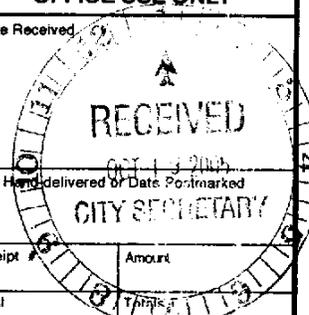


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH
ORIGINAL**

1 ACCOUNT #	2 Total pages filed: 36	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST John MI M.	
	NICKNAME Parras LAST Parras SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked
	5 ORIGINAL PERIOD COVERED	Month Day Year 7 / 1 / 05 THROUGH Month Day Year 9 / 30 / 05

6 EXPLANATION OF CORRECTION

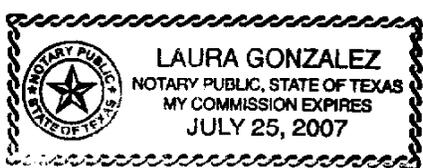
I inadvertently omitted some information from a PayPal account from the original report. The omitted information changes lines 1, 2, 3, 4, and 5 on Cover Sheet pg. 2. The omitted information specifically adds a \$25.00 contribution to line 1 in the original filing and also adds service fees totaling less than \$50.00 to line 3. The changes to lines 1 and 3 require new totals in lines 2, 4, and 5

7 AFFIDAVIT

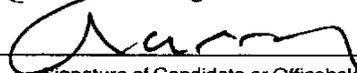
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

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.

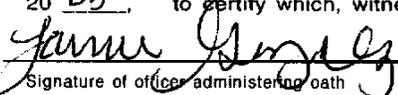


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me by John Parras this the 19th day of October, 2005, to certify which, witness my hand and seal of office.

 Laura Gonzalez Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) the report as originally filed substantially complies with the applicable law, (2) any error or omission in the report as originally filed was made in good faith, and (3) the person filing the report files a corrected report not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete. Also, a filer wishing to ask the Ethics Commission to consider waiving or reducing a late-filing penalty may do so by providing a basis of the request in the correction affidavit.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST John LAST	MI M. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 4820 RUSK	APT / SUITE #: HOU.	CITY: STATE: ZIP CODE TX 77023
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 514 0651	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Jesusa LAST	MI C. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5201 Plum Dr.	APT / SUITE #: HOU.	CITY: STATE: ZIP CODE TX 77087
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 644 6593	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 05	THROUGH	Month Day Year 9 / 30 / 05
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 05	ELECTION TYPE	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council, Dist. I	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

GO TO PAGE 2

(As originally filed, no errors on this page)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

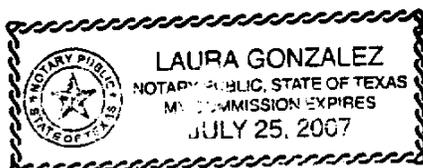
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME John Parras	16 ACCOUNT # (Ethics Commission filers)
------------------------------------	---

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,110.36
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,426.13
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 205.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,225.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,812.47
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 10th day of October, 2005, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering oath	<u>Laura Gonzalez</u> Printed name of officer administering oath	<u>Notary Public</u> Title of officer administering oath
---	---	---

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: John MI: M NICKNAME: _____ LAST: Parras SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4820 RUSK, HOUSTON, TX 77023	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 05 9 / 30 / 05		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

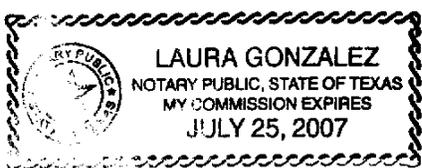
FORM C/OH COVER SHEET PG 2

15 C/OH NAME John Parras	16 ACCOUNT # (Ethics Commission files)
------------------------------------	--

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,135.36
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,451.13
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 212.72
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,232.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,837.47
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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Parras, this the 19th day of October, 20 05, to certify which, witness my hand and seal of office.

