

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Bryan</i>	MI <i>F</i>
	NICKNAME	LAST <i>Parra</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE <i>Grand Prairie TX 75052</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>522-9725</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Arnold</i>	MI
	NICKNAME	LAST <i>Olivarez</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2588 Tros Dr. GP TX 75051</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>()</i>	PHONE NUMBER	EXTENSION
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>1 / 1 / 23</i> THROUGH <i>3 / 27 / 23</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 6 / 2023</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Grand Prairie ISD, Place 2</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

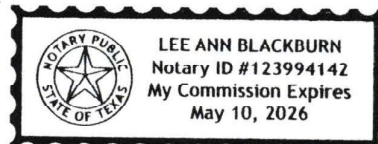
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Bryan Parra		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 350
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4272.47
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1460.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2827.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bryan Parra
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bryan Parra this the 6th day of April, 20 23, to certify which, witness my hand and seal of office.

Lee Ann Blackburn Lee Ann Blackburn Admin. to Supt.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Bryan Parra		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3922.47
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1460.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 243.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Bryan Parra.</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">1/16/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Christina Rodriguez</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 100</div>
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1720 Hidden Brook Dr. GP TX 75050</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="text-align: center; font-size: 1.2em;">1/18/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Roxanne Martinez</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 26.27</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1315 NE 37th St Fort Worth TX 76106</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="text-align: center; font-size: 1.2em;">1/18/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Aicha Davis</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 25</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">607 Tara Dr. DeSoto TX 75115</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="text-align: center; font-size: 1.2em;">1/18/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Jordan Perez</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 25</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">12001 Dessau Rd 1738 Austin TX 78754</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bryan Parra		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Taylor 6 Contributor address; City; State; Zip Code 2725 W W. Swann Ave Apt #1168 Las Vegas, NV 89123	7 Amount of contribution (\$) \$ 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Flores Contributor address; City; State; Zip Code 325 Northeast 5th St Apt 228 6P TX 75050	Amount of contribution (\$) \$ 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Salazar Contributor address; City; State; Zip Code 111 W Davis St Apt 325 Dallas TX 75208	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasha Moreno Contributor address; City; State; Zip Code 531 Paddock Way Irving TX 75039	Amount of contribution (\$) \$ 104.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bryan Parra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elida Martinez</i>	7 Amount of contribution (\$) <i>\$ 26.27</i>
6 Contributor address; City; State; Zip Code <i>1003 Elmole Pl., Dallas TX 75224</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Latasha Nasheed</i>	Amount of contribution (\$) <i>\$ 25</i>
Contributor address; City; State; Zip Code <i>331 Heartland Dr. Glen Heights TX 75154</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elba Garcia</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>640 Kessler Springs Ave Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Lopez</i>	Amount of contribution (\$) <i>\$ 200</i>
Contributor address; City; State; Zip Code <i>2603 Florence St. GP TX 75052</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <div style="text-align: center;">Bryan Parra</div>				3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">2/9/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Kurt Johnson</div>			7 Amount of contribution (\$) <div style="text-align: center;">\$ 100</div>	
	6 Contributor address; City; State; Zip Code <div style="text-align: center;">4303 Stephen St 6P TX 75052</div>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <div style="text-align: center;">2/11/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Tristeza Ordex</div>			Amount of contribution (\$) <div style="text-align: center;">\$ 52.23</div>	
Contributor address; City; State; Zip Code <div style="text-align: center;">3415 Navajo Ct Dallas TX 75224</div>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <div style="text-align: center;">2/17/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Marix Parra</div>			Amount of contribution (\$) <div style="text-align: center;">\$ 300</div>	
Contributor address; City; State; Zip Code <div style="text-align: center;">3406 Glende Dr 6P TX 75052</div>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <div style="text-align: center;">2/25/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Diana Alvarez</div>			Amount of contribution (\$) <div style="text-align: center;">\$ 52.23</div>	
