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 YASmin	мі М .	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX Codina	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (2/0) 322 - 1262	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Justin	. Мі	Receipt # Amount \$
NAME	NICKNAME LAST TUCCIUS	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 8205 Rough Rider Dr.		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 469-4448	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2021	THROUGH 4	Day Year / 21 / 2021
11 ELECTION	ELECTION DATE Month Day Year Primary OS / O/ 202/ Y General	Runoff Cher Description	AND Distact 7
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Trwtu- SAU	D District 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS. THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
·	SPECIFIC COMMITTEE CAMPAIGN TRE	•	
	GO ТО	PAGE 2	
	30 10	LAGE Z	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ya	Inin M. Parra Codina	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$ \$
	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ 7,486.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ %
	4. TOTAL POLITICAL EXPENDITUR	₹ES	\$ 485.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	3 MAINTAINED AS OF THE LAST DA	AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		\$ 2,752.22
40 01011471105			
'	wear, or affirm, under penalty of perjury, that the		d correct and includes all information
rec	quired to be reported by me under Title 15, Election	on Code.	
		. 0	
		Signature of Candida	sate or Officeholder
		olgitatore of Cariolog	ate of Officerolder
•			
•			
	Diagram annualsta		
	Please complete	e either option below:	
	•		
(1) Affidavit			
(-/			
	e e		
NOTARY STAMP/SEAL	L		
Sworn to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
	•		
Cianatura of officer administra	ation and the		Tttl 6 - 60 di-i-bi
Signature of officer administe	ring oath Printed name of officer ac	iministering oath	Title of officer administering oath
	OR		
(0) 11			
(2) Unsworn Declaration	on .	·	
Υ	M Por Callina		9 2 3 8 3
My name is (() M/	~ 11. 1 apra Coura	, and my date of birth is	1.01.01
My address in 25 d	n M. Parra Codina 3 w. summit	San Antania TV	7-8228 USA
iviy address is rap	y	,	, <u>, , , , , , , , , , , , , , , , , , </u>
ıA.	(street) Texas , o	(city) (state)) (zip code) (country)
Executed in B & XA	County State of / LXAS	in the 23rd day of April	20 2/
		(month)	(year)
		y W	
		Signature of Candidate/	Officeholder (Declarent)
		Signature or Candidate/	Omognologi (Deciarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Yasmin M. Parra Codina 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,222.50 \$ 6,264.27
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,264.27
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 497.37
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/O	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0:04

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:
FILER NAME	Ywhin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
Date 4/1/21	5 Full name of contritor out-of-state PAI Munica Vulusquez	C (ID#:)	7 Amount of contribution (\$)
7/1/21	6 Contributor address; City; 439 Whicy San Antonio	State; Zip Code TX 78209	50.00
	pation / Job title (See Instructions)	9 Employer (See Instruction Suf imployed	ons)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/1/21	Contributor address; City; 311 Carnahan St. San Auto	State; Zip Code	50.00
•	pation / Job title (See Instructions) L \$&&/Y/T	Employer (See Instruction VSAA	ons)
Date	Full name of contributor out-of-state PA Andrie Cuellar	.C (ID#:)	Amount of contribution (\$)
H/2/21	Contributor address; City; 1221 Broadway St. 1911 San	State: Zip Code Antonio TX 78215	20.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PA Marisa Gonzalez	AC (ID#:)	Amount of contribution (\$)
A . / /	,		
4/3/21	Contributor address; City; 140/ S. Flores # 300 San 1	State; Zip Code Autom. Tx 78204	100.00
			ions)
	140/ S. Flores # 300 San A	Artonio Tx 78204 Employer (See Instruct	ions)
	140/ S. Flores # 300 San A	Artonio Tx 78204 Employer (See Instruct	ions)

SCHEDULE A1

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

A Date 5 Full name of contritor out-of-state PAC (ID#				
A Date 5 Full name of contritor out-of-state PAC (ID#	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 4
Mulva Codina 4/17/21 6 Contributor address; City; State; Zip Code 177 Grapevine Court Awshie T x 78737 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Teacher Date Full name of contributor Out-of-state PAC (ID#	2 FILER NAME	Yusmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
Retired Retired Retired		Mulva Codina 6 Contributor address; City;	State; Zip Code	
Riley Metcalfe 4/7/21 Contributor address; City; State; Zip Code 706 Lovera Blvd. San Attorio TX 78212 Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Enrique Aleman Tv. 4/9/21 Contributor address; City; State; Zip Code 1630 W. Huijache Ave. San Antino TX 7820 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•		l	ons)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Full name of contributor South San Antonio III			C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	4/7/21	Contributor address; City;		100.00
Teacher South San Antonio 11) Date Full name of contributor out-of-state PAC (ID#:		706 Lovera Blud. San A	towo TX 78212	
Enrique Meman Jr. 4/9/21 Contributor address; City; State: Zip Code 1630 W. Muijache Are. San Antino TX 7820 Principal occupation / Job title (See Instructions) Employer (See Instructions)				•
		Enrique Aleman Jr. Contributor address; City;	State: Zip Code	
	Principal occup Faculty			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 4/9/2/ Contributor address; City; State; Zip Code	Date 4/9/2/	Tames Long Contributor address; City;	State; Zip Code	6
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Debaginal angu			ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) SAII)	· · · · · · · · · · · · · · · · · · ·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

