

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr.

FIRST

John

MI

M.

NICKNAME

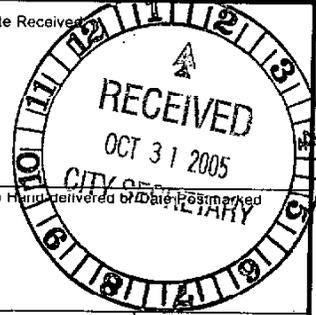
LAST

Parras

SUFFIX

OFFICE USE ONLY

Date Received



Date Returned / Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4820 RUSK, HOUSTON TX 77023

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 514-0651

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Ms.

FIRST

Jesusa

MI

C.

NICKNAME

"Susie"

LAST

Moreno

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5201 Plum Dr., Houston TX 77087

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 644-6593

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 1 / 05 THROUGH 10 / 30 / 05

11 ELECTION

ELECTION DATE: Month Day Year **11 / 8 / 05**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council, District I

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

John Parras

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures 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

 GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

 additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,472.50

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,422.50

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 141.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,953.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

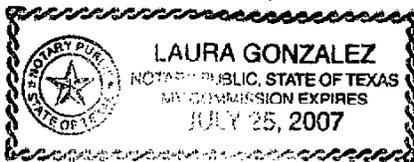
\$ 5,712.13

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

John Parras
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Parras, this the 31st day of October, 20 05, to certify which, witness my hand and seal of office.

Laura Gonzalez
Signature of officer administering oath

Laura Gonzalez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1/3

2 FILER NAME

John Parras

3. ACCOUNT # (Ethics Commission filers)

4 Date

10/15/05

5 Full name of contributor out-of-state PAC (ID#: _____)

Earlene Sullivan

7 Amount of contribution (\$)

100.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

[REDACTED], Hou. TX 77087

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/05

Full name of contributor out-of-state PAC (ID#: _____)

Musik & Musik L.L.P.

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

[REDACTED], Hou. TX 77060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/05

Full name of contributor out-of-state PAC (ID#: _____)

Raul Rodriguez P.C.

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

[REDACTED], Hou. TX 77017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/05

Full name of contributor out-of-state PAC (ID#: _____)

David Jans II

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

[REDACTED] Houston TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/05

Full name of contributor out-of-state PAC (ID#: _____)

Gladys House

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

[REDACTED] Hou. TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2/3

2 FILER NAME

John Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/05

5 Full name of contributor

Al Leal

out-of-state PAC (ID#)

6 Contributor address; City, State; Zip Code

[REDACTED] TX 77006

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/05

Full name of contributor

Lupe & Mary Helen Gonzales

out-of-state PAC (ID#)

Contributor address; City, State; Zip Code

[REDACTED] Channelview TX 77530

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

Noira Martinez

out-of-state PAC (ID#)

Contributor address; City, State; Zip Code

[REDACTED] Baytown TX 77520

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/05

Full name of contributor

Esther Obando

out-of-state PAC (ID#)

Contributor address; City, State; Zip Code

[REDACTED] TX 77023

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/05

Full name of contributor

Henry Brooks

out-of-state PAC (ID#)

Contributor address; City, State; Zip Code

[REDACTED] Conroe, TX 77305

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3/3**

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/27/05

5 Full name of contributor out-of-state PAC (ID#: _____)
Don Ervin

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED], **Carmine TX 78932**

100.⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Jancy Ervin

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27/05

Contributor address; City; State; Zip Code

[REDACTED] **Carmine TX 78932**

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Jose Calderon

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/30/05

Contributor address; City; State; Zip Code

[REDACTED] **Hoo. TX 77088**

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1/3**

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/1/05

Rancho del Viejo

6 Payee address; City; State; Zip Code

[REDACTED] Hou. TX 77029

135.06

8 Purpose of payment (See instructions regarding type of information required.)

Breakfast Mtg.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/5/05

U.S. Post Office

Payee address; City; State; Zip Code

[REDACTED] Hou. TX 77023

148.00

Purpose of payment (See instructions regarding type of information required.)

Stamps

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/12/05

Office Depot

Payee address; City; State; Zip Code

[REDACTED] Hou. TX 77087

38.47

Purpose of payment (See instructions regarding type of information required.)

Office supplies & Equip.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/18/05

SBC

Payee address; City; State; Zip Code

[REDACTED], TX 75393

153.51

Purpose of payment (See instructions regarding type of information required.)

Telephone/Internet Srv.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2/3**

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/13/05

5 Payee name
Donerakis'

7 Amount (\$)
348.91

6 Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77087**

8 Purpose of payment (See instructions regarding type of information required.)
Food / fundraiser

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

Date
10/18/05

Payee name
Paz Mugerza

Amount (\$)
350.00

Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77011**

Purpose of payment (See instructions regarding type of information required.)
Rent

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

Date
10/14/05

Payee name
Calico Tees

Amount (\$)
779.13

Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77003**

Purpose of payment (See instructions regarding type of information required.)
Printing - T shirts

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

Date
10/20/05

Payee name
Michael Franks

Amount (\$)
541.25

Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77340**

Purpose of payment (See instructions regarding type of information required.)
Printing - signs

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3/3**

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/05

5 Payee name
HEB

7 Amount (\$)

6 Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77087**

91.96

8 Purpose of payment (See instructions regarding type of information required.)
Supplies / food - fundraiser

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

Date
10/29/05

Payee name
Melissa Garza

Amount (\$)

Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77075**

76.50

Purpose of payment (See instructions regarding type of information required.)
Reimbursement - supplies - fundraiser

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

Date
10/30/05

Payee name
Juan Parras

Amount (\$)

Payee address; City; State; Zip Code
[Redacted] **Hou. TX 77023**

68.20

Purpose of payment (See instructions regarding type of information required.)
Reimbursement - office supplies / printing

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

Date

Payee name
Payee address; City; State; Zip Code
[Signature]

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1/1

2 FILER NAME John Parrus

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/29/05</u>	5 Payee name <u>Mexico Lindo</u>	8 Amount (\$) <u>12.90</u>
	6 Payee address; City; State; Zip Code <u>[REDACTED] S. Houston TX 77587</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Suppres- fundraiser</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10/28/05</u> <u>10/26/05</u>	Payee name <u>Hot Shot</u>	Amount (\$) <u>10.95</u>
	Payee address; City; State; Zip Code <u>[REDACTED], Hou. TX 77270</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Letter delivery</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10/26/05</u>	Payee name <u>DHL</u>	Amount (\$) <u>42.25</u>
	Payee address; City; State; Zip Code <u>[REDACTED], Plantation, Florida 33324</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Letter delivery</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>10/7/05</u>	Payee name <u>Register.com</u>	Amount (\$) <u>14.95</u>
	Payee address; City; State; Zip Code <u>[REDACTED] New York, NY 10018</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Website hosting</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED