


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>15</b>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Yasmin</b>	MI <b>M</b>	Date Received Received 7/20/21 at 2:15 pm	
	NICKNAME	LAST <b>Parra Codina</b>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____	Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election			Date Imaged	
Month      Day      Year                      Month      Day      Year <b>4 / 22 / 2021</b> THROUGH <b>6 / 30 / 2021</b>					

6 EXPLANATION OF CORRECTION  
**Amended report is including an expense and an additional in-kind contribution made within this reporting period with corrected totals and dates.**

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
Check ONLY if applicable:  
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  
 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

**Please complete either option below:**

**(1) Affidavit**


NOTARY STAMP / SEAL

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

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Yasmin Parra Codina, and my date of birth is 9.27.1983  
My address is 2503 W Summit Ave, San Antonio, TX 78228, USA  
(street) (city) (state) (zip code) (country)  
Executed in Bexar County, State of Texas, on the 15 day of July, 2021.  
(month) (year)  
  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**



# 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:

**15**

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	<b>78239</b>	
	NICKNAME LAST SUFFIX		
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)
<b>10</b> PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
<b>11</b> ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description _____	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b>		<b>Yasmin Parra Codina</b>	<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,041.92
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 906.69
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3966.44
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Yasmin Parra Codina, and my date of birth is 9.27.1983.  
 My address is 2503 W Summit Ave, San Antonio, TX, 78228 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Bexar County, State of Texas, on the 15 day of July, 20 21.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,941.92
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 906.69
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.28

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1</i>
2 FILER NAME <i>Yasmin M. Parra Codina</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/22/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Ramirez</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>214 Riddle St. San Antonio TX 78210</i>		
8 Principal occupation / Job title (See Instructions) <i>Self-employed</i>		9 Employer (See Instructions) <i>Self-employed</i>
Date <i>4/25/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chiahui Li</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>3002 Millercrest Dr, Balcones Heights TX 78201</i>		
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>4/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CWA-CPE PCC</i>	Amount of contribution (\$) <i>\$2000.00</i>
Contributor address; City; State; Zip Code <i>501 3rd St. NW Washington, DC 20001</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <b>5</b>	
2 FILER NAME <i>Yasmin M. Parra Codina</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/22/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	8 Amount of Contribution \$ <i>77.00</i>	9 In-kind contribution description <i>Postage</i>
7 Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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 <i>4/23/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	Amount of Contribution \$ <i>16.50</i>	In-kind contribution description <i>Phone Bank</i>
Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <b>5</b>
2 FILER NAME <i>Yasmin M. Parra Cordina</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>4/26/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	8 Amount of Contribution \$ <i>4002.02</i>
7 Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		9 In-kind contribution description <i>Field Direction</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>
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 <i>4/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	Amount of Contribution \$ <i>291.50</i>	In-kind contribution description <i>Advertising</i>
Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <b>5</b>	
2 FILER NAME <i>Yasmin M. Parra Codina</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/29/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	8 Amount of Contribution \$ <i>504.72</i>	9 In-kind contribution description <i>Campaign Literature</i>
7 Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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 <i>5/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	Amount of Contribution \$ <i>397.67</i>	In-kind contribution description <i>Phone banking</i>
Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <b>5</b>	
2 FILER NAME <i>Yasmin M. Parra Codina</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/5/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	8 Amount of Contribution \$ <i>7,826.45</i>	9 In-kind contribution description <i>Field Direction</i>
7 Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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 <i>5/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SA Alliance of Teachers and Support Personnel PAC</i>	Amount of Contribution \$ <i>442.29</i>	In-kind contribution description <i>Field Direction</i>
Contributor address; City; State; Zip Code <i>120 Adams St. San Antonio TX 78210</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PAC</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## 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: <b>5</b>	
2 FILER NAME <b>Yasmin Parra Codina</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>5.5.21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Texas State Teachers Association PAC</b>	8 Amount of Contribution \$ <b>1,544.21</b>	9 In-kind contribution description <b>Printing + Mailing</b>
7 Contributor address; City; State; Zip Code <b>8716 N Mopac Expwy Austin TX 78759</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PAC</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>NA</b>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions) <b>NA</b>	
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <i>Taimin M. Parra Codina</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/13/21</i>	5 Payee name <i>Self Branded SA</i>
--------------------------	--

6 Amount (\$) <i>\$335</i>	7 Payee address; City; State; Zip Code
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Shirts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>6/24/21</i>	Payee name <i>US Postal Service</i>
------------------------	--

Amount (\$) <i>\$35.20</i>	Payee address; City; State; Zip Code <i>1064 Vance Jackson Rd. San Antonio TX 78201</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Stamps</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>6/28/21</i>	Payee name <i>US Postal Service</i>
------------------------	--

Amount (\$) <i>\$2.75</i>	Payee address; City; State; Zip Code <i>1064 Vance Jackson Rd. San Antonio TX 78201</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Stamps</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Yasmin M. Parra Coddina	3 Filer ID (Ethics Commission Filers)
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4 Date 6/27/21	5 Payee name Jose Sotelo Art
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6 Amount (\$) \$ 348.93	7 Payee address; 2614 N. Elmendorf	City; San Antonio	State; TX	Zip Code 78201
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/21	Payee name Act Blue
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Amount (\$) \$ 12.95	Payee address; PO Box 441146	City; Somerville	State; MA	Zip Code -
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/21	Payee name Vantiv, LLC
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Amount (\$) \$ 24.06	Payee address; 8500 Governor, Hill Drive	City; Symmer Township	State; OH	Zip Code 45249
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Yasmin M. Parra Codina	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/9/21	<b>5</b> Payee name Vantiv, LLC	
<b>6</b> Amount (\$) \$0.50	<b>7</b> Payee address; City; State; Zip Code 8500 Governor Hill Dr. Symmes Township OH 45249	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/21	Payee name US Postal Service	
Amount (\$) \$16.80	Payee address; City; State; Zip Code 1064 Vance Jackson Rd. San Antonio TX 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Post office box rental
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.29.2021	Payee name Scratch Kitchen	
Amount (\$) \$130.50	Payee address; City; State; Zip Code 607 W Russell San Antonio TX 78212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Food for campaign party
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

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 K: <b>1</b>
2 FILER NAME <b>Yusmin M. Parra Codina</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>05/01/21</b>	5 Name of person from whom amount is received <b>Firstmark FCU</b>	8 Amount (\$)  <b>\$0.11</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 701650 San Antonio TX 78270</b>	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>Interest from bank account</b>	
Date  <b>06/01/21</b>	Name of person from whom amount is received <b>Firstmark FCU</b>	Amount (\$)  <b>\$0.17</b>
	Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 701650 San Antonio TX 78270</b>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>Interest from bank account</b>	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**