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 fo	orm.	1 Total pages Schedule A1: 4
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contritor out-of-state PAC (IE)#:)	7 Amount of contribution (\$)
4/10/M	6 Contributor address; City; 311 Carachan St. Fan Astonia	State; Zip Code	2.50
	111 CAPALAN VI. IAN ALANDAGO	/ X	
	pation / Job title (See Instructions) 8 8 9	Employer (See Instruction US A A	ons)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
4/14/21	Contributor address; City; 311 Carachan St. San Automic	State; Zip Code	200.00
	311 Carachan II. Jan Maria	X 10207	
_	ation / Job title (See Instructions)	Employer (See Instruction	canc)
Date /	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
4/15/21	Contributor address; City; 11714 Pubble Values San Autor	State; Zip Code	50.00
Principal accur	ation / Job title (See Instructions)	Employer (See Instruction	one)
	mployed	Not employed	•
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
4/18/21	Contributor address; City; 501 Shook Ave. San Antonio	State, Zip Code Ty 78212	25.00
	7, 7,,	17 10010	
and the second second	ation / Job title (See Instructions)	Employer (See Instruction for Autoria A	•

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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: 4
2 FILER NAME	Yusain M. Parra Codina	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contritor out-of-state PAC (ID#:) Manuel P- Berrioza bal or Maria A-Berriozaba	7 Amount of contribution (\$)
3/29/21	6 Contributor address; City; State; Zip Code 1148 W. Russell Place San Antonio TX 7820/	700.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) E.A. Bernal	Amount of contribution (\$)
4/6/21	Contributor address; City; State; Zip Code Po Box 5029 San Antonio TX	50.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Brace Ybarra	Amount of contribution (\$)
4/9/21	Contributor address; City; State; Zip Code 2626 W. Mistletor Ave. Son Adviso TX 78228	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/19/202/	Full name of contributor out-of-state PAC (ID#:) Tustin Tullins Contributor address; City; State; Zip Code 8205 Rough Rider Dr. San Autonio 7x 78239	Amount of contribution (\$)
Principal occup AHorn	pation / Job title (See Instructions) Employer (See Instructions) Self implo	
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SCHEDULE A2

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· Th	e Instruction Guide explains how to complete this forn	n.	1 Total pages Sched	ule A2:
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
10 Principal occ	120 Adams It. San Antonio TX - upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Contribution \$ 9.47 Check if travel outsier (FOR NON-JUDIC)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	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	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job titlé (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spot	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED r additional reportir	ng requirements.

SCHEDULE A2

Th	e Instruction Guide explains how to complete this forn	1.	1 Total pages Sched	ule A2: /2
2 FILER NAME	Yasmin M. Parra Codina		3 Filer ID (Ethics Co	mmission 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	Contribution \$ 4-00 Check if travel outsi (FOR NON-JUDICIA	9 In-kind contribution description Phonebank de of Texas. Complete Schedule T. AL)(See Instructions)
PA C 12 Contributor's	principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	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	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC!	· · · · · · · · · · · · · · · · · · ·
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reportin	ng requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form		1 Total pages Schedule A2: 12	
2 FILER NAME Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code (78 / 41	8 Amount of Contribution \$ In-kind contribution description 1372.49 Digital adj Check if travel outside of Texas. Complete Schedule	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	
		Check if travel outside of Texas. Complete Schedule	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		ver (FOR NON-JUDICIAL)(See Instructions)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)	
	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contrib		
Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)	

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedu	le A2: 12
2 FILER NAME Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$	
5 Date 4/1/2/	6 Full name of contributor □ out-of-state PAC (ID#:	8210	Contribution \$ 1,732.54 Check if travel outside	Fild direction le of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA N/A	L)(See Instructions)
	principal occupation (FOR JUDICIAL)			OICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (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;	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a ch ild, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reporting	j requirements.

Revised 8/17/2020

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 12		
2 FILER NAME YASMIN M. Parra Lodina			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 4/4/2/	6 Full name of contributor out-of-state PAC (ID#:	Nounce PAC Zip Code	<i>12-1</i> 	9 In-kind contribution description Advutising ide of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI 「/A	AL)(See Instructions)	
	principal occupation (FOR JUDICIAL)			JDICIAL) (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	
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	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reportir	ng requirements.	