Laura Gonzalez Laura Gonzalez Notary Public
Signature of officer administering oath Printed name of officer administering oath 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: 1/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission file#)	
4 Date 7/11/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George McSecret Jr.	7 Amount of contribution (\$) 500. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Hou. TX 77002			
9 Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) Self	
Date 7/11/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Khan & Ayesha Hafeez	Amount of contribution (\$) 500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], Sugarland TX 77479			
Principal occupation / Job title (See Instructions) Conference Store Owner		Employer (See Instructions) Self	
Date 7/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John and Mary Castillo	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], Hou. TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Parras	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] S. Hou. TX 77587			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arthur Parras	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] S. Hou. TX 77587			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	

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: 2/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/16/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frankie Parras	7 Amount of contribution (\$) 100. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED], Cedar Hill TX 75104			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Juan Parras	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melissa Garza	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Houston, TX 77075			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Belinda Puga	Amount of contribution (\$) 20. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77083			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Puga	Amount of contribution (\$) 20. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77083			
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: 3/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russell Johnson	7 Amount of contribution (\$) 20.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77081			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosie Martinez	Amount of contribution (\$) 20.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77011			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Cruz	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77087			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mel Wu & John Winkler	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicole Gonzales	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77023			
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Univ. of Texas	

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: 4/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission file#)	
4 Date 7/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Brownlee	7 Amount of contribution (\$) 200. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77063			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chuck & Janel Wilson	Amount of contribution (\$) 20. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77089			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ima Guerra	Amount of contribution (\$) 20. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77089			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leonel & Evelyn Castillo	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77021			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa Lipscomb	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77266			
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Baylor College of Medicine	

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. 5/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Espinoza	7 Amount of contribution (\$) 12.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77023			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marissa Saenz	Amount of contribution (\$) 42.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelli Perez	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77089			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupe & Mary Helen Gonzales	Amount of contribution (\$) 70.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Channelview TX 77530			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derissa Cheatham	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77098			
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: 6/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission Here)	
4 Date 7/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luis Treviño	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED], League City TX 77573			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles & Infa Wilson	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Dr., Hou. TX 77089			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Murphy	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Fl., Hou. TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Benken	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77251			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nina Esparosa	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413			
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: 7/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission Meta)	
4 Date 8/24/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Moreno	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 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Salazar	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77004			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupe Salmas	Amount of contribution (\$) 25. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77253			
Principal occupation / Job title (See Instructions) Prof. / Lawyer		Employer (See Instructions) TSU Law School	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank & Michiko Yatsu	Amount of contribution (\$) 25. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77253			
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Medical School	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Rountree	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77030			
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: 8/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/24/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen Pritchett, Jr.	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77005			
9 Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) Vinson & Elkins	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dawn Matherne	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Pearland TX 77584			
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) UT Medical School	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Todd Dupont II	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou TX 77018			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. Todd Bennett, P.C.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77002			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norman J. Silverman	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED], Hou. TX 77002			
Principal occupation / Job title (See Instructions) Lawyer		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: 9/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/24/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey & Karen Albright	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED], Des Moines IA 50311			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Trent Garther & Colin Amann	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77007			
Principal occupation / Job title (See Instructions) Lawyers		Employer (See Instructions) Self	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Cogdell	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] South, Hou. TX 77002			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stradley Chernoff & Alford L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Ramsey	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] TX 77019			
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	

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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: 10/17	
2 FILER NAME <i>John Parras</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/24/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joel Salazar, P.C.</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED], <i>Hou. TX 77004</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leo Esparza</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], <i>Hou. TX 77002</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elizabeth Noser</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77030</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rex King</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], <i>Hou. TX 77024</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rex King</i>	Amount of contribution (\$) <i>140.⁰⁰</i>	In-kind contribution description (if applicable) <i>4 Astros Tickets</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77024</i>			
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: 11/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission tiers)	
4 Date 8/31/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clare Dimanchan 6 Contributor address; City; State; Zip Code [REDACTED], LA CA 90036	7 Amount of contribution (\$) 50. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions)	
Date 9/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick Bosque Contributor address; City; State; Zip Code [REDACTED] Denver CO 80223	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Univ. of Colorado Med. School	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicole Deburde Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77009	Amount of contribution (\$) 200. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven & Laura Garcia Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77007	Amount of contribution (\$) 250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SWB	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Champa Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77057	Amount of contribution (\$) 100. 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: 12/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission files)	
4 Date 9/2/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Derissa Cheatham	7 Amount of contribution (\$) 100. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code ██████████, Hou. TX 77098			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jane Rann	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code ██████████, Hou. TX 77042			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gina Warner	Amount of contribution (\$) 75. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code ██████████, Hou. TX 77055			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ginger Spruill	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code ██████████, Hou. TX 77091			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Josh Schaffer	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code ██████████, Hou. TX 77030			
Principal occupation / Job title (See Instructions) Lawyer		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: 13/17	
2 FILER NAME John Parrus		3 ACCOUNT # (Ethics Commission file#)	
4 Date 9/2/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christian Navarro	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77035			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Colleen & Brian Schultz	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Hou. TX 77025			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Takao & Olga Nagai	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Villa Park IL 60181			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard & Ann Marie Hughes	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Denver CO 80246			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Neal Davis	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED], Hou. TX 77002			
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: 14/17	
2 FILER NAME <i>John Parras</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>9/9/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Hirschorn</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted], <i>Louisville TX 75067</i>			
9 Principal occupation / Job title (See Instructions) <i>Lawyer</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>9/19/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Stafford</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], <i>Hou. TX 77004</i>			
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Mitcham</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], <i>Hou. TX 77002</i>			
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/12/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>George Powell</i>	Amount of contribution (\$) <i>10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], <i>Hou. TX 77002</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/12/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Felix Lizcano (Felix Lizasoain & Murros)</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted], <i>Spring TX 77379</i>			
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: 15/17	
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission files)	
4 Date 9/12/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Parker	7 Amount of contribution (\$) 14.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code [REDACTED] Baytown TX 77520			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Mary Castillo	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] Hou. TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martina Cartwright	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] Hou. TX 77018			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harrel "Mark" Esquivel	Amount of contribution (\$) 86.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] Hou. TX 77064			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dianne Schlitzberger	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code [REDACTED] TX 77023			
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: <i>16/17</i>	
2 FILER NAME <i>John Parras</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7/16/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arthur Parras</i>	7 Amount of contribution (\$) <i>74.69</i>	8 In-kind contribution description (if applicable) <i>Picnic Supplies</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>S. Hou. TX 77587</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/8/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susie Moreno</i>	Amount of contribution (\$) <i>115.60</i>	In-kind contribution description (if applicable) <i>Food</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77087</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/23/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susie Moreno</i>	Amount of contribution (\$) <i>52.29</i>	In-kind contribution description (if applicable) <i>Food</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77087</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susie Moreno</i>	Amount of contribution (\$) <i>9.34</i>	In-kind contribution description (if applicable) <i>Office Supplies</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77087</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susie Moreno</i>	Amount of contribution (\$) <i>24.06</i>	In-kind contribution description (if applicable) <i>Tools/Supplies</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Hou. TX 77087</i>			
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: 17/17

2 FILER NAME

John Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/23/05

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

Nicole Gonzales

6 Contributor address; City; State; Zip Code

[Redacted], Hou. Tx 77023

7 Amount of contribution (\$)

15.73

8 In-kind contribution description (if applicable)

Office Supplies

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/24/05

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

Nicole Gonzales

Contributor address; City; State; Zip Code

[Redacted] Hou. TX 77023

Amount of contribution (\$)

1,819.75

In-kind contribution description (if applicable)

Food/Drinks

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/10

2 FILER NAME *John Parras*

3 ACCOUNT # (Ethics Commission files)

4 Date
7/6/05

5 Payee name
Sprint 2 Print
6 Payee address; City; State; Zip Code
10100 Clay Rd., C, Hou. TX 77080

7 Amount (\$)
1434.31

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

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

Date
7/8/05

Payee name
Ruiz Cash & Carry
Payee address; City; State; Zip Code
1703 Maccarro Garcia, Hou. TX 77011

Amount (\$)
82.15

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

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

Date
7/13/05

Payee name
HEB
Payee address; City; State; Zip Code
3111 Woodridge, Hou. TX 77087

Amount (\$)
44.85

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

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

Date
7/15/05

Payee name
HEB
Payee address; City; State; Zip Code
3111 Woodridge, Hou. TX 77087

Amount (\$)
28.56

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 2/10
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2 FILER NAME John Parras	3 ACCOUNT # (Ethics Commission filers)
---------------------------------	--

4 Date 7/15/05	5 Payee name Seller's Brothers	7 Amount (\$) 42.82
6 Payee address: City: State: Zip Code 402 Edgebrook, Hou. TX		

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 7/16/05	Payee name Seller's Brothers	Amount (\$) 16.24
Payee address: City: State: Zip Code 402 Edgebrook, Hou. TX		

Purpose of payment (See instructions regarding type of information required.) Food / Fundraiser	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 7/19/05	Payee name SBC	Amount (\$) 154.10
Payee address: City: State: Zip Code PO BOX 930170, Dallas TX 75393		

Purpose of payment (See instructions regarding type of information required.) Telephone / Internet Svc.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 7/20/05	Payee name HEB	Amount (\$) 45.74
Payee address: City: State: Zip Code 3111 Woodridge, Hou. TX 77087		

Purpose of payment (See instructions regarding type of information required.) Food / Fundraiser	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3/10
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/22/05	5 Payee name Don Carlos 6 Payee address: City; State; Zip Code 8385 Broadway, Hou. TX 77061	7 Amount (\$) 312.40
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 7/25/05	Payee name Paz Muguerza Payee address: City; State; Zip Code 6731 Harrisburg, Hou. TX 77011	Amount (\$) 350.⁰⁰
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 8/4/05	Payee name Office Depot Payee address: City; State; Zip Code 6888 Gulf Frewy, #300, Hou. TX 77087	Amount (\$) 152.29
Purpose of payment (See instructions regarding type of information required.) Supplies / Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/6/05	Payee name Seller's Brothers Payee address: City; State; Zip Code 601 N. Cesar Chavez Blvd., Hou. TX 77011	Amount (\$) 36.06
Purpose of payment (See instructions regarding type of information required.) Drinks / Ice		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4/10
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/7/05	5 Payee name Office Depot 6 Payee address: City: State: Zip Code 6888 Gulf Frewy. #300, Hov. TX 77087	7 Amount (\$) 65.90
8 Purpose of payment (See instructions regarding type of information required.) Printing / Supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/10/05	Payee name David Rodriguez Payee address: City: State: Zip Code 708 Majestic, Hov. TX 77020	Amount (\$) 150. ⁰⁰
Purpose of payment (See instructions regarding type of information required.) Reimbursement - Food / Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/12/05	Payee name U.S. Post Office Payee address: City: State: Zip Code Eastwood Station, Hov. TX	Amount (\$) 259. 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 8/13/05	Payee name Office Depot Payee address: City: State: Zip Code 6888 Gulf Frewy., #300 Hov. TX 77087	Amount (\$) 71.07
Purpose of payment (See instructions regarding type of information required.) Supplies / Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **5/10**

2 FILER NAME **John Parras** 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/15/05	5 Payee name Shannon Villareal	7 Amount (\$) 200.⁰⁰
6 Payee address; City; State; Zip Code 2120 Welch, Hou. TX 77019		

8 Purpose of payment (See instructions regarding type of information required.) Computer Hardware	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8/19/05	Payee name Raz Muguerza	Amount (\$) 350.⁰⁰
Payee address; City; State; Zip Code 6731 Harrisburg, 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
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Date 8/19/05	Payee name SBC	Amount (\$) 198.07
Payee address; City; State; Zip Code PO BOX 930170, Dallas TX 75393		

Purpose of payment (See instructions regarding type of information required.) Telephone / Internet	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8/19/05	Payee name Office Depot	Amount (\$) 65.90
Payee address; City; State; Zip Code 6888 Golf Frwy., #300, Hou. TX 77087		

Purpose of payment (See instructions regarding type of information required.) Printing / Supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **6/10**

2 FILER NAME **John Parras** 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/22/05	5 Payee name Dinosaur Plastics	7 Amount (\$) 559.65
	6 Payee address; City; State; Zip Code 4727 Gulf Frewy., Hou. TX 77023	

8 Purpose of payment (See instructions regarding type of information required.) Printing.	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 8/24/05	Payee name Party Boy	Amount (\$) 55.61
	Payee address; City; State; Zip Code 1515 Studeman, Hou. TX 77007	

Purpose of payment (See instructions regarding type of information required.) Supplies - decorations	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/1/05	Payee name Fiestas Parras	Amount (\$) 425.00
	Payee address; City; State; Zip Code PO BOX 262871, Hou. TX 77207	

Purpose of payment (See instructions regarding type of information required.) Parade registration / breakfast	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/2/05	Payee name OnSite Sourcing	Amount (\$) 421.35
	Payee address; City; State; Zip Code 955 McKinney, Hou. TX 77002	

Purpose of payment (See instructions regarding type of information required.) Printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 7 / 10

2 FILER NAME *John Parras* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Office Depot</i>	7 Amount (\$)
<i>9/4/05</i>	6 Payee address: City: State: Zip Code <i>6888 Gulf Frewy., #300, Hou. TX 77087</i>	<i>255.19</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Office supplies</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Office Depot</i>	Amount (\$)
<i>9/4/05</i>	Payee address: City: State: Zip Code <i>6888 Gulf Frewy., #300, Hou. TX 77087</i>	<i>19.46</i>

Purpose of payment (See instructions regarding type of information required.) <i>Office supplies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Metro Bank</i>	Amount (\$)
<i>9/6/05</i>	Payee address: City: State: Zip Code <i>PO BOX 4760, Hou. TX 77210</i>	<i>50.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>Fees - checking trans.</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>City of Houston</i>	Amount (\$)
<i>9/7/05</i>	Payee address: City: State: Zip Code <i>PO BOX 1562, Hou. TX 77251</i>	<i>500.00</i>

Purpose of payment (See instructions regarding type of information required.) <i>Filing fee</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8 / 10**

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/8/05	5 Payee name Nx Media	7 Amount (\$) 1082.50
6 Payee address: City: State: Zip Code 6118 Alexha Ln., Hou. TX 77081		

8 Purpose of payment (See instructions regarding type of information required.) Printing	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 7/9/05	Payee name Calico Tee	Amount (\$) 919.85
Payee address: City: State: Zip Code 1002 Palmer, Hou. TX 77003		

Purpose of payment (See instructions regarding type of information required.) Printing - shirts	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/11/05	Payee name Office Depot	Amount (\$) 24.95
Payee address: City: State: Zip Code 6888 Gulf Fwy., #300, Hou. TX 77087		

Purpose of payment (See instructions regarding type of information required.) Office Supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9/13/05	Payee name Office Depot	Amount (\$) 32.52
Payee address: City: State: Zip Code 6888 Gulf Fwy., #300, Hou. TX 77087		

Purpose of payment (See instructions regarding type of information required.) Office Supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 9 / 10
2 FILER NAME John Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/14/05	5 Payee name Houston East End Chamber of Comm. 6 Payee address: City: State: Zip Code 5550 Gulfgate Ctr. Mall, Hou. TX 77087	7 Amount (\$) 50.00
8 Purpose of payment (See instructions regarding type of information required.) Fee - luncheon		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15/05	Payee name Paz Muquerza Payee address: City: State: Zip Code 6731 Harrisburg, Hou. TX 77011	Amount (\$) 350.00
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 9/16/05	Payee name Lowe's Home Improvement Payee address: City: State: Zip Code Woodridge, Hou. TX 77087	Amount (\$) 30.29
Purpose of payment (See instructions regarding type of information required.) Hardware supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/20/05	Payee name SBC Payee address: City: State: Zip Code PO BOX 430170, Dallas TX 75393	Amount (\$) 130.85
Purpose of payment (See instructions regarding type of information required.) Telephone / Internet Svcs.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 10 / 10

