CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS MR FIRST Jose NICKNAME LAST Parra.	MI L SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; 16/3 Travis Circle South I AREA CODE PHONE NUMBER	CITY: STATE; ZIP CODE Truing TX 75038 EXTENSION	October 26, 2020 via e-mail
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(830) 832 - 6230 S MRS / MR FIRST Genelle NICKNAME LAST	MI	Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 1613 Travis Circle South		STATE; ZIP CODE TX 75038
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 285-9177	EXTENSION 2.	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 / 25 / 2020	THROUGH 10)	Day Year / 24 / 2020
11 ELECTION	Month Day Year Prima	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know Truing School Distr	ol Board Trustee
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		- O 4E	Filer ID /Fthias Committee Time	
		Tose Parra 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	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			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5, 294.13	
CONTRIBUTION BALANCE	5. TOTAL P	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 3, 225, 97	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 10,000.00	
18 AFFIDAVIT	~~~~			
st	TEPHEN LOVE Notary Public TATE OF TEXAS ID# 10691851 nm. Exp. Nov. 12, 202	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15, Election Code.	ation required to be reported by me	
AFF.W		signature of Candida	ate or Officeholder	
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr	ibed before me, b	y the said Jose L. Parra	2600	
day of Ochology	24	o certify which, witness my hand and seal of office.	, this the	
26	-	Stophon love	Notan	
4	TEPHEN LOVE	Printed name of officer administering oath	Title of officer administering oath	
orms provided to the as Est	104 10691851 mm. Exp. Nov. 12, 202	www.ethics.state.tx.us	Revised 1/1/2020	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Tose Parra 20 Filer ID (Ethics Con		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 5,000.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5, 294.13
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#:_ Loan Amount (\$) 10-05-2020 5000.00 a financial 1613 Travis Circle Irving Institution? 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Educational Consultant Check if personal funds were deposited into political X none account (See Instructions) 16 GUARANTOR 17 Name of guarantor INFORMATION 19 Amount Guaranteed (\$) 18 Guarantor address: City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) Is lender Lender address; City; Interest rate Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political none account (See Instructions) **GUARANTOR** Name of guarantor INFORMATION Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTAGH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/26/2020	Brownbag Marketing Gol	lutions	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1, 449.00	318 E. Amberway Ln	Garland	TX 75040
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	mail-out	t advertising
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/29/2020	Brounday Marketing Golw	tions	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 800.00	318 E Amberwayln.	Garland	TX 75040
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense		advertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/04/2020	The Order Desk		
Amount' (\$)	Payee address;	City;	State; Zip Code
A 2, 545.13	9840 Monroe Dr. Ste 104	Dallas	Tx 75220
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Postag	e and handling
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, 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	SCHEDINE AS NEED	
	The second of this	SCHEDULE AS NEEL	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (criter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jose Parra		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2020	5 Payee name DS Political		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 500.00	1250 HSt. NW Ste 200	Washington	DC 20005
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Digital	
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
-			
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auetin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CONTROL		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED