

ORIGINAL

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# 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: <b>16</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>M.</b>
	NICKNAME	LAST <b>Parras</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>4820 RUSK HOV. TX 77023</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(713)</b>	<b>514 0651</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Jesusa</b>	MI <b>C.</b>
	NICKNAME <b>Susie</b>	LAST <b>Moreno</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>5201 Plum Dr. Hov. Tx 77087</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(713)</b>	<b>644 6593</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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
	<b>03</b>	<b>14</b>	<b>05</b>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <b>11 / 08 / 05</b>	<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)	
		<b>Houston City Council, Dist. I</b>	
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		

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
**JUL 15 2005**

Date Hand-delivered: **CITY SECRETARY**    Date Postmarked:

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*John M. Parras*

16 ACCOUNT # (Ethics Commission files)

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ 11.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9021.00
--	------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 189.75
--	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 7414.01
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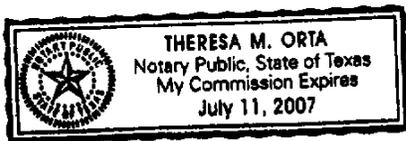
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4584.78
--	------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0.00
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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 M. Parras*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Parras, this the 15<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*Theresa Orta*  
Signature of officer administering oath

Theresa Orta  
Printed name of officer administering oath

Notary  
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: <b>1/5</b>	
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/21/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Moreno Parras</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx 77023</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/21/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susie Moreno</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx 77087</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/21/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erlene Sullivan</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx 77087</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/21/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Ramsey</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx 77019</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/8/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Emily Muñoz Detoto</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx 77002</b>			
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: <b>2/5</b>	
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/8/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TB Todd Depant II</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] <b>Hou Tx 77002</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/19/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J.J. Paull</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] <b>Hou. Tx 77002</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/20/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daved Bires</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] <b>Hou, Tx 77002</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/2/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vincent Guzales</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] <b>Hou. Tx 77530</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/26/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Kubosh</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] <b>Hou Tx 77007</b>			
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: **3/5**

2 FILER NAME **John M. Parras**

3 ACCOUNT # (Ethics Commission files)

4 Date **5/7/05**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chris Downey / The Downey Law Firm**  
 6 Contributor address; City; State; Zip Code  
 [Redacted] **Hou. Tx 77004**

7 Amount of contribution (\$) **500.00**  
 8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **5/17/05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chip Lewis**  
 Contributor address; City; State; Zip Code  
 [Redacted] **Hou. Tx 77019**

Amount of contribution (\$) **1,000.00**  
 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/19/05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dick DeGuern**  
 Contributor address; City; State; Zip Code  
 [Redacted] **Hou. Tx 77002**

Amount of contribution (\$) **2,500.00**  
 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/2/05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Richard Cruz**  
 Contributor address; City; State; Zip Code  
 [Redacted] **Pearland Tx 77581**

Amount of contribution (\$) **20.00**  
 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/3/05**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lisa Azios**  
 Contributor address; City; State; Zip Code  
 [Redacted] **Hou. Tx 77008**

