CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 15	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Yasm NICKNAME LAST Pari	in M suffix ra Codina	Date Received Received 7/20/21 at 2:15 pm		
4 ORIGINAL REPORT TYPE	30th day before election	eeded modified reporting	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	8th day before election	ointment (officeholder only) Month Day Year	Date Processed Date Imaged		
6 EXPLANATION OF CO	PRRECTION	<u> </u>	<u></u>		
Amended re	eport is including an ex	pense and an additional in	n-kind contribution		
		vith corrected totals and d			
		perjury, that this corrected report i			
	ck ONLY if applicable:	, ,			
M Semiannual	reports: I swear, or affirm, that t	the original report was made in good f	aith and without an intent to		
	o misrepre-sent the information of				
date I learne	Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate/Officeholder				
	Plassa co	omplete either option below:			
(1) Affidavit	i icase co	omplete either option below.			
NOTADY STAND/STA	.i				
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by	this the	, day of,		
20, to certify	which, witness my hand and seal of off	ice.			
Signature of officer administe	ering oath Printed name	e of officer administering oath	Title of officer administering oath		
		OR			
(2) Unsworn Declaration					
My name is Yasmi My address is 2503	n Parra Codina W Summit Ave	san Antonio 7	9.27.1983 X 78228 USA		
Executed in Bexar	(street) Tex	(month)	te) (zip code) (country) y, 20_21.		
		Signature of Candidate	e/Officeholder (Declarant)		
Remember To Atta	nch Any Part Of The Campaign	Finance Report Form Needed To Re	eport And Explain Corrections		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	iled: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST LASMIN	мі М -	OFFICI	EUSE ONLY
NAME	NICKNAME	LAST Parra	SUFFIX Codina	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS X Change of Address	ADDRESS / PO BOX;		San Anthrio Tx 78228		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 3 22 - 1202	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Justin	МІ	Date Processed	Amount 5
IVAIVIL	NICKNAME	Tullikg	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		ough Rider Dr.	uite#: city; Sun Antows TX 78	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) X July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year A 22/2021 THROUGH 06/30/2021				
11 ELECTION	Month Day	Year Primary	Runoff Cher Description Special	Local/mu	nicipal
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if know) Trustec - SAL		7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
OCIVIIVII I I LL(G)	COMMITTEE TYPE		n Antonio Alliance o sonnel PAC	of Teache	rs + Support
Additional Pages	GENERAL	120 COMMITTEE CAMPAIGN TRE	O Adams St, SATX	78210	
	SPECIFIC	Da	avid Garza		
		COMMITTEE CAMPAIGN TR	120 Ad ams St, SA	TX 78210	
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	uide explains how	to comple	te this form.	1 Fil	er ID (Ethics Commis	ssion Filers)	2 Total pages fi	15
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR		FIRST	·	MI	İ	OFFICE	USE ONLY
	NAME	NICKNAME		LAST		SU	FFIX	Date Received	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	Al	PT / SUITE #;	CITY;	STATE; ZIP	CODE		
	Change of Address								
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE	NUMBER		EXTENSION			d or Date Postmarked
6	CAMPAIGN TREASURER	MS / MRS / MR		FIRST		MI -		Receipt #	Amount \$
	NAME	NICKNAME		 LAST			FFIX	Date Processed	
		NICKNAME		LAST		30	FFIA	Date Imaged	
7	CAMPAIGN	STREET ADDRESS (NO PO BOX I	PLEASE); APT /	SUITE #;	CITY;		STATE;	ZIP CODE
	TREASURER ADDRESS								78239
(F	Residence or Business)								
8	CAMPAIGN TREASURER	AREA CODE	PHONE	NUMBER		EXTENSION			
	PHONE	()							
9	REPORT TYPE	January 15		30th day before	election	Runoff			fter campaign appointment
		X July 15		8th day before e	lection	Exceeded Reporting			ort (Attach C/OH - FR)
10	PERIOD	Month	Day	Year			Month	Day Yea	ır
	COVERED	/	/		TI	HROUGH	/		
11	ELECTION	ELECTION DA	ΓE			ELEC	TION TYPE		
		Month Day	Year	Primary			Other Description		
				Genera		Special _			
12	OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGH	HT (if known))	
14	NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. TI	HESE EXPENDITURI	ES MAY HAV	E BEEN MADE WITHO	UT THE CAND	DIDATE'S OR OFFICEHO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	EE NAME					
		GENERAL	COMMITTE	EE ADDRESS					
	Additional Pages		COMMITTE	COMMITTEE CAMPAIGN TREASURER NAME					
		SPECIFIC	COMMINITE	L CAIVIFAIGN IK	LASUREK	IVAIVIE			
			COMMITTE	EE CAMPAIGN TE	REASUREF	RADDRESS			
	GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Yasmin Parra Codina		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$	0	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	SUTIONS IS, OR GUARANTEES OF LOANS)	\$	19,041.92	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	- EXPENDITURE.	\$	0	
	4. TOTAL POLITICAL EXPENDI	TURES	\$	906.69	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$	3966.44	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O PERIOD	F THE \$	0	
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.					
			1-0/		
		Signature of Ca	andidate or O	fficebolder	
		Oignature of Oc	indidate of o	mocrioidei	
	Please compl	ete either option belov	v:		
(1) Affidavit					
(1)7111144111					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by	this the	da	ay of,	
20 , to certify	which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of office	er administering oath	Title	e of officer administering oath	
		OR			
(2) Unsworn Declarati	on				
Yasm	nin Parra Codina		9.27.	1983	
My name is	W Summit Ave	, and my date of birth is San Antonio	ΓX 7	8228 USA	
wy address is			,	code) (country)	
Executed in Bexar	County, State of			0 21 .	
		(month		(year)	
		Signature of Candid	date/Officeho/	der (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME Yasmin M. Parra Codina 20 Filer ID (Eth	ics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2/00.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,941.92			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 906.69			
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	С/ОН \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	\$ 0.28			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A1:
2	FILER NAME	Tasmin M. Parra Codina	3	Filer ID (Ethics Commission Filers)
	Pate 4/12/21	5 Full name of contributor out-of-state PAC (IE Glaria Ranirez) 6 Contributor address; City; 214 Riddle St. San Antonio	State; Zip Code	Amount of contribution (\$)
8	Principal occup	pation / Job title (See Instructions)		·
	Date / /	Full name of contributor out-of-state PAC (II		Amount of contribution (\$)
	4/25/21	Chinkui Li Contributor address; City; 3002 Millorest Dr., Balconis Height		\$50.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	•
	Date	Full name of contributor out-of-state PAC (II		Amount of contribution (\$)
	4/26/21			\$ 2000.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
	Date	Full name of contributor	ID#:	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2: 5
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#:	Zip Code /1.09 10) Tage
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 out-of-state PAC (ID#: SA Alliance of Teachers and Support Person 4/23/21 Contributor address; City; State; 120 Alans St. San Astunio TX	Zip Code Phone Bunk
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)	-

