contributor address; City; 2202 Citatin Mr. Del Va	State; Zip Code	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/7/21	Contributor address; City; State; Zip Code 231 Fost Woodlawn Ave. San Astrio TX 78212		50.10
		Employer (See Instructi Delay Fatro	
			9
			в

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 9			
2 FILER NAME	Yasmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)				
3/7/21	6 Contributor address; City; 5349 S. Gila Avc. Tuyon	State; Zip Code A 2 8 5746	25.06			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date		C (ID#:)	Amount of contribution (\$)			
3/7/21	Ian Rock Contributor address; City; 32/ Sw 7/ Aller. Prombrake P	State; Zip Code	100.60			
	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date / /	Full name of contributor		Amount of contribution (\$)			
3/7/21	Miranda Briones Contributor address; City; State; Zip Code 14258 Savahnah Pall San Antonio TX 78216		75.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date Full name of contributor out-of-state PAC (ID#:) Tyles Fries			Amount of contribution (\$)			
3/1/21	Contributor address; City;	State; Zip Code Ky 40741	100.00			
D. de de la comp		, , ,	·\			
Principal occupation / Job title (See Instructions) Employer (Se		Employer (See Instruct	ions)			

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SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2/	5 Full name of contributor out-of-state PAGE Katy Bravence 6 Contributor address; City; 50/ Shoule Ave. San Antonio	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction of All	•
Date		C (ID#:)	Amount of contribution (\$)
3/10/21	Rich Codina Contributor address; City; 4000 Sherman Way Sacrament	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
3/11/21	Cabrick Morales Contributor address; City; 4902 21st St. Apt. #46 Long Island	State; Zip Code	50.00
1	pation / Job title (See Instructions) Prom Director	Employer (See Instruction Brand worker	
Date Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)
77.701	Contributor address; City; 210 Zornia Dr. San Antoni	State; Zip Code 782/3	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

***			00 MO • 000000 000
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
4 Date	Michael Michaela	NG (ID#:)	7 Amount of contribution (\$)
2/12/21	6 Contributor address; City; 398 Hancoch St. Apt. 2 Brook	State; Zip Code	50.60
•	upation / Job title (See Instructions) Managur	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAGE Mariano Agnilur	70	Amount of contribution (\$)
3/12/21	Mariano Agnilur Contributor address; City; 635 Marquette Dr. San And	State; Zip Code	50.00
Principal occup Educ	oation / Job title (See Instructions)	Employer (See Instruct Alamo Calle	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/13/21	Contributor address; City; 614 Ccdar St, San Antonio	State; Zip Code 7 7 8 2 10	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	AND THE PROPERTY OF THE PROPER
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/13/21	Contributor address; City; 741 5614 St. Dahland (State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A		ions)	

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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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Tasmin M Parra Codina		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAGE Cristian Delgado 6 Contributor address; City; 6/2 Sutton Dr. San Antonio	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
3/14/21	Rac Cabello Contributor address; City; 2369 W. Mulberry Avr. San 1		25.00
. / .	vation / Job title (See Instructions)	Employer (See Instruction HEB	ons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/14/21	Contributor address; City; 1862 Edisa Dr. San Antonio	State; Zip Code TX 7820/	30.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	> (ID#:)	Amount of contribution (\$)
3/16/21	Contributor address; City; 138 W. EL Freda Ad. Tempe	State; Zip Code AZ 85284	50.00
	nation / Job title (See Instructions)	Employer (See Instruction	ons)

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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: 9			
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Katherine Bravo 6 Contributor address; City;		7 Amount of contribution (\$)			
3/20/21	6 Contributor address; City;	State; Zip Code	100.00			
NT 12000 NO	1554 W. Mulberry Ave. San Art	nio TX				
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
N	/A	N/A				
Date		; (ID#:)	Amount of contribution (\$)			
11	Marry Soloway					
3/20/21	Marry Soloway Contributor address; City;	State; Zip Code	100,00			
	143 Dogwood Rd. Cortlandt	Munur NY 10567				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date		(ID#:)	Amount of contribution (\$)			
3/20/21	Yolanda Contributor address; City;	State; Zip Code	30.00			
. ,	327 Ridge Wood Ct. San Antonio					
A	ation / Job title (See Instructions) atory Therapist	Employer (See Instructi Methodist	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/20/21	Contributor address; City;	State; Zip Code	100.00			
,	259 Barbara Drive San Astorio	TX 78216				
1.	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
N/A N/A		NA				
		9				

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$)
/	8004 Farest Ash Live Oak	TX 78233	
8 Principal occu	ipation / Job title (See Instructions) L Assistant	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/21/21	Contributor address; City;	State; Zip Code	To.00
•	Claudia McWhorker Contributor address; City; 25T Lexingta Dr. Awtin	TX 78737	
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/24/21	Contributor address; City; P.O. Box 1780/ Awtra	State; Zip Code	100.00
	pation / Job title (See Instructions)	Employer (See Instruction Anniels List	
Date Full name of contributor out-of-state PAC (ID#:) Margarita Comez		C (ID#:)	Amount of contribution (\$)
3/26/21	Contributor address; City; 7614 Bartlett Pt. San Autor	State; Zip Code	30.00
	bation / Job title (See Instructions) Father Services officer	Employer (See Instructi	ions)

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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	1 Total pages Schedule A1: 9				
2 FILER NAME	JAME Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Patricia Sanchez 6 Contributor address; City;	(ID#:)	7 Amount of contribution (\$)			
7/28/a/	6 Contributor address; City; 16 Andover Creek Dr. San Anton	State; Zip Code	50.00			
8 Principal occu		9 Employer (See Instructi	ons)			
Date		(ID#:)	Amount of contribution (\$)			
3/1/21	Culina Pena and Michael Soto Contributor address; City;	State; Zip Code	250.00			
	2034 W. Kings Mighway San Astri	1× 7820/				
Principal occupation / Job title (See Instructions) Employer (See Instru			ons)			
Date		(ID#:)	Amount of contribution (\$)			
3/14/4	Andy Reynolds Contributor address; City; 1532 W. Mulburry San Anthrio	State; Zip Code	16,00			
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	O 1 1 Comments		Amount of contribution (\$)			
3/14/21	Contributor address; City;	State; Zip Code	20.60			
Principal occupation / Job title (See Instructions)		Employer (See Instruct	ions)			

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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: 9		
2	2 FILER NAME Yasmin M. Parra Codina			3 Filer ID (Ethics Commission Filers)		
4	3/14/21	5 Full name of contributor out-of-state PAC (ID#:) / Un /barra 6 Contributor address; City; State; Zip Code 303 S. Nuccs San Admin TX 78207		7 Amount of contribution (\$)		
		303 S. Nucces San Antrio 1	LX 28501			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction Self-Imploye	2 1		
	Date		C (ID#:)	Amount of contribution (\$)		
	3/2/21	Contributor address; City; 263 E- Quill San Athio, TX		30.60		
			Employer (See Instruction Suff-complexed)	5		
	Date	Full name of contributor out-of-state PAC (ID#:) Tes ie Maduz - Nyrste Contributor address; City; State; Zip Code		Amount of contribution (\$)		
	3/25/21	Contributor address; City; 368 Club Dr. San Artari	State; Zip Code 7820/	200.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
	Date 3/20/21	Full name of contributor out-of-state PAC Richard J. Aguilar Contributor address; City;	C (ID#:)	Amount of contribution (\$)		
Contributor address; City; State; Zip Code /00.00				100.00		
Principal occupation / Job title (See Instructions) Self-complayed Employer (See Instructions) Referd			ons)			
	<u>'</u>					

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SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 19	
2 FILER NAME YOURIN A PAGra Codina			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 3/6/2/	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78a/7	100 may 100 mg 1	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)	
5.1 Wasty (80.5)	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$\text{In-kind contribution description}\$ Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	

SCHEDULE A2

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

		, 100 March		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME YUSININ M Parra Codina		3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1/100 1	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
40	110 CICCIANATI Jan Mario 1X			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI. A	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	i de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	·
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A2

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

		Li			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: /9		
2 FILER NAME Yasmin M Parra Codina		3 Filer ID (Ethics Commission Filers)			
4 T	OTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
	14/21	6 Full name of contributor out-of-state PAC (ID#:		Contribution \$ / 0 0 . 0 0 Check if travel outsi	9 In-kind contribution description
10 Pri		upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe		AL)(See Instructions)
12 Co	ontributor's	principal occupation (FOR JUDICIAL)		• • • • • • • • • • • • • • • • • • • •	JDICIAL) (See Instructions)
14 Cc	ontributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If o	contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Da	ate	Full name of contributor	Zip Code	Amount of Contribution \$	I In-kind contribution I description I I I I I I I I I I I I I I I I I I I
Pri	incipal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
Co	ontributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Co	ontributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
lf (contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDU	JLE AS NEEDED	

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

SCHEDULE A2

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

in the requestion information to not applicable, be not include this page in the report.				
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2: /9			
2 FILER NAME Yasmin M Parra Lodina	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$			
5 Date 6 Full name of contributor out-of-state PAC (ID#: Cristina Ordancz - Lighthouse Low 7 Contributor address; City; State; 10/6 Cincinnati San Antonio TX	·			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) \mathcal{HR}	11 Employer (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A2

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

in the requestion merination to not applicable, be not include this page in the report.					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
10 Principal occ Ada 12 Contributor's	6 Full name of contributor out-of-state PAC (ID#:	11 Employe 13 Contribu	8 Amount of Contribution \$\frac{9}{\text{ln-kind contribution}}\$ 28.18 \text{Town Account}\$ Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL)(See Instructions) TSA utor's job title (FOR JUDICIAL) (See Instructions) of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
li	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

SCHEDULE A2

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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2: /9
2 FILER NAME Yasmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

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

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2 FILER NAME Yasmin M Parra Codina			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code PR& 10 11 Employed	8 Amount of Solution	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	· (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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

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The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2: /9
2 FILER NAME Yasmin M Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: SA Alliance of Teachers and Sympt 7 Contributor address; City; State; 120 Adams St. San Antrie TX 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PAC	8 Amount of Contribution \$ 9 In-kind contribution description
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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The Instruction Guide explains how to complete	e this form. 1 Total pages Schedule A2: /9
2 FILER NAME YUSMIN M. Parra Codi	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL C	ONTRIBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (I SA Allinace of Trackers and Sy 7 Contributor address; City; 120 Adans St. San Actoric	State; Zip Code State; Zip Code TX 78210 8 Amount of Contribution \$ 9 In-kind contribution description 10.30 Phone Banking Expenses Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Inst	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDIO	CIAL)
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description State; Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Inst	ructions) Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDIO	CIAL)
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SCHEDULE A2

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The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME Cosmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#: 2/26/21 7 Contributor address; City; State; 120 Adams St. Sar Artaio TX	8 Amount of Contribution \$ In-kind contribution description Standard Standard Campaign Campaign Standard St	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME Yasmin M Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: SA Alliance of Trackers and Sympt Pur 7 Contributor address; City; State; 126 Adans of San Astroni TX	8 Amount of Contribution \$ In-kind contribution description Zip Code Sob. vo Fild Direction Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 19	
2 FILER NAME Lasmia M. Parra Codina			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:		Contribution \$ /o22.76 Check if travel outsi	9 In-kind contribution description (ampai)a
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA N/AL	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	I In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: 19
2 FILER NAME Yasmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 3/1/2/ 7 Contributor address; City; State; 126 Adams St. San Artaio TX	•
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of I In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:		
2 FILER NAME Yosain M. Parra Codina	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#: 5 A Alliance of Trackers and Support 1 7 Contributor address; City; State; 120 Adams St. San Antonio TX	S Amount of Contribution \$ In-kind contribution description S In-kind contribution Contrib		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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SCHEDULE A2

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

ТІ	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: / 9
2 FILER NAM	Yasnyn M. Parra Codina		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$	
	6 Full name of contributor □ out-of-state PAC (ID#:	Jennet PAC Zip Code 78210	8 Amount of Contribution \$	9 In-kind contribution description Find Direction for July Direction 1 1 1 1 1 1 1 1 1
10 Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)	l .	er (FOR NON-JUDICI)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
i	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			requirements.

SCHEDULE A2

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Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: / 9
2 FILER NAM	15 Yasmin M. Parra Codina		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:	11 Employe	8 Amount of Contribution \$ 4.00 Check if travel outsion (FOR NON-JUDICIAL)	9 In-kind contribution description Cheke Bank Expense de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
Principal occ	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	•
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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Forms provided by Texas Ethics Commission

SCHEDULE A2

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

Tł	he Instruction Guide explains how to complete this forr	m. 1 Total pages Schedule A2: 19
2 FILER NAM	Yesmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
		Samount of 9 In-kind contribution description
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

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Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: / g
2 FILER NAM	Yasmin M. Parra Codina		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
/	6 Full name of contributor out-of-state PAC (ID#: Tustin Tullins 7 Contributor address; City; State; 8205 Rough Rider Br. San Antonio 7 cupation / Job title (FOR NON-JUDICIAL) (See Instructions) Have general contributor of the part of the pa	Zip Code 2 78237 11 Employe 5 4	Contribution \$ \[\begin{align*} \textstyle	In-kind contribution description Website domain expenses de of Texas. Complete Schedule T. AL)(See Instructions)
14 Contributor	a ampley or flow firm / FOD HIDIOIAL)			
14 Contributors	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
Principal occ	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		6	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED additional reporting	requirements.

SCHEDULE A2

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	ne Instruction Guide explains how to complete this forn	n.	1 Total pages Sched	ule A2: 19
2 FILER NAMI	E Yosmin M. Parra Codina		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	Contribution \$	9 In-kind contribution description Domain emails emails de of Texas. Complete Schedule T.
A	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA - employed	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	•
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	า of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDL	JLE AS NEEDED	

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Printing Exp Printing Exp Printing Exp Salaries/W.	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	е	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME YOURIN M. Parra (Codina	3 Filer ID (Ethics Commission Filers)		
4 Date 3 /13/21	5 Payee name Self Branded SA				
6 Amount (\$) /67-50	7 Payee address; f. o. Box 769 795 Sa	city; a Antonio	State; Zip Code TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising. Expense	(b) Description Shirts			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
3/17/21	Payee name Awalou Sigh and Print	シ			
Amount (\$)	Payee address;	City;	State; Zip Code		
257.09	1230 Duke Rd. San	Antorio	TX 78264		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard	Sick C		
OF EXPENDITURE	THE CAPELLE	7270			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
O 3/17/2/	Self Branded SA		e .		
Amount (\$)	Payee address;	City;	State; Zip Code		
167.50	P.O. BOX 769795 Sa	n Antorio	7× 78245		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	shirts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEI	EDED	=	