Amount of contribution (\$) **200.00**  
 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: <b>4/5</b>	
2 FILER NAME <b>John M. Parral</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/6/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Don Ryan</b>	7 Amount of contribution (\$) <b>50.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED] Arlington VA 22202</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/8/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>J.A. Ainsworth</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77023</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/15/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Alma Zepeda</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77008</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/8/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Elaine Donatto</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77003</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/6/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Peña</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77002</b>			
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: <b>5/5</b>	
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/20/05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Ramsey</b>	7 Amount of contribution (\$) <b>1000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77002</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/20/05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Moreno Parras</b>	Amount of contribution (\$) <b>40.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77023</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/6
2 FILER NAME John M. Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/18/05	5 Payee name Patricia Rodriguez 6 Payee address; City; State; Zip Code 2810 Leeland Hov. Tx 77003	7 Amount (\$) 250. <sup>00</sup>
8 Purpose of payment (See instructions regarding type of information required.) Contract Work		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/12/05	Payee name Office Depot Payee address; City; State; Zip Code 6888 Gulf Frwy. Hov. Tx 77087	Amount (\$) 130.84
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
Date 4/14/05	Payee name Office Depot Payee address; City; State; Zip Code 6888 Gulf Frwy. Hov. Tx 77087	Amount (\$) 66.90
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
Date 4/14/05	Payee name Kinkos Payee address; City; State; Zip Code 2200 SW Frwy. Hov. Tx 77098	Amount (\$) 46.55
Purpose of payment (See instructions regarding type of information required.) Copres		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2/6</b>
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/15/05</b>	5 Payee name <b>Mail Station Plus</b> 6 Payee address; City; State; Zip Code <b>5615 Morningside Dr. Hou. Tx 77005</b>	7 Amount (\$) <b>160.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Stamps</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/18/05</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>6888 Gulf Frwy. Hou. Tx 77087</b>	Amount (\$) <b>18.01</b>
Purpose of payment (See instructions regarding type of information required.) <b>Off. Supplies</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/19/05</b>	Payee name <b>Paz Mugverza</b> Payee address; City; State; Zip Code <b>6731 Harrisburg Hou. Tx 77011</b>	Amount (\$) <b>350.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Office rent</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/21/05</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>6888 Gulf Frwy. Hou. Tx 77087</b>	Amount (\$) <b>11.73</b>
Purpose of payment (See instructions regarding type of information required.) <b>Off. Supplies</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: 3/6
2 FILER NAME John M. Parras		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/22/05	5 Payee name Harris County Clerk 6 Payee address; City; State; Zip Code 1001 Preston Hov. Tx 77002	7 Amount (\$) 104.45
8 Purpose of payment (See instructions regarding type of information required.) Computer Data		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/23/05	Payee name Rancho Del Viejo Payee address; City; State; Zip Code 10801 A I-10 E. Frwy Hov. Tx 77029	Amount (\$) 71.56
Purpose of payment (See instructions regarding type of information required.) Breakfast		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/23/05	Payee name Office Max Payee address; City; State; Zip Code 1576 W. Gray Hov. Tx 77019	Amount (\$) 21.64
Purpose of payment (See instructions regarding type of information required.) Off. Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/7/05	Payee name Office Depot Payee address; City; State; Zip Code 6888 Gulf. Frwy. Hov. Tx 77087	Amount (\$) 33.91
Purpose of payment (See instructions regarding type of information required.) Off. Supplies		-- 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: <b>4/6</b>
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/14/05</b>	5 Payee name <b>Office Depot</b> 6 Payee address; City; State; Zip Code <b>6888 Gulf Frewy. Hou. Tx 77087</b>	7 Amount (\$) <b>16.22</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Off. Supplies</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/8/05</b>	Payee name <b>Patricia Rodriguez</b> Payee address; City; State; Zip Code <b>2810 Leeland Hou. Tx 77003</b>	Amount (\$) <b>250.<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Contract Work</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5/19/05</b>	Payee name <b>Paz Muqverza</b> Payee address; City; State; Zip Code <b>6731 Harrisburg Hou. Tx : 77011</b>	Amount (\$) <b>350.<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Office rent</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>5/25/05</b>	Payee name <b>SBC Texas</b> Payee address; City; State; Zip Code <b>PO BOX 930170 Dallas Tx 75393</b>	Amount (\$) <b>334.23</b>
Purpose of payment (See instructions regarding type of information required.) <b>Telephone / Internet</b>		-- 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: 5/6

2 FILER NAME

John M. Parras

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/8/05

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

6888 Gulf Frey Hwy. Tx 77087

7 Amount (\$)

216.49

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

Office Equipment

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

Candidate / Officeholder name

Office sought

Office held

Date

6/19/05

Payee name

Paz Muguerza

Payee address; City; State; Zip Code

6731 Harrisburg Hwy. Tx 77011

Amount (\$)