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 12		
2 FILER NAME	Yusmin M. Parra Codina		3 Filer ID (Ethics Cor	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	·	
	6 Full name of contributor out-of-state PAC (ID#:	T"	Contribution \$	de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)		/A	AL)(Gee mandcoons)	
12 Contributor's	principal occupation (FOR JUDICIAL)	1	· · · · · · · · · · · · · · · · · · ·	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	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 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsion	lde of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's	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	n of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
·					
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reporting	g requirements.	

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 form.		1 Total pages Schedule A2: 12		
2 FILER NAME YNSMIN M. Parra Codina		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 4/14/21	6 Full name of contributor out-of-state PAC (ID#	Zip Code		9 In-kind contribution description Election data I did of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	• `	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	, ,	<u></u>	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	ise (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	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribi	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law		Law firn	aw 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 If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reportin	ng requirements.

Revised 8/17/2020

SCHEDULE A2

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

7.				
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4		
2 FILER NAME YOUMIN M. Parra Codina		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
10 Principal occ	120 Adams St. San Antonio TX - upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 78 210 11 Employe	Contribution \$ 23./0 Check if travel outsider (FOR NON-JUDICIAN)	9 In-kind contribution description Phine bank de of Texas. Complete Schedule T. AL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributors spous	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 □ out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description I l description I description I description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	rm of contributor's spouse (if any) (FOR JUDICIAL)	
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reportin	g requirements.

Revised 8/17/2020

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: 12	1 Total pages Schedule A2: 12	
2 FILER NAME Yasmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#: T(xA) AFT Connituon Political Education 7 Contributor address; City; State; 9/2 May 183 S, Stc. 100-A, Awtin TX 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 78 74 Check if travel outside of Texas. Complete Scheol 11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instruction	s)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIA	L)	
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 Schee	śułe 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 Instruction	s)	
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 Instruc	tion guide for additional reporting requirements.		

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	rm. 1 Total pages Schedule A2: /2
2 FILER NAME Yasmin M. Parra Codina	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 4/19/2/ 7 Contributor address; City; State; 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1
PAC	N/A
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)	
ATTACH ADDITIONAL CODIES OF	ETHIS SCHEDULE AS NEEDED

SCHEDULE A2

n. 1 Total pages Schedule A2: /2
3 Filer ID (Ethics Commission Filers)
BUTIONS \$
Zip Code Check if travel outside of Texas. Complete Schedule T.
11 Employer (FOR NON-JUDICIAL)(See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of In-kind contribution Contribution \$ description Zip Code Check if travel outside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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SCHEDULE A2

The Instruction Guide explains how to complete this form.		3.	1 Total pages Schedule A2: 12	
2 FILER NAME Yasmin M. Parra Codina		3 Filer ID (Ethics Commission Filers)		nmission Filers)
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
0 Principal occ PAC 2 Contributor's 4 Contributor's	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 8210 11 Employe N/	Contribution \$ 29. 40 Check if travel outsing (FOR NON-JUDICIA) tor's job title (FOR JU	9 In-kind contribution description de of Texas. Complete Schedule TAL)(See Instructions) DICIAL) (See instructions) se (if any) (FOR JUDICIAL)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	Contributor address; City; State;	Zip Code		
Principal occ	Contributor address; City; State; cupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)	Employe	Check if travel outs	I · · · · · · · · · · · · · · · · · · ·
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outs or (FOR NON-JUDICI or (FOR Judicia)	
Principal occ Contributor's Contributor's	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)	Employe	Check if travel outs or (FOR NON-JUDICI or (FOR Judicia)	

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to co		(enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Yasmin M. Parra C	odina 3 Fil	er ID. (Ethics Commission Filers)
Date 4/1/2/	5 Payee name Act Blue		
Amount (\$)	7 Payee address;	City;	State; Zip Code
30.17	P.O. Box 441146	Omerville My	1 02144
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	٠.
PURPOSE OF EXPENDITURE	Fees	Donatins appli	into service fee
·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, c	ificeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/16/21	Hearst-SA Express News-	MySA. com	
Amount (\$)	Payee address;	City;	State; Zip Code
455.00	Ave. E. and Third St. Sa	in Antonio I	× 78205
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Conexion C	color Ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder лате	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

,		<u> </u>	
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 1
2 FILER NAME	Yasmin M. Parra Codina	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received	•	8 Amount (\$)
	Firstmark Credit Union		. 1
4/1/21	6 Address of person from whom amount is received; City; Star P.O. Bux 70/650 San Autoria 7		0.04
	Interest from bank account	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	