Contributor address; City; State; Zip Code <div style="text-align: center;">2255 Arkansas Ln 6P TX 75052</div>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Bryan Parra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joshua Mavick</i> 6 Contributor address; City; State; Zip Code <i>919 E Allen Ave Fort Worth TX 76104</i>	7 Amount of contribution (\$) <i>\$ 25</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jacob Nunez</i> Contributor address; City; State; Zip Code <i>3522 La Pleya Dr Dallas TX 75233</i>	Amount of contribution (\$) <i>\$ 519.52</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leavette Sasser</i> Contributor address; City; State; Zip Code <i>1229 Drexel Dr DeSoto TX 75115</i>	Amount of contribution (\$) <i>\$ 52.23</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mike Del Bosque</i> Contributor address; City; State; Zip Code <i>3125 Glendale Dr GP TX 75052</i>	Amount of contribution (\$) <i>\$ 1000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center;">Bryan Pave</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">2/9/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Rosalinda Garza</div>	7 Amount of contribution (\$) <div style="text-align: center;">\$ 10</div>
6 Contributor address; City; State; Zip Code <div style="text-align: center;">4308 Sierra Dr. GP TX 75052</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="text-align: center;">3/5/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Edvarado Cwanz</div>	Amount of contribution (\$) <div style="text-align: center;">\$ 50</div>
Contributor address; City; State; Zip Code <div style="text-align: center;">3606 Raguet Clus Dr. GP TX 75052</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="text-align: center;">3/5/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Susan Read</div>	Amount of contribution (\$) <div style="text-align: center;">\$ 78.19</div>
Contributor address; City; State; Zip Code <div style="text-align: center;">801 N. Bishop Ave 302 Dallas TX 75202</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="text-align: center;">3/9/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Victoria Villa</div>	Amount of contribution (\$) <div style="text-align: center;">\$ 10</div>
Contributor address; City; State; Zip Code <div style="text-align: center;">1604 Strayhorn Dr. De Soto TX 75115</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center;">Bryan Parra</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">3/14/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Susan Read</div> 6 Contributor address; City; State; Zip Code <div style="text-align: center;">801 N. Bishop Ave 302 Dallas TX 75208</div>	7 Amount of contribution (\$) <div style="text-align: center;">104.15</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center;">3/18/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Michael Jones</div> Contributor address; City; State; Zip Code <div style="text-align: center;">1620 Tanglewise Ct DeSoto TX 75115</div>	Amount of contribution (\$) <div style="text-align: center;">5.50</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center;">3/18/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">BJ Nichols</div> Contributor address; City; State; Zip Code <div style="text-align: center;">539 Kessler St GP TX 75052</div>	Amount of contribution (\$) <div style="text-align: center;">5.200</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center;">3/21/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Mayrani Velazquez</div> Contributor address; City; State; Zip Code <div style="text-align: center;">99 Lamar St Terrell TX 75160</div>	Amount of contribution (\$) <div style="text-align: center;">552.23</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bryan Parra</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/23</i>	5 Payee name <i>Square Space Inc</i>	
6 Amount (\$) <i>24.90</i>	7 Payee address; City; State; Zip Code <i>225 Varick New York NY 10014</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Web Host.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>1/29/23</i>	Payee name <i>Square Space Inc</i>	
Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>225 Varick New York NY 10014</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Web Host</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>2/20/23</i>	Payee name <i>Grand Prairie Chamber of Commerce</i>	
Amount (\$) <i>\$250</i>	Payee address; City; State; Zip Code <i>900 Conover Dr. GP TX 75051</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Banquet Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Bryan Parra		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/23		5 Payee name Square Space Inc.			
6 Amount (\$) 24.90		7 Payee address; 225 Varick.		City; New York	State; NY Zip Code 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description WEB HOST		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/9/23		Payee name Edwards and Patterson Signs			
Amount (\$) 960.33		Payee address; 203 S Beltline Rd		City; Irving	State; TX Zip Code 75060
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/13/23		Payee name Home Depot			
Amount (\$) 102.57		Payee address; 3850 S. Carrier Pkwy		City; GP	State; TX Zip Code 75052
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Materials/Poles for Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Bryan Parra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/18/23</i>		5 Payee name <i>Home Depot</i>			
6 Amount (\$) <i>77.68</i>		7 Payee address;		City;	State; Zip Code
		<i>3850 S. Carrier Pkwy</i>		<i>GP</i>	<i>TX 75052</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Poles for signs</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>3/27/23</i>		Payee name <i>Donorbox</i>			
Amount (\$) <i>32.02</i>		Payee address;		City;	State; Zip Code
		<i>5 3rd St Suite #900</i>		<i>San Francisco</i>	<i>TX 94103</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Processing fees</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Bryan Pave</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/3/23</i>	5 Payee name <i>Bankem Printing</i>	
6 Amount (\$) <i>243.56</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2357 S Collins st Arlington TX 76014</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Campaign literature</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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