2 FILER NAME *John Parras* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<i>9/28/05</i>	<i>Sprint 2 Prnt</i>	<i>1,450.55</i>
6 Payee address: City: State: Zip Code		
<i>10100 Clay Rd C, Hou. TX 77080</i>		

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH --
<i>Printing</i>	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: 1/3

2 FILER NAME *John Parras* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8/7/05</i>	5 Payee name <i>Domino's</i> 6 Payee address: City: State: Zip Code [REDACTED], <i>Hou. TX 77012</i>	8 Amount (\$) <i>25.64</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Food - volunteers</i>		

Date <i>8/28/05</i>	Payee name <i>Wing Stop</i> Payee address: City: State: Zip Code [REDACTED], <i>Hou. TX 77011</i>	Amount (\$) <i>77.23</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Food - volunteers</i>		

Date <i>9/7/05</i>	Payee name <i>Register.com</i> Payee address: City: State: Zip Code [REDACTED], <i>NY, NY 10018</i>	Amount (\$) <i>14.95</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Web hosting</i>		

Date <i>9/4/05</i>	Payee name <i>Pizza Hut</i> Payee address: City: State: Zip Code [REDACTED], <i>Hou. TX 77011</i>	Amount (\$) <i>34.90</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Food - volunteers</i>		

Date <i>7/19/05</i>	Payee name <i>Office Depot</i> Payee address: City: State: Zip Code [REDACTED] <i>Hou. TX 77087</i>	Amount (\$) <i>5.40</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Price difference / exchange of equipment</i>		

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: **2/3**

2 FILER NAME **John Parras** 3 ACCOUNT # (Ethics Commission files)

4 Date 8/4/05	5 Payee name The Container Store 6 Payee address: City: State: Zip Code [REDACTED], Hou. TX 77056 7 Purpose of expenditure (See instructions regarding type of information required.) Supples	8 Amount (\$) 20.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 7/6/05	Payee name Office Depot Payee address: City: State: Zip Code [REDACTED], Hou. TX 77087 Purpose of expenditure (See instructions regarding type of information required.) Office Supples	Amount (\$) 13.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 7/6/05	Payee name Olshan Lumber Payee address: City: State: Zip Code [REDACTED], Hou. TX 77003 Purpose of expenditure (See instructions regarding type of information required.) Hardware	Amount (\$) 12.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 7/8/05	Payee name Lowe's Hardware Payee address: City: State: Zip Code [REDACTED], Hou. TX 77087 Purpose of expenditure (See instructions regarding type of information required.) Hardware	Amount (\$) 87.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 7/9/05	Payee name Lowe's Hardware Payee address: City: State: Zip Code [REDACTED], Hou. TX 77087 Purpose of expenditure (See instructions regarding type of information required.) Hardware	Amount (\$) 220.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME **John Parras**

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 7/13/05</p>	<p>5 Payee name HEB</p> <p>6 Payee address; City; State; Zip Code [Redacted] Hou. TX 77087</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Food - fundraiser</p>	<p>8 Amount (\$) 61.43</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 7/21/05</p>	<p>Payee name The Container Store</p> <p>Payee address; City; State; Zip Code [Redacted] Hou. TX 77056</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Supplies</p>	<p>Amount (\$) 25.72</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 7/22/05</p>	<p>Payee name Walgreen's</p> <p>Payee address; City; State; Zip Code [Redacted], Hou. TX 77011</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Supplies</p>	<p>Amount (\$) 3.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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