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	٦.	1 Total pages Sched	ule A2: 5
2 FILER NAME	Yusmin M. Parra Codina		3 Filer ID (Ethics Co	ommission 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 \$	In-kind contribution description Field Direction Indicate of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	/.	er (FOR NON-JUDICI	AL)(See Instructions)
PAc		MA		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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 out-of-state PAC (ID#:	PAC	Amount of Contribution \$	In-kind contribution description
4/26/21	Contributor address; City; State;	Zip Code	291.50	Advertising
	120 Adams At. San Asturio TX 7	8210	Check if travel outs	l ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ N/A	er (FOR NON-JUDICI	AL)(See Instructions)
	e principal occupation (EOR ILIDICIAL)	_	utor's job title (EOP 11	IDICIAL)(See Instructions)
Contributors	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	ท of contributor's spoเ	use (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:	
2 FILER NAME	Yusmin M. Parra Codina		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 4/27/2/	Date 6 Full name of contributor out-of-state PAC (ID#:) SA Alliance of Tracket and Sypat Personnel PAC 7 Contributor address; City; State; Zip Code 120 Adams St. San Antonio TX 78210		Contribution \$	In-kind contribution description Charpers a Literature de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (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 5/4/21	Full name of contributor out-of-state PAC (ID#:	L PAC Zip Code	1	In-kind contribution description Phone binking	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICI	ide of Texas. Complete Schedule T. AL)(See Instructions)	
	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	າ.	1 Total pages Schedu	Jle A2: 5
2 FILER NAME	Yasmin 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#:	to unil PAC	Contribution \$	
5/5/21		Zip Code フタシ10		hidd Direction de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JU	DICIAL) (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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	WE PAT	Amount of Contribution \$	In-kind contribution description
5/17/21	SA Alliance of Teachers and Support Corrows Contributor address; City; State; (20 Adams St. Sin Autorio TX 7	Zip Code 78210	1	Fild Direction de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICI	
PAC		NIA		
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			1,522 500	<u> </u>

SCHEDULE A2

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

Ti	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 5	
2 FILER NAM	[⊾] Yasmin Parra Codina		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6 Full name of contributor □ out-of-state PAC (ID#:) Texas State Teachers Association PAC			8 Amount of Contribution \$	9 In-kind contribution description	
5.5.21	7 Contributor address; City; State;	Zip Code	1,544.21	Printing + Mailing	
	8716 N Mopac Expwy Austin TX 7	8759	Check if travel outs	I ide of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emplo				AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (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	de of Texas. Complete Schedule T.	
Principal occ	cupation / 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 firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributo	r 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.

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 (expenses the convention of the

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Tasmin M. Parra (60	lina	3 Filer ID (Ethics Commission Filers)	
4 Date 5/13/21	5 Payee name Julf Branded SA			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
# 335				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Shirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/24/21	VS Postal Lervice		3	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$35.20	1064 Vance Jackson Rd.	San Astonio	TX 78201	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Stamps		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/28/21	VS Postal Service			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$2.75	1064 Vance Tuckin Rd.	San Astunio	TX 7820/	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Stamps		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDILLE AS MEEDED				

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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.				
1 Total pages Schedule F1:	2 FILER NAME Yasin M. Parra (3 Filer ID (Ethics Commission Filers)		
4 Date 6/27/2/	5 Payee name Jose Sotelo Art			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$ 348.93	2614 Nr. Elmendorf	San Actorio TX 78201		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Postcards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date , ,	Payee name			
5/1/21	Act Blue			
Amount (\$)	Payee address;	City; State; Zip Code		
\$12.95	PO Box 441146 Son	merville MA -		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5/11/21	Vantiv, LLC			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 24.06	8500 Governor, Mill Dri	ve Symmes Township OH 45249		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	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 name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Yalmin M. Parra (Codina 3 Filer ID (Ethics Commission Filers)			
4 Date 6/1/2/	5 Payee name Vantu, LLC				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$0.50	8500 Governorr Hill Dr.	Synnes Township oH 45249			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Service Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
5/12/21	US Postal Service				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 16.80	1064 Vance Jackson Rd.	Som Autorio TX 7820/			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Post office box rental			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4.29.2021	Scratch Kitchen				
Amount (\$)	Payee address;	City; State; Zip Code			
\$1 30. 5 0	6 07 W Russell	San Antonio TX 78 212			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage	Food for campaign party			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:			
2 FILER NAME	Yusmin M. Parra Codina	3 Filer ID (Ethics	Commission Filers)		
4 Date 05/6//1	5 Name of person from whom amount is received All the first from whom amount is received; City; Start	8 Amount (\$)			
	P. O. Bax 78/650 San Astorio TX 78270 7 Purpose for which amount is received Check if political contribution returned to filer laterest from bank account				
Date	Name of person from whom amount is received First mark FCU		Amount (\$)		
06/01/21	Address of person from whom amount is received; City; Sta	\$0.17			
	Purpose for which amount is received Check if political contribution returned to filer Interist from back account				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ite; 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; St	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					