350.00

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

Office-rent

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

Candidate / Officeholder name

Office sought

Office held

Date

6/19/05

Payee name

Office Depot

Payee address; City; State; Zip Code

6888 Gulf Frey. Hwy. Tx 77087

Amount (\$)

95.64

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

Off. Supplies

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

Candidate / Officeholder name

Office sought

Office held

Date

6/24/05

Payee name

SBC Texas

Payee address; City; State; Zip Code

PO Box 930170 Dallas Tx 75393

Amount (\$)

177.55

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

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: **6/6**

2 FILER NAME **John M. Parras**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/24/05**

5 Payee name  
**Michael Franks**

7 Amount (\$)  
**1,190.75**

6 Payee address; City; State; Zip Code  
**404 I-45 South, Huntsville TX 77340**

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

Payee name  
Payee address; City; State; Zip Code

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

Date

Payee name  
Payee address; City; State; Zip Code

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

Date

Payee name  
Payee address; City; State; Zip Code

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: <b>1/3</b>
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/23/05</b>	5 Payee name <b>Register.com</b> 6 Payee address; City; State; Zip Code <b>[REDACTED] NY NY 10018</b>	8 Amount (\$) <b>35.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Purchase internet address</b>	
Date <b>3/23/05</b>	Payee name <b>Register.com</b> Payee address; City; State; Zip Code <b>[REDACTED] NY NY 10018</b>	Amount (\$) <b>49.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Remove banner</b>	
Date <b>3/23/05</b>	Payee name <b>Apple Computers Store - online</b> Payee address; City; State; Zip Code	Amount (\$) <b>108.20</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>E-mail / homepage Svc.</b>	
Date <b>3/25/05</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77087</b>	Amount (\$) <b>169.35</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office Supplies</b>	
Date <b>3/26/05</b>	Payee name <b>Micro Center</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou Tx 77027</b>	Amount (\$) <b>1,277.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Computer Hardware / Software</b>	

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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: <b>2/3</b>
2 FILER NAME <b>John M. Parras</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>4/4/05</b>	5 Payee name <b>NX Media Inc.</b> 6 Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77081</b>	8 Amount (\$) <b>243.56</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Printing</b>	
Date <b>4/30/05</b>	Payee name <b>Walgreens</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77011</b>	Amount (\$) <b>4.74</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office Supplies</b>	
Date <b>5/1/05</b>	Payee name <b>Home Depot</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77087</b>	Amount (\$) <b>9.03</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date <b>3/14/05</b>	Payee name <b>Harris County Tax Assessor</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77002</b>	Amount (\$) <b>20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Map</b>	
Date <b>5/6/05</b>	Payee name <b>NX Media Inc.</b> Payee address; City; State; Zip Code <b>[REDACTED] Hou. Tx 77081</b>	Amount (\$) <b>243.56</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Printing</b>	

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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 M. Parras** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/14/05</b>	5 Payee name <b>Micro Center</b> 6 Payee address: City; State; Zip Code <b>[REDACTED] Hou. Tx 77027</b>	8 Amount (\$) <b>259.79</b>
7 Purpose of expenditure (See instructions regarding type of information required.) <b>Comp. Software</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>6/8/05</b>	Payee name <b>Office Depot</b> Payee address: City; State; Zip Code <b>[REDACTED] Hou. Tx 77087</b>	Amount (\$) <b>199.99</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Office Equip.</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>6/19/05</b>	Payee name <b>Office Depot</b> Payee address: City; State; Zip Code <b>[REDACTED] Hou. Tx 77087</b>	Amount (\$) <b>108.24</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Office Equip.</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>6/23/05</b>	Payee name <b>Ana Parras</b> Payee address: City; State; Zip Code <b>[REDACTED] Hou. Tx 77023</b>	Amount (\$) <b>250.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>Contract Work</b>		<input type="checkbox"/> Reimbursement from political contributions